

From: [Sunset Advisory Commission](#)
To: [Dawn Roberson](#)
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, June 28, 2016 4:29:01 PM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, June 28, 2016 3:49 PM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD DENTAL EXAMINERS SBDE

First Name: Bryan

Last Name: Moore

Title: DDS

Organization you are affiliated with:

Email: bryan@bryanmooredds.com

City: Dallas

State: Texas

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

My name is Bryan Moore D.D.S. and I am currently serving as the American Dental Association representative on the ADA Council on Dental Education and Licensure for dental anesthesia. My task is to review and recommend changes for the ADA anesthesia guidelines during my four-year term. I write to you as a very concerned general dentist practicing in the great state of Texas.

During the public comment session on 6/23/16 regarding the Texas State Board of Dental Examiners, inaccurate testimony was given in reference to the "ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists".

During testimony, two individuals referred to the ADA anesthesia guidelines as having two "disclaimers" regarding dentists using enteral or parenteral moderate sedation: (1) dentists are only able to perform moderate sedation on patients with an ASA I classification and (2) dentists are unable to moderately sedate children under the age of 12. Both are false, there are no "disclaimers" in the ADA anesthesia document.

The current enacted ADA guidelines were adopted in 2012. I have included the sections of specific language of this current document below which pertain to moderate sedation. The official document can be found at www.ada.org

B. Moderate Sedation

1. Patient Evaluation

Patients considered for moderate sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this should consist of at least a review of their current medical history and medication use. However, patients with significant medical considerations (e.g., ASA III, IV) may

require consultation with their primary care physician or consulting medical specialist.

7. Management of Children

For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

I hope that my comments clarify what is actually provided in the current ADA guidelines. I also agree, as stated in the ADA guidelines, that dentists should consult with a physician before providing anesthesia to ASA 3/4 patients. In addition, The American Academy of Pediatric Dentists is scheduled to adopt new anesthesia guidelines in the very near future. When the pediatric guidelines are finalized, I would strongly encourage the state of Texas to update the standard of care for pediatric patients accordingly.

Warmest regards,

Bryan Moore D.D.S.

Any Alternative or New Recommendations on This Agency:

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Bryan Moore D.D.S.

My Comment Will Be Made Public: I agree