From: Sunset Advisory Commission
To: Dawn Roberson
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
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From: sundrupal@capitol.local [mailto:sundrupal@capitol.local]
Sent: Tuesday, June 28, 2016 4:54 PM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD DENTAL EXAMINERS SBDE

First Name: Jarom

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Your Comments About the Staff Report, Including Recommendations Supported or Opposed:
To Whom It May Concern:

My name is Jarom Heaton. I am a Dentist Anesthesiologist. I am providing this written testimony regarding the Texas State Board of Dental Examiners
(TSBDE) hearing on June 23, 2016, and ask that my written testimony be included in the record of the hearing.

I graduated from the University of California School of Dentistry and completed my dental anesthesia residency at The Ohio State University School of Dentistry in conjunction with The Ohio State Medical Center.

I represent the highest trained providers of anesthesia in dentistry. Our programs are three-year programs. They are accredited and funded by the Department of Education and receive GME funding. Our anesthesia training exceeds all other dental professionals by 2 ½ years. Our residencies include a strong mobile component, pediatric anesthesia and we are one of the few level IV anesthesia providers in dentistry. We also rely heavily on the portability permit issued in the state of Texas.

I am the president of Sedadent Anesthesia Services, the largest dental anesthesia group in Texas. We treat an average of 300 Medicaid children each month in an office based setting, which provides a significant cost savings to the state when compared to the cost of performing those procedures in hospitals and surgery centers. We also provide office based intubated general anesthesia services.

In addition, we provide access to dental care for the children in many rural areas throughout the state, where access to anesthesia services is especially limited. We deliver these services in a safe and efficient manner. Plus we provide service to about 70 special needs patients per month. Without us, children and individuals with special needs with severe dental decay unable to cooperate in traditional settings don't get treatment, they experience pain,

and in some instances severe infections claim lives. Children miss school and end up in emergency rooms at high cost to tax payers.

I am providing this testimony in response to Sunset Commissions recommendation 3.1 Authorizing the board (TSBDE) to conduct inspections of dentists administering parenteral anesthesia in an office setting. I have no comments regarding the other recommendations by the committee.

Conventional wisdom would suggest that the TSBDE should have the authority to examine and inspect a provider involved in a practice that is inherently risky, as anesthesia and sedation are, at any level. I agree with the Sunset recommendation that inspection should be a duty of the board. I think inspections would establish a minimum standard for office based anesthesia and sedation, and require accountability to maintain that standard. I would caution against the inspections being focused on the geographic location, because office based anesthesia is a mostly a mobile practice, which the term "iterant provider" is used to describe a dentist such as myself who travels to many offices delivering anesthesia care.

When the Texas Medical Board first initiated inspections for office based anesthesia providers, it drafted rules to inspecting the medical offices (the facilities), and it failed. The Texas Medical Board had to stop the inspections and pull down the ill-drafted rules, in order to revise the rules to inspect the individual office based anesthesia providers because they are mobile. The Texas Medical Board is re-starting the inspections shortly.

Facility/dental office inspections will not improve outcomes. It will cost the state money, and it will limit access to care for the children and the special needs population we serve. Furthermore, it has been suggested that at each location for the portable provider, there must be monitors and equipment left in place at every location. This suggestion would kill portable practice and is designed and promulgated by specialty dentists seeking to use legislation or rulemaking to limit their direct competitors, the mobile practitioners.

I attended the Sunset Commission hearing on June 23. I have since listened to the proceeding an additional 2 times. I am providing the following comments regarding the testimony given.

Level III permit holders
It is important to understand the level of sedation because it provides insight into the training that accompanies each level. Most of the discussion centered on level III sedation. It is important to realize that with level III parenteral (IV) sedation, the providers are limited to drugs with wide therapeutic indexes (meaning they have to give large quantities of
these drugs to induce dangerous levels of sedation). The main drugs in this
category would be midazolam and fentanyl. These drugs also have reversal agents, which can act quickly to reverse deep levels of sedation. Level III permit holders are prohibited from using drugs that are considered to be general anesthetic drugs like propofol and ketamine that quickly induce deep levels of sedation and stop breathing.

Level III providers are able to titrate drug amounts to the desired effect.
This method of sedation is intended for healthy adults (ASA I and II) and is a powerful and safe tool to reduce the phobia and anxiety dental patients experience with dental treatment. It gives the provider the ability to reduce anxiety and induce some amnesia, but provides a level of safety for the patient. A Level III provider should not treat children (age 0-12), elderly (over 75), and medically compromised patients.

