



Testimony Dr. Tim Bittenbinder
Texas Sunset Advisory Commission • June 23, 2016

For the record, my name is Dr. Tim Bittenbinder and I am testifying as the President of the Texas Society of Anesthesiologists. The TSA represents over 3,600 physician anesthesiologists, residents, medical students and anesthesiologist assistants. Physician anesthesiologists provide anesthesia in a large variety of settings. These include office-based settings such as oral surgery, cosmetic surgery, gynecology, and dentistry. I am also an academic anesthesia department chair, but I am not here representing my institution or hospital system.

The administration of general anesthesia or sedation involves interrupting electrical signals in the brain, which leads to decreased perception of pain, decreased anxiety, and/or, unconsciousness. Advances in the science of anesthesia have significantly increased its safety, such that today, people are more likely to be killed in a car crash than to die under anesthesia. Unfortunately, this has also led to a rather cavalier attitude about the seriousness of having anesthesia, and the necessity of providing properly trained anesthesia providers and properly equipped surgery suites. Advertisements for conscious sedation, moderate sedation or sedation dentistry give the impression that receiving anesthesia is as simple as receiving a haircut or a manicure, and that anesthesia can be switched "on and off" like the lights in this room. Weekend courses in conscious sedation give the impression that anyone can give anesthesia with a few hours of training. This is simply not true.....and far from reality.

One of the biggest safety advances in anesthesia has been the recognition that anesthesia is a continuum, where patients can pass quickly and easily from mild sedation to deep sedation or even unconsciousness with little or no warning. It is not like a highway, with defined exits where one gets off where one chooses. Instead, anesthesia is like a river with a rapid current. Sometimes it can be difficult to get out exactly where you planned, and in fact, the current can quickly take you much farther than you planned to go. Many serious injuries or deaths in office-based anesthesia we are aware of happen in exactly this way. For this reason, the American Society of Anesthesiologists requires that anesthesia for one level of sedation should never be provided if the anesthesia provider is not capable **and equipped** to rescue a patient from a deeper level of anesthesia.

A key to safe anesthesia administration in Texas is the presence of reasonable state regulation and oversight that ensures patients receive sedation and anesthesia from properly trained providers and properly equipped facilities.

The Texas Society of Anesthesiologists believes there are some regulatory deficiencies at the State Board of Dental Examiners that are currently preventing it from serving its intended purpose of ensuring the safety of dental care for Texans. To address these issues, we recommend the Texas Sunset Advisory Commission take the following steps:

- The Board of Dental Examiners should adopt the rules and processes used by the Texas Medical Board for inspecting the emergency readiness of those performing office-based anesthesia. These rules require certain emergency equipment be available, that it is inspected regularly, and that emergency procedures are in place to provide all foreseeable lifesaving measures related to anesthesia complications.
- The Board of Dental Examiners should be given the authority to issue cease and desist orders in cases of imminent danger to the public by a licensee.
- In the event that the Dental Board takes disciplinary actions against a licensee, this should be public information, along with all "findings of fact" leading to the disciplinary actions. This standard of transparency is currently used by the Texas Medical Board, and reflects the Board's mission to put patients first.
- The Board should adopt the same anesthesia safety guidelines used by the Texas Medical Board, so that Texans can be assured of the same level of safety whether anesthesia is given in a physician or dentist's office.
- We believe the Board should evaluate the training requirements for its anesthesia certificates. Increased training should be required for each level of anesthesia provided and the course content should be examined. A weekend course in "conscious sedation" at a hotel in Las Vegas is not adequate training to ensure patient safety.
- Lastly, we believe the Board should consider guidelines for appropriate patient selection for office-based procedures versus those performed in a hospital or surgical center. There are situations where the complexities of the patient's medical history or of the procedure warrant a level of care greater than can be provided in a dentist's office.

In summary, the Texas Society of Anesthesiologists understands that the administration of anesthesia is part of the practice of dentistry, and we respect this time honored tradition of easing pain and anxiety during dental procedures. But we also believe that patients should not lose their lives while sitting in the dentist's chair, and that the dental board must do more to protect Texans. By ensuring uniform standards of training and emergency preparedness with regards to anesthesia administration, across all providers and all health profession boards, we believe this goal can be achieved.

I am happy to answer any questions.