



# STATE OF IOWA

CHESTER J. CULVER  
GOVERNOR

PATTY JUDGE  
LT. GOVERNOR

IOWA DENTAL BOARD  
CONSTANCE L. PRICE, EXECUTIVE DIRECTOR

## AGENDA TELECONFERENCE

**Tuesday, January 26, 2010**

12:00 p.m.

### OPEN SESSION

650 Iowa Administrative Code  
Chapter 29 "Deep Sedation/General Anesthesia, Conscious Sedation and Nitrous Oxide  
Inhalation Analgesia"  
Defining Sedation  
Notice of Intended Action Filed  
Public Comments Received  
Eligible for Adoption

### CLOSED SESSION\*

IN THE MATTER OF  
TAMMY S. BERTCH, D.H.  
Consideration of the proposed Findings of Fact, Conclusion of Law, Decision and Order

IN THE MATTER OF  
CARL P. HAMILTON, D.D.S.  
Consideration of the Notice of Hearing, Settle Agreement and Final Order (combined).

IN THE MATTER OF  
ROY E. MOUNT, D.D.S.  
Consideration of the Notice of Hearing, Settle Agreement and Final Order (combined).

IN THE MATTER OF  
ROBIN S. COPIC, D.H.  
Consideration of the Notice of Hearing, Settle Agreement and Final Order (combined).

### OPEN SESSION

### ADJOURNMENT

\*A portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2009 Code of Iowa.

**DENTAL BOARD[650]****Adopted and Filed**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby amends Chapter 29, “Deep Sedation/General Anesthesia, Conscious Sedation and Nitrous Oxide Inhalation Analgesia,” Iowa Administrative Code.

The amendments make various changes to the rules on the use of sedation and antianxiety premedication. The intent of these changes is to clarify the different levels of sedation and to clarify when a dentist must hold a sedation permit. Last year, the American Dental Association (ADA) revised its guidelines for the use of sedation and adopted new definitions concerning sedation. The ADA adopted new definitions for “minimal sedation” and “moderate sedation,” which was previously referred to as “conscious sedation.” The Board is proposing to adopt these new definitions, along with additional guidance for dentists on what constitutes minimal sedation or antianxiety premedication.

The training requirements for obtaining a moderate sedation or deep sedation permit in Iowa have not changed; however, the Board is incorporating the specific requirements in its rules. To qualify for a moderate sedation permit, a dentist must complete a Board-approved course in moderate (conscious) sedation that consists of a minimum of 60 hours of instruction and management of at least 20 patients. The Board does not differentiate between an enteral sedation permit or a parenteral sedation permit. All dentists who administer moderate sedation, regardless of the route of administration, must meet the same training requirements.

The proposed amendments also require that a dentist utilizing moderate sedation on pediatric (ages 12 and under) or American Society of Anesthesiologists (ASA) category 3 or 4 patients must have completed additional postgraduate training approved by the Board. This requirement is consistent with the ADA guidelines that require dentists to have completed additional training in pediatric and medically compromised patients in order to provide sedation to these patients. This change will impact all current permit holders as well as new applicants. However, the board surveyed existing permit holders to determine the level of impact. Two thirds of permit holders responded to the survey. Only one person who responded to the survey would be negatively impacted. The permit holder would be eligible to apply for a waiver of this subrule.

These amendments are subject to waiver at the sole discretion of the Board in accordance with 650—Chapter 7.

Notice of Intended Action was published in the December 16, 2009 Iowa Administrative Bulletin as ARC 8370B. A public hearing on the proposed amendments was held on January 5, 2010. Four written comments on the proposed amendments were received. In response to these comments, the following changes were made.

In Item 4, the definition of ASA was changed and a new definition for maximum recommended dose (MRD) was added.

In Item 7, paragraph “c” was amended to clarify that a person may also be eligible for a moderate sedation permit if the applicant completes an accredited residency program that includes formal training and clinical experience in moderate sedation.

In Item 13 the time period for reporting mortality or hospitalization incidents due to the use of

sedation has been changed from 30 days to seven days.

A new Item 14 has been added in response to comments from the Iowa Dental Association requesting that recordkeeping requirements for each level of sedation be specified in accordance with ADA guidelines.

