

STATE BOARD OF DENTAL EXAMINERS

Issue 1

The Unusually Large Dental Board Inappropriately Focuses on Issues Unrelated to Its Public Safety Mission.

Change in Statute

- Rec. 1.1, Modified** In lieu of the staff recommendation, sweep the board and reduce the size of the board from 15 to 11, including six dentists, three hygienists, and two public members. *(See attachment)*
- Rec. 1.2, Adopted** Allow the board's statutory advisory groups to expire and direct the board to establish clearer processes for stakeholder input in rule.
- Rec. 1.3, Modified** Clarify the use and role of board members at informal settlement conferences. Create a state Dental Review Committee consisting of nine governor-appointed members, including six dentists and three dental hygienists, to serve at informal settlement conferences on a rotating basis.
- Strike language in the Dental Practice Act regarding informal settlement conferences (Texas Occupations Code, sections 263.007, 263.0075, and 263.0076) and replace with more detailed language on structure and conduct of informal proceedings. *(See attachment)*

Issue 2

State Regulation of Dental Assistants Is Unnecessary to Ensure Public Protection and Is an Inefficient Use of Resources.

Change in Statute

- Rec. 2.1, Modified** In lieu of the staff recommendation, combine the board's four dental assistant certificate programs into one registration for dental assistants. *(See attachment)*

Issue 3

The Board Lacks Key Enforcement Tools to Ensure Dentists Are Prepared to Respond to Increasing Anesthesia Concerns.

Change in Statute

Rec. 3.1, Modified

Authorize the board to conduct inspections of dentists administering parenteral anesthesia in office settings. Provide four levels of anesthesia permits and require the board to establish minimum standards, education, and training for dentists administering anesthesia. Allow additional limitations on anesthesia administration for high-risk or pediatric patients. *(See attachment)*

As a management action, direct the board to establish in an expedited rule an independent five to 10-member blue ribbon panel that would use de-identified data, including confidential investigative information, to investigate dental anesthesia deaths and mishaps over the last five years, as well as evaluate emergency protocols. The Committee should make recommendations to the Legislature by the Sunset Commission's January 11, 2016 meeting.

Rec. 3.2, Modified

As a statutory instead of a management recommendation, direct the board to revise rules to ensure dentists with one or more anesthesia permits maintain related written emergency management plans. Require plans for certain permit holders to address certain protocols. *(See attachment)*

Issue 4

Key Elements of the State Board of Dental Examiners' Licensing and Regulatory Functions Do Not Conform to Common Licensing Standards.

Change in Statute

Rec. 4.1, Adopted

Require the board to monitor licensees for adverse licensure actions.

Rec. 4.2, Adopted

Authorize the board to deny applications to renew a license if an applicant is not compliant with a board order.

Rec. 4.3, Adopted Authorize the board to require evaluations of licensees suspected of being impaired and require confidentiality for information relating to the evaluation and participation in treatment programs.

Rec. 4.4, Adopted Remove unnecessary qualifications required of applicants for licensure or registration.

Management Action

Rec. 4.5, Adopted Direct the board to make data on the board's enforcement activity information publicly available on its website.

Rec. 4.6, Adopted Direct the board to stagger registration and certificate renewals.

Issue 5

A Continuing Need Exists for the State Board of Dental Examiners.

Change in Statute

Rec. 5.1, Adopted Continue the State Board of Dental Examiners for 12 years.

Rec. 5.2, Modified Update the standard Sunset across-the-board provision regarding conflicts of interest and apply the newly updated Sunset across-the-board recommendation on board member training.

Adopted New Issues

Dental Anesthesia

Advisory committee. Create a nine-member board-appointed standing Advisory Committee on Dental Anesthesia to advise the board on the development and revision of rules related to dental sedation and anesthesia. *(See attachment)*

Data reporting. Require the board to track and quarterly report anesthesia-related data and to make publicly available on its website aggregate enforcement data by fiscal year and type of license. *(See attachment)*

Emergency preparedness. Require the board to develop rules establishing minimum emergency preparedness standards necessary prior to administering sedation/anesthesia, including requirements regarding supplies of necessary drugs, defibrillators, inspections, and maintenance logs. *(See attachment)*

Portability permits. Define portability, methods to obtain a portability permit, and establish advanced didactic and clinical training requirements. (See attachment)

Prescription Monitoring Program

Dentist requirements. Beginning September 1, 2018, require dentists to search the Prescription Monitoring Program and review a patient's prescription history before prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. A dentist who does not check the program before prescribing these drugs would be subject to disciplinary action by the Dental Board.

