

**From:** [Sunset Advisory Commission](#)  
**To:** [Dawn Roberson](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Tuesday, June 28, 2016 5:00:37 PM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Tuesday, June 28, 2016 4:49 PM  
To: Sunset Advisory Commission  
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD DENTAL EXAMINERS SBDE

First Name: Charles

Last Name: Rader

Title: D.D.S.

Organization you are affiliated with: Texas Society of Periodontists

Email:

City: Victoria

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or  
Opposed:

Recommendation 3.1; support

Recommendation 3.2; support

Any Alternative or New Recommendations on This Agency:  
Testimony Sunset Commission of Texas:

I am Dr. Charles Rader, and I had the opportunity to share information with the Sunset Commission on Thursday, June 23. I represent the Texas Society of Periodontists and want to share some additional information with the Commission that time did not allow on Thursday.

First of all, the question of the State Dental Board's authority to inspect the offices of dentists administering both enteral and parenteral anesthesia has been in place for at least the last five years, going back to 2011. The reason is that the enteral mode of delivering dental anesthesia is included in all four levels of anesthesia permits. In other words, every level 2, level 3, and level 4 permit includes the lower levels of sedation that are termed "enteral." Unfortunately, no one at the hearing on Thursday brought that point to the Commission's attention, except myself, but I'm afraid I did not have the time to thoroughly explain the situation in my three minute time frame. If it makes people happy to include the word parenteral, I have no objection, but the authority already exists if people understand the current anesthesia permit structure.

That being said, my very heartfelt concern about the entire Dental Anesthesia issue centers on the fact that we are having patient deaths related to dental anesthesia in Texas. In the 5 year period we are discussing, we have had 6 deaths that the Board said dealt with delivery of dental anesthesia at "below standard of care." There were approximately 24 million cases of dental anesthesia performed during that 5 years, by all 4 levels of anesthesia

permit holders in Texas. Of these deaths discussed by Dr. Chancellor, the former board member/ medically trained anesthesiologist, he said he saw NO level 3 provider deaths. It is our understanding in that same period of time there were two or three level 4 deaths and the rest were either level 1 or level 2, but again, no level 3 deaths. In a Blue Ribbon Panel formed by the California Dental Board, that covered a 12 year study from 1991-2003, they found no level 3 deaths and twelve level 4 deaths. While deaths are a part of any medical or dental delivery of surgical care to our patients, and even 1 death is too many, I feel that I have the responsibility to perform a very thorough study and evaluation of the facts related to these deaths (and also serious morbidity) cases. I take this responsibility with the most profound amount of seriousness and concern, as I realize the future care of someone's child, grandchild, all the way up to mother and grandmother could be impacted by the decisions that come out of this evaluation. It's not just an academic exercise that is being performed to establish one group's standing and respect in the profession. I do not view this as a turf war between specialties, as some people have alluded, but rather an all-inclusive concern for the profession of dentistry and the safety of Texas dental patients.

My first realization of this issue was three months ago when I was invited by the Texas State Board of Dental Examiners to be a member of the Anesthesia Work Group that was established by the Board in February, 2016, and met for the first (and only) time on April 15 of this year. While I approached that meeting with the hope and belief that the Work Group would come together to study the issues of anesthetic complications in Texas, I came away from the meeting with the very disappointing knowledge that the committee was being assigned the task of merely giving advice to the Board on how the initiation of office inspections could be most conveniently carried out. Since that time, I have gained a fair amount of confidence and reassurance from the Board Leadership, that this committee will be taking a much more in depth look at the cases that are on file, if we can get by some statute that evidently blocks that information release. I believe this is the only way that any rational, evidence-based decision can be made to give clear guidance to the Board and the Sunset Commission as to the problems that exist and what their solutions might be. Again the only problem I see is the Board legal department currently feels there is a statute that needs attention for some possible exception to allow this committee of the board to function. Until then, nothing is going to progress to any successful solution. There was a considerable amount of testimony that was presented on Thursday that is in question as to accuracy and verifiability. I will be communicating with my representative in the House concerning these issues, and share information with members of the Commission, on an individual basis, who might be interested in further insight.

In closing, if I am going to continue to spend my time in working with the Anesthesia question relating to my activity on the Anesthesia Work Group for the Board, or just as a private citizen communicating with the members of the legislature, I will have to have a clear understanding that the study of the cases that dealt with death, as well as serious morbidity, will be given top priority in order to come to a conclusion as to the causes and potential remedies for these problems.

Thank you so very much for your time and attention in this matter, as I know your interest level is scattered among many different agencies, but the potential impact of this question on the safe treatment and care of dental patients in Texas is paramount. If questions should come up, my contact information is on the internet.

Again, thank you for your time and commitment.

Respectfully submitted,

Charles E. Rader, D.D.S.  
Victoria, Texas

My Comment Will Be Made Public: I agree