These amendments were approved at the January 26, 2010, teleconference meeting of the Iowa Dental Board.

These amendments are intended to implement Iowa Code sections 153.33 and 153.34. The following amendments are adopted.

ITEM 1. Amend **650—Chapter 29**, title, as follows:

~~DEEP SEDATION/GENERAL ANESTHESIA, CONSCIOUS SEDATION  
AND NITROUS OXIDE INHALATION ANALGESIA~~

ITEM 2. Amend rule 650—29.1(153), introductory paragraph, as follows:

**650—29.1(153) Definitions.** For the purpose of these rules relative to the administration of deep sedation/general anesthesia, ~~conscious~~ moderate sedation, minimal sedation, and nitrous oxide inhalation analgesia by licensed dentists the following definitions shall apply:

ITEM 3. Amend rule **650—29.1(153)**, definitions of “Antianxiety premedication” and “Conscious sedation,” as follows:

~~“Antianxiety premedication” is the prescription/administration of pharmacologic substances for the relief of anxiety and apprehension which does not result in a depressed level of consciousness means minimal sedation. A dentist providing minimal sedation must meet the requirements of rule 650—29.7(153).~~

~~“Conscious sedation” is a depressed level of consciousness produced by the administration of pharmacologic substances, that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command means moderate sedation.~~

ITEM 4. Adopt the following **new** definitions of “ASA,” “Maximum recommended dose (MRD),” “Minimal sedation,” “Moderate sedation” and “Pediatric” in rule **650—29.1(153)**:

“ASA” refers to the American Society of Anesthesiologists Patient Physical Status Classification System. Category 1 means normal healthy patients, and category 2 means patients with mild systemic disease. Category 3 means patients with moderate systemic disease, and category 4 means patients with severe systemic disease that is a constant threat to life.

“Maximum recommended dose (MRD)” means the maximum FDA-recommended dose of a drug as printed in FDA-approved labeling for unmonitored home use.

“Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. The term “minimal sedation” also means “antianxiety premedication” or “anxiolysis.” A dentist providing minimal sedation shall meet the requirements of rule 650—29.7(153).

“Moderate sedation” means a drug-induced depression of consciousness, either by enteral or parenteral means, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Prior to January 1, 2010, moderate sedation was referred to as conscious sedation.

“Pediatric” means patients age 12 or under.

ITEM 5. Strike “conscious” wherever it appears in rules **650—29.2(153)** to **650—29.7(153)**, **650—29.11(153)** and **650—29.12(153)** and insert “moderate” in lieu thereof.

ITEM 6. Amend paragraph **29.3(1)“a”** as follows:

~~a. Has successfully completed Part II of the American Dental Association Council on Dental Education Guidelines~~ an advanced education program accredited by the Commission on Dental Accreditation that provides training in deep sedation and general anesthesia; and

ITEM 7. Amend subrule 29.4(1) as follows:

~~29.4(1)~~ A permit may be issued to a licensed dentist to use ~~conscious moderate~~ moderate sedation ~~on an outpatient basis~~ for dental patients provided the dentist meets the following requirements:

~~a. Has successfully completed a training program approved by the board that meets Parts I and III of the American Dental Association Council on Dental Education Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and that consists of a minimum of 60 hours of instruction and management of at least 20 patients; and~~

~~b. No change.~~

~~c. Has submitted evidence of successful completion of moderate sedation experience at the graduate level~~ an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board.

ITEM 8. Adopt the following new subrule 29.4(9):

**29.4(9)** A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

ITEM 9. Amend rule 650—29.7(153) as follows:

**650—29.7(153) Antianxiety premedication Minimal sedation.**

~~29.7(1) Antianxiety premedication is the prescription or administration of pharmacologic substances for the relief of anxiety and apprehension. The term “minimal sedation” also means “antianxiety premedication” or “anxiolysis.”~~

~~—29.7(2) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist.~~

~~29.7(3)~~ **29.7(2)** If a dentist intends to achieve a state of ~~conscious moderate~~ moderate sedation from the administration of ~~an antianxiety premedication~~ minimal sedation, the rules for ~~conscious moderate~~ moderate sedation shall apply.

~~29.7(4)~~ **29.7(3)** A dentist utilizing ~~antianxiety premedication~~ minimal sedation and the dentist's auxiliary personnel shall be trained in and capable of administering basic life support.