Dental Board requirements. Require the Dental Board to query the Prescription Monitoring Program on a periodic basis for potentially harmful prescribing patterns among its licensees. The Dental Board would work with the Pharmacy Board to establish potentially harmful prescribing patterns that the Dental Board should monitor by querying the database for dentists who meet those prescribing patterns. Based on the information obtained from the Prescription Monitoring Program, the Dental Board would be authorized to open a complaint for possible non-therapeutic prescribing.

Texas State Board of Dental Examiners

Issue Modification: Do not adopt Staff Recommendation 1.1. Instead adopt the following modification to reduce the size of the Board from 15 to 11.

Submitted by Senator Hinojosa

Fiscal Impact:

Issue Modification 1.1

In lieu of staff recommendation 1.1, substitute the following as a change in statute:

Reduce the size of the Board from 15 to eleven members and adjust its composition to consist of six dentists, three dental hygienists, and two public members.

To allow for staggering of terms, the recommendation would provide that all current board member terms expire on September 1, 2017, with the governor making initial appointments as specified below. Current members would be eligible for re-appointment if so determined by the governor to maintain needed expertise. To maintain a functioning board and conduct necessary business, board members serving on August 31, 2017 would continue to serve until a majority of new appointments are made.

- Two dentists and one dental hygienist to initial terms expiring February 1, 2019.
- Two dentists, one dental hygienist, and one public member to initial terms expiring February 1, 2021.
- Two dentists, one dental hygienist, and one public member to initial terms expiring February 1, 2023.

Background & Purpose

This modification would allow for a more balanced board by adding an additional dental hygienist. True representation of the dental workforce justifies an additional hygienist since they are significantly growing in number statewide and are helping to fill the dentist shortage gap. Dentists, dental hygienists, and the public will all be fairly represented.

Dental Board

Modification to Recommendation 1.3- (Statutory) Adopt recommendation 1.3, but modify the recommendation to strike language in the Dental Practice Act regarding informal settlement conferences (Texas Occupations Code, sections 263.007, 263.0075, and 263.0076) and add the following language in its place.

Informal Proceedings:

- The board by rule shall adopt procedures governing informal disposition of a contested case. Rules must require that:
 - (1) not later than the 180th day after the date the board's official investigation of the complaint is commenced, the board shall determine a future date on which to hold an informal settlement conference to consider disposition of the complaint or allegation, unless good cause is shown by the board for scheduling the informal settlement conference after that date;
 - (2) the board give notice to the licensee of the time and place of the meeting not later than the 45th day before the date the informal settlement conference is held;
 - (3) the complainant and the licensee be provided an opportunity to be heard;
 - (4) the board's legal counsel or a representative of the attorney general be present to advise the board or the board's staff; and
 - (5) a member of the board's staff be at the meeting to present to the Informal Settlement Conference Panel the facts the staff reasonably believes it could prove by competent evidence or qualified witnesses at a hearing.
- An affected licensee is entitled to:
 - (1) reply to the staff's presentation; and
 - (2) present the facts the licensee reasonably believes the licensee could prove by competent evidence or qualified witnesses at a hearing.
- After ample time is given for the presentations, the Informal Settlement Conference Panel shall recommend that the investigation be closed or shall make a recommendation regarding the disposition of the case, unless applicable concerning contested cases requires a hearing.
- If the license holder has previously been the subject of disciplinary action by the board, the board shall schedule the informal settlement conference as soon as practicable but not later than the 180th day after the date the board's official investigation of the complaint is commenced.
- Notice must be accompanied by a written statement of the nature of the allegations and the information the board intends to use at the meeting. If the board does not provide the statement or information at that time, the license holder may use that failure as grounds for rescheduling the informal meeting. If the complaint includes an allegation that the license holder has violated the standard of care, the notice must include a copy of the report by the expert dentist reviewer. The licensee must provide to the board the licensee's rebuttal at least 15 business days before the date of the meeting in order for the information to be considered at the meeting.
- The board by rule shall define circumstances constituting good cause for not meeting the 180-day deadline, including an expert dentist reviewer's delinquency in reviewing and submitting a report to the board.
- The board by rule shall define circumstances constituting good cause to grant a licensee's

request for a continuance of the informal settlement conference.