How much training is needed? This has been and is being discussed on many levels. I am not sure anyone knows the answer. Would doubling the amount of hours from 60 to 120 or 240 change anything? I am not sure that it would.
There is no data to suggest that it would. I am not aware of any deaths in Texas from a mobile Level III provider.

There are obvious turf battles to consider here, between the mobile general dentist providers who travel and extract teeth in direct competition with the oral maxillofacial surgeons. The oral maxillofacial surgeons would prefer the mobile model to be deemed unsafe and these patients referred into their offices.

It is very important that the TSBDE form a committee of anesthesia experts to evaluate previous deaths and future deaths to find the gaps in education, training or performance leading to any death or injuries to dental patients in Texas from the use of anesthesia. It would stand to reason that if we are not seeing complaints and deaths at

alarming rates by the portable Level III providers, then the level of sedation being provided and the training in conjunction with that level is appropriate.

Level IV Permit holder

There are only two types of providers at this level, oral maxillofacial surgeons and Dentist Anesthesiologists. Oral surgeons only receive 4-6 months of formal anesthesia training. Dentist Anesthesiologists receive 3 years of dedicated anesthesia training. It is important to note that in this

4-6 months of anesthesia training by the oral maxillofacial surgeons, they only receive a level of "familiarity" with respect to children (They define children as 17 and under). This means the oral maxillofacial surgeons most likely receive less than the 60 hours required for a Level III permit with respect to children, (which the ADA defines as 12 and under) yet they are allowed to use any type of drug, including those that quickly produce deep levels of sedation AND perform intricate detailed surgery at the same time. This means that with minimal training in children, the oral maxillofacial surgeons perform the surgery while a "TEAM" member (usually a dental assistant) performs/monitors the anesthesia. This practice is currently under the legislative spotlight in California's Caleb's Law.

Dr. Bryne, a oral maxillofacial surgeon testified that he considered the 0-5 year olds the highest risk patients, yet his profession has minimal training in this regard and has unrestricted anesthesia privileges. I find it interesting that they tout ethics and professionalism and in the same breath call for restrictions on dentist and dentist anesthesiologist practices in regards to portability and office inspections, both of which have not shown trends of increased risk with regards to anesthesia. In fact, they are showing trends of increased safety, while increasing access to care and saving money.

The oral maxillofacial surgeon's recommendations for "nailed down"

equipment, costly office inspections and office registration would destroy the mobile anesthesia practice in Texas. The highest trained dental provider of anesthesia would be forced out. The oral maxillofacial surgeons testify that anesthesia is the most dangerous thing that they do, yet they defer it to their dental assistant team member. I find a high level of hypocrisy regarding their recommendations to the TSBDE, the Texas Sunset Commission and the Texas Legislature. The oral maxillofacial surgeons interchange Level III and Level IV permit holders in their testimony saying the least trained providers (level III) are in unrestricted and unmonitored mobile practice, yet they fail to mention that the highest trained providers (Level IV) are providing anesthesia in the same realm. I believe their push for heavy regulation of office-based anesthesia is based more on protection of their own economic interests rather than the safety of dental patients, and that their recommendations are not based on any concrete evidence.

I urge the Sunset Commission to be cognizant of portable Level III and Level IV providers and the valuable, cost effective service they provide the citizens of Texas.

Need for Data

In Closing, I believe the recommendation for provider inspections must be granted to the TSBDE. I believe we must also establish a means by which the TSBDE tracks outcomes in office-based anesthesia. Without numbers reviewed by an expert panel of anesthesia providers, we will continue to, in effect, throw darts in the dark. The direction to throw those darts will continue to be aimed by the special interests for economic purposes. We must tract outcomes so we can identify problem areas and legislate effectively. I am grateful to belong to a country that has a government that is concerned about the health and safety of its population. I am grateful to the Sunset Commission for its mission to improve patient safety and protect the public.

Respectfully,

Jarom Heaton DDS, MS

Any Alternative or New Recommendations on This Agency: I would like to see a committee formed to investigate all available complaints and deaths. This same committee could provide valuable information on future deaths as well.

This would give us valuable information going forward.

My Comment Will Be Made Public: I agree