~~29.7(4)~~ Minimal sedation for adults.

~~a. Minimal sedation for adults is limited to a dentist prescribing or administering a single enteral drug that is no more than 1.0 times the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. A single supplemental dose of the same drug may be administered, provided the supplemental dose is no more than one-half of the initial dose and the dentist does not administer the supplemental dose until the dentist has determined the clinical half-life of the initial dose has passed.~~

~~b. The total aggregate dose shall not exceed 1.5 times the MRD on the day of treatment.~~

~~c. For adult patients, a dentist may also utilize nitrous oxide inhalation analgesia in combination with a single enteral drug.~~

~~d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any intravenous drug constitutes moderate sedation and the dentist must hold a moderate sedation permit.~~

~~29.7(5)~~ Minimal sedation for ASA category 3 or 4 patients or pediatric patients.

~~a. Minimal sedation for ASA category 3 or 4 patients or pediatric patients is limited to a dentist prescribing or administering a single dose of a single enteral drug that can be prescribed for unmonitored home use and that is no more than 1.0 times the maximum recommended dose.~~

b. A dentist may administer nitrous oxide inhalation analgesia for minimal sedation of ASA category 3 or 4 patients or pediatric patients provided the concentration does not exceed 50 percent and is not used in combination with any other drug.

c. The use of one or more enteral drugs in combination with nitrous oxide, the use of more than a single enteral drug, or the administration of any intravenous drug in ASA category 3 or 4 patients or pediatric patients constitutes moderate sedation and the dentist must hold a moderate sedation permit.

29.7(6) A dentist providing minimal sedation shall not bill for non-IV conscious or moderate sedation.

29.7(7) A dentist shall ensure that any advertisements related to the availability of antianxiety premedication, anxiolysis, or minimal sedation clearly reflect the level of sedation provided and are not misleading.

ITEM 10. Amend subrule 29.5(8) as follows:

29.5(8) Permit holders shall follow the American Dental Association's guidelines for the use of ~~conscious sedation, deep sedation and general anesthesia for dentists, except as otherwise specified in these rules.~~

ITEM 11. Adopt the following new subrule 29.5(9):

29.5(9) A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

ITEM 12. Amend rule 650—29.9(153), catchwords, as follows:

**650—29.9(153) Reporting of adverse occurrences related to ~~deep sedation/general anesthesia, conscious sedation, nitrous oxide inhalation analgesia, and antianxiety premedication.~~**

ITEM 13. Amend subrules 29.9(1) and 29.9(2) as follows:

29.9(1) Reporting. All licensed dentists in the practice of dentistry in this state must submit a report within a period of 30 seven days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, antianxiety premedication, nitrous oxide inhalation analgesia, ~~conscious sedation or deep sedation/general anesthesia related thereto~~ sedation. The report shall include responses to at least the following:

a. to f. No change.

29.9(2) Failure to report. Failure to comply with subrule 29.9(1), when the occurrence is related to the use of ~~deep sedation/general anesthesia, conscious sedation, nitrous oxide inhalation analgesia, or antianxiety premedication,~~ may result in the dentist's loss of authorization to administer ~~deep sedation/general anesthesia, conscious sedation, nitrous oxide inhalation analgesia, or antianxiety premedication~~ or in ~~other sanctions~~ any other sanction provided by law.

ITEM 14. Amend rule 650—29.13(153) as follows:

**650—29.13(153) Record keeping.**

29.13(1) Minimal sedation. An appropriate sedative record must be maintained, including the names of all drugs administered, including local anesthetics and nitrous oxide, dosages, time administered, and monitored physiological parameters that must include oxygenation, ventilation, and circulation.

29.13(2) Moderate or deep sedation. The patient chart must include preoperative and postoperative vital signs, drugs administered, dosage administered, anesthesia time in minutes, and monitors used. ~~Intermittent vital signs shall be taken and recorded in the patient chart during procedures and~~ Pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded

continually until the patient is fully ambulatory. The chart should contain the name of the person to whom the patient was discharged.

29.13(3) Nitrous oxide inhalation analgesia. ~~For nitrous oxide inhalation analgesia, the~~ The patient chart must include the concentration administered and duration of administration, as well as any vital signs taken.