- Information presented by the board or board staff in an informal settlement conference is confidential.
- On request by a licensee under review, the board shall make a recording of the informal settlement conference proceeding. The recording is a part of the investigative file and may not be released to a third party unless authorized. The board may charge the licensee a fee to cover the cost of recording the proceeding. The board shall provide a copy of the recording to the licensee on the licensee's request.

Board Representation in Informal Proceedings:

- Define the following term to apply to the sections related to Informal Settlement Conferences:
 - Informal Settlement Conference Panel: includes members of the Board and the Dental Review Committee.
- In an informal settlement conference, at least two Informal Settlement Conference Panel members shall be appointed to determine whether an informal disposition is appropriate. At least one of the panelists must be a dentist.
- Pursuant to Board rules, one panelist must be physically present at the ISC, but one panelist may appear by video conference.
- An informal settlement conference may be conducted by one panelist if the affected licensee waives the requirement that at least two panelists conduct the informal proceeding. If the licensee waives that requirement, the panelist may be either a dentist, dental hygienist, or a member who represents the public.
- Only one panel member is required in an informal settlement conference proceeding conducted by the board to show compliance with an order or remedial plan of the board.

Roles and Responsibilities of Participants in Informal Proceedings:

- An Informal Settlement Conference Panel member that serves as a panelist at an informal settlement conference shall make recommendations for the disposition of a complaint or allegation. The member may request the assistance of a board employee at any time.
- Board employees shall present a summary of the allegations against the affected licensee and of the facts pertaining to the allegation that the employees reasonably believe may be proven by competent evidence at a formal hearing.
- A board attorney shall act as counsel to the panel members and shall be present during the informal settlement conference and the panel's deliberations to advise the panel on legal issues that arise during the proceeding. The attorney may ask questions of participants in the informal settlement conference to clarify any statement made by the participant. The attorney shall provide to the panel a historical perspective on comparable cases that have appeared before the board, keep the proceedings focused on the case being discussed, and ensure that the board's employees and the affected licensee have an opportunity to present information related to the case. During the panel's deliberations, the attorney may be present only to advise the panel on legal issues and to provide information on comparable cases that have appeared before the board.
- The panel and board employees shall provide an opportunity for the affected licensee and the licensee's authorized representative to reply to the board employees' presentation and to present oral and written statements and facts that the licensee and representative reasonably believe could be proven by competent evidence at a formal hearing.

- An employee of the board who participated in the presentation of the allegation or information gathered in the investigation of the complaint, the affected licensee, the licensee's authorized representative, the complainant, the witnesses, and members of the public may not be present during the deliberations of the panel. Only the members of the panel and the board attorney serving as counsel to the panel may be present during the deliberations.
- The panel shall recommend the dismissal of the complaint or allegations or, if the panel determines that the affected licensee has violated a statute or board rule, and that violation supports action by the board, the panel may recommend board action and terms for an informal settlement of the case.
- The panel's recommendations must be made in writing and presented to the affected licensee and the licensee's authorized representative. The licensee may accept the proposed settlement within the time established by the panel at the informal meeting. If the licensee rejects the proposed settlement or does not act within the required time, the board may proceed with the filing of a formal complaint with the State Office of Administrative Hearings.

Submitted by Senator Charles Schwertner

Fiscal Impact:

Yes, but costs would be offset by a reduction in the number of cases going to SOAH.

Background & Purpose

The Dental Board has stated that sending more cases to Informal Settle Conferences (ISC) would reduce their time to case closure and their backlog of cases. This is required at TMB, and it has resulted in reduced caseloads at SOAH and budgetary savings. However, to maximize the effectiveness and fairness of ISCs at the Board, changes need to be made to the current statutory guidelines for Dental ISCs. The Sunset staff recommendation addresses a piece of the changes needed to improve ISCs by clarifying that board members present at ISCs should only make recommendations for the disposition of a complaint or allegation, not revisit the findings of expert reviewers.

This modification overhauls the ISC process at the Board using the best practices currently used at TMB by clarifying the role of ISC panel members, the steps the ISC process will follow, and establishing clear deadlines. These changes will reduce the enforcement process timeline and legal costs for the majority of licensees while ensuring the Board has the necessary enforcement authority to protect the public.

Texas State Board of Dental Examiners

Issue Modification: Do not adopt Staff Recommendation 2.1. Instead adopt the following modification to combine the Board's four dental assistant certificate programs into one registration for dental assistants.

Submitted by Senator Hinojosa

Fiscal Impact:

Issue Modification 2.1

In lieu of staff recommendation 2.1, substitute the following as a change in statute:

- Remove the separate certification provisions for dental assistants from law and require one registration for dental assistants who provide the following dental support services to a licensed dentist:
 - Dental x-rays,
 - Pit and fissure sealants,
 - Coronal polishing, and
 - Nitrous oxide monitoring.

A dental assistant would not be authorized to perform any of the four services above without first obtaining registration from the board.

- Require services provided by a registered dental assistant to be performed under the direct supervision of a licensed dentist, but not to be construed to authorize a dental assistant to practice dentistry or dental hygiene.
- Specify that dentists remain responsible for acts delegated to the registered dental assistant. This modification would not affect the board's authority to determine which acts a licensed dentist may delegate to non-registered dental assistants.
- Establish registration requirements for dental assistants, as follows:
 - A person may not practice as a dental assistant to perform the four dental support services listed above after September 1, 2018 unless the person has registered with the board and received a certificate of registration.
 - The board, by rule, shall establish minimum education requirements for registration as a dental assistant. Requirements must include:
 - a high school diploma or equivalent;
 - a course of instruction and examination to demonstrate competency in the following dental support services:
 - Dental x-rays

- Pit and fissure sealants
 - Coronal polishing
 - Nitrous oxide monitoring
 - training in basic life support, infection control, jurisprudence, and any other requirements the board determines necessary.
- The board could consider approving courses of instruction and examinations provided by outside entities such as the Dental Assisting National Board to qualify for this registration.
- Dental assistant registrations shall be renewed biennially on a staggered basis, as established by the board.
- The board shall establish continuing education requirements as a condition of renewing registration as a registered dental assistant.
- The board shall establish standards for taking disciplinary action against a registered dental assistant.
- The board shall establish fees for initial registration and renewals to cover the cost of regulation.

Background & Purpose

This modification essentially combines the four separate dental assistant certifications that currently exist into one registration for dental assistants who wish to perform any of these functions. When a dental assistant completes their educational program, they will be certified to do all four procedures. This modification would not require the regulation of all dental assistants. Registration is needed to protect public safety and ensure the dental assistant can properly and safely perform certain procedures on the patient.

Dental Board

Modification to Recommendation 3.1- (Statutory) Adopt Rec. 3.1, which clarifies that the Dental Board has authority to regulate and inspect all methods of anesthesia when performed in a dental office, but modify the recommendation to include the following as statutory changes.

- Define “pediatric” as patients ages 0-12.
- Define "high risk patient" as patients with an American Society of Anesthesiologists rating of Level 3 or 4 or older than 75.
- Require an annual permit for each of the 4 different levels of anesthesia, defined based on the depth of the intended procedure to alter the patient's mental status and the method of drug delivery.
 - Level 1: Minimal Sedation
 - Level 2: Moderate Sedation (Enteral)
 - Level 3: Moderate Sedation (Parenteral)
 - Level 4: Deep Sedation or General Anesthesia
- Require the board to develop rules establishing minimum standards for training, education, and other standards for different permit levels. For level 2 - 4 permit holders, education/training requirements must include training on pre-procedural patient evaluation including the evaluation of the patient’s airway and physical status as currently defined by the ASA, ongoing monitoring of sedation and anesthesia, and management of emergencies.
- Require Level 2-4 permit holders to provide proof of additional training for the treatment of pediatric and/or high risk patients including advanced didactic and clinical training requirements. Dentists would not be allowed to treat pediatric and/or high-risk patients without proof of specialized education.
- Allow the board to establish additional limitations on the administration of anesthesia on pediatric and/or high risk patients.
- Allow the board to conduct pre-permit, random, and compliance inspections.
- Require the board to determine an appropriate risk-based inspection schedule for on-site inspections of dental offices of dentists with a Level 2, 3 or 4 permit.
- Allow the board to stagger inspections as long as all relevant offices are inspected at least once every 5 years.
- Allow the board to determine education and training requirements for

inspectors.

- Require the board to maintain records of inspections.

Submitted by Senator Charles Schwertner

Fiscal Impact:

The Board estimated that the original recommendation would require 3 FTEs, the costs of which would be offset by increased fees. Only requiring inspections of Level 2-4 should reduce this significantly.

Background & Purpose

The Sunset staff recommendation would allow the board to conduct routine, non-complaint based inspections of offices in which dentists perform any type of anesthesia, not just enteral. As a management action, the board would also be required to adopt rules to support a risk-based inspection schedule.

This modification adds statutory definitions for pediatric and high risk patients and ensures the Board is cognizant of the unique needs and elevated risks of these populations when developing training and education requirements for anesthesia permit holders.

This modification codifies the annual permitting process for dentists performing dental sedation/anesthesia, and requires the Board to establish enhanced training and education requirements for Level 2-4 permit holders who administer sedation or anesthesia on pediatric or high risk patients. These changes will ensure dental anesthesia is performed in a safe setting with special consideration for the unique needs and risks of pediatric and high risk patients.

This modification also requires the board to establish minimum standards related to education and training for level 2-4 anesthesia permit holders along with additional training requirements to administer anesthesia on pediatric and high risk patients.

This modification also changes the Sunset recommendation to only require inspections for level 2-4 permit holders instead of inspections of all permit holders. This will focus the Boards inspections on the higher levels of sedation permit holders.

Dental Board

Modification to Recommendation 3.2- (Statutory) Require dentists holding an anesthesia permit to maintain and update written emergency action plans as a statutory instead of a management recommendation. Additionally:

- Level 2-4 sedation/anesthesia permit holders' emergency plans must include current Advanced Cardiac Life Support (ACLS) rescue protocols and advanced airway management techniques.
- For Level 2-4 sedation/anesthesia permit holders treating pediatric patients emergency management plans must include current Pediatric Advanced Cardiac Life Support (PALS) rescue protocols and advanced airway management techniques.

Submitted by Senator Charles Schwertner

Fiscal Impact:

None

Background & Purpose

This modification ensures the requirement to have an emergency action plan is in statute instead of Sunset staff's recommendation to be a management action. This will make certain this is an ongoing requirement.

This modification also requires that written emergency action plans for level 2-4 permit holders include protocols and techniques on how to treat patients in emergency settings and how to treat children in emergency settings.

Dental Board

New Issue 1- (Statutory) Amend the Board's statute to create a standing Advisory Committee on Dental Anesthesia to advise the board on the development and revision of rules related to dental sedation and anesthesia.

- Require the Board chair to appoint nine members to include, but not be limited to: dentists, dentist anesthesiologists, oral and maxillofacial surgeons, pediatric dentists and physician anesthesiologists. The Board chair may not appoint an active dental board member to the advisory committee.
- Require the Board to provide the committee with a board attorney who will act as counsel to the committee members. The board attorney shall be present during committee meetings and the committee's deliberations to advise the committee on legal issues.
- Require the committee to report their recommendations and other findings to the dental board on an annual basis, or more frequently as necessary to provide input on rulemaking and make this information available on the Board's website.

Submitted by Senator Charles Schwertner

Fiscal Impact:

Potentially minimal costs for travel expenses, but meetings could be conducting via videoconferencing or webinars.

Background & Purpose

New Issue 1 creates a standing Advisory Committee on Dental Anesthesia to advise the Board on the development and revision of rules related to dental sedation/anesthesia. It requires the committee to report recommendations at least annually to the Dental Board.

This new issue will allow a standing group of external experts on anesthesia and dental anesthesia will have input into the development of rules governing the safe administration of dental sedation/anesthesia, and will ensure that rules will adapt to changes in best practices for providing anesthesia.

Dental Board

New Issue 2- (Management) Require the board to track and report the following information related to data:

All information related to an investigation is confidential, except that the agency shall provide the following information on a quarterly basis to the board and the standing Advisory Committee on Dental Anesthesia, and to legislative offices upon request: **De-identified, case specific data reflecting information about jurisdictional, filed complaints resolved during the reporting period related to anesthesia/ sedation including:**

1. Source of initial complaint – public, other agency, self-report of death, self-report of hospitalization, or initiated by the Board
2. Information about licensee:
 - a. Whether respondent is Medicaid provider
 - b. Respondent's highest sedation/anesthesia permit level
 - c. Whether respondent holds portability privileges
 - d. Respondent's self-reported practice area
3. Information about patient:
 - a. Patient ASA (identified in respondent's dental records and/or determined by Dental Review Panel)
 - b. Patient age – 12 and under, between 13 and 18, between 19 and 75, and over 75
 - c. Location of treatment investigated by the agency – dental office, hospital, ASC, office of other practitioner
 - d. Level of sedation/anesthesia administered – Local, Nitrous, I, II, III, IV (determined by Dental Review Panel)
 - e. Sedation/anesthesia administrator – respondent, other dentist, MD, CRNA (determined by Dental Review Panel)
 - f. Whether treatment investigated by the agency was paid by Medicaid
4. Information about investigation:
 - a. Allegation categories identified in preliminary investigation
 - b. Disposition of official investigation – Dismissed by Enforcement, Dismissed by Legal – No Violation, Dismissed by Board Vote, Closed by Administrative Citation/Remedial Plan/Disciplinary Action
 - c. If disposition is public action (Administrative Citation, Remedial Plan, or Disciplinary Action), the violations identified in the public action resolving the official investigation

The Board must make publicly available on their website aggregate data by fiscal year and type of license about the following areas:

1. Number of licensees at the end of the fiscal year
2. Total number of complaints against licensees originating in that fiscal year
3. For all resolved complaints in that fiscal year, break down the resolution by each type of action taken (nonjurisdictional, dismissed, warning, probation, suspension, revocation, etc.)
4. For all resolved complaints in that fiscal year, break down the resolution by the nature of the complaint allegation (standard of care, impairment, dishonorable conduct, continuing education violation, etc.)
5. Number of cases open longer than one year

6. Average administrative penalty assessed
7. Number of cases referred to ISCs
8. Number of cases resolved in ISCs
9. Number of cases referred to SOAH (default + non-default)
10. Number of contested cases heard at SOAH
11. Number of cases that went on to district court
12. Average number of days to resolve a complaint from complaint received to investigation completed
13. Average number of days to resolve a complaint from complaint received to final order issued
14. Average number of days to issue a license
15. Number of cases involving mortality and morbidity
16. Total number of anesthesia complaints against licensees originating in that fiscal year by permit level
17. For all resolved anesthesia complaints in that fiscal year, break down the resolution by each type of action taken (dismissed, warning, probation, suspension, revocation, etc.) by permit level
18. For all resolved anesthesia complaints in that fiscal year, break down the resolution by type of complication that violated the standard of care by permit level

Submitted by Senator Charles Schwertner

Fiscal Impact:

None

Background & Purpose

The Sunset staff recommendation requires the Board to report each fiscal year, at a minimum: the number of complaints received broken down by provider type and allegation type; outcomes of cases resolved and number and reason of cases dismissed; and average time to resolve cases and number and age of all cases open at the end of the year.

This New Issue 2 expands the Sunset staff recommendation by adding a clear list of information the board must track and report. This modification will also provide the Board and the standing anesthesia advisory committee with data to support rule making decisions, and will give the public access to information about the Board's enforcement statistics and licensee's activity so they can make informed dental decisions.

Dental Board

New Issue 4- (Statutory) Require the board to develop rules establishing minimum emergency preparedness standards necessary prior to administering sedation/ anesthesia including requirements related to:

- Having an adequate, unexpired supply of necessary drugs and anesthetic agents;
- Having an onsite automated external defibrillator (AED) immediately available;
- Periodic equipment inspections in a manner and on a schedule determined by the Board; and
- Maintenance and retention of an equipment readiness log that shall be made available to the Board upon request and to Board staff during inspections.

Submitted by Senator Charles Schwertner

Fiscal Impact:

None

Background & Purpose

New Issue 4 adds requirements for the Board to develop rules for emergency preparedness related to the availability of life saving drugs and equipment for anesthesia along with maintenance and inspections of anesthesia equipment. These requirements will ensure dentists performing anesthesia are adhering to the best practices of emergency preparedness.

This new issue would also require an equipment readiness log to certify that all emergency preparedness standards have been met.

Dental Board

New Issue 5- (Statutory) Amend Board's statute to include the following portability requirements:

- Define "portability" as the ability of a permit holder to provide permitted anesthesia services in a location other than a facility or satellite facility, consistent with the definition in rule.
- Require the board to establish in rule requirements and methods for a dental sedation and anesthesia permit holder to obtain a portability permit.
- Require the board to establish advanced didactic and clinical training requirements necessary for a portability permit, with consideration for additional requirements for those using their portability permit to treat pediatric and/or high risk patients.

Submitted by Senator Charles Schwertner

Fiscal Impact:

None

Background & Purpose

There are currently no statutory requirements or guidelines related to portability of sedation/anesthesia permits.

New Issue 5 codifies portability permit requirements to ensure traveling dentists performing anesthesia have the proper training and that the Board makes rules based on best practices for treating anesthesia portably. These requirements will protect the public and provide a consistent level of anesthesia treatment across all patient treatment sites.