



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

JUNE 20, 2019

12:00 P.M.

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa. The public can also participate by telephone using the call-in information below:

- | |
|--|
| 1. Dial the following number to join the conference call: 1-866-685-1580 |
| 2. When promoted, enter the following conference code: 0009990326# |

Members: *Michael Davidson, D.D.S., Chair; Gregory Ceraso, D.D.S.; Steven Clark, D.D.S.; Jonathan DeJong, D.D.S.; John Frank, D.D.S.; Karen Potaczek, D.D.S.; Gary Roth, D.D.S.; Kaaren Vargas, D.D.S.; Kurt Westlund, D.D.S.*

I. CALL MEETING TO ORDER – ROLL CALL

II. COMMITTEE MINUTES

- a. May 2, 2019 – Teleconference

III. APPLICATIONS FOR GENERAL ANESTHESIA PERMIT

<No applications received to date.>

IV. APPLICATIONS FOR MODERATE SEDATION PERMIT

- a. Andrew Mulka, D.D.S. (Reinstatement)
b. Samuel Lee, D.D.S.
c. Robert Burns, D.D.S.
d. Richard Wright, D.D.S.

V. OTHER BUSINESS

- a. Update: ARC 4358C Notice of Intended Action, Iowa Administrative Code 650—
Ch. 29, “Sedation and Nitrous Oxide”

VI. OPPORTUNITY FOR PUBLIC COMMENT

VII. ADJOURN

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the Board office at 515/281-5157.

Please Note: At the discretion of the committee chair, agenda items may be taken out of order to accommodate scheduling requests of committee members, presenters or attendees or to facilitate meeting efficiency.



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

MINUTES

May 2, 2019

Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

Michael Davidson, D.D.S.
Steven Clark, D.D.S.
Jonathan DeJong, D.D.S.
John Frank, D.D.S.
Gary Roth, D.D.S.
Kurt Westlund, D.D.S.
Kaaren Vargas, D.D.S.

May 2, 2019

Present
Present
Present
Present
Present
Present
Absent

Staff Members

Jill Stuecker, Christel Braness, Steve Garrison

I. CALL MEETING TO ORDER – MAY 2, 2019

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:04 p.m. on Thursday, May 2, 2019. The meeting was held by electronic means in compliance with Iowa Code Section 21.8. The purpose of the meeting was to review meeting minutes, applications for sedation permit, and other committee-related business. It was impractical to meet in person with such a short agenda.

Roll Call:

Member	Clark	Davidson	DeJong	Frank	Roth	Westlund	Vargas
Present		x	x	x	x	x	
Absent	x						x

A quorum was established with five (5) members present.

Ms. Braness asked the members of the public in attendance to introduce themselves and identify the organization they are representing if applicable.

- Dr. Steven Clark joined the meeting at 12:15 p.m. after roll call was taken.

II. COMMITTEE MINUTES

- *February 21, 2019 – Teleconference*

❖ MOVED by DEJONG, SECONDED by DAVIDSON, to APPROVE the meeting minutes as submitted. Motion APPROVED unanimously.

III. APPLICATIONS FOR GENERAL ANESTHESIA PERMIT

- *Ashley Sunstrum, D.D.S.*

Ms. Braness reported that Dr. Sunstrum will be joining an existing practice in the Des Moines area upon completion of her residency.

❖ MOVED by WESTLUND, SECONDED by FRANK, to APPROVE the application pending successful completion of the residency program. Motion APPROVED unanimously.

- *William Morio, D.D.S.*

Ms. Braness reported that Dr. Morio will be joining an existing practice in Hiawatha upon completion of his residency.

❖ MOVED by WESTLUND, SECONDED by DEJONG, to APPROVE the application pending successful completion of the residency program. Motion APPROVED unanimously.

- *Jordan Tortorich, D.D.S.*

Ms. Braness reported that Dr. Tortorich will be joining an existing practice in the Cedar Rapids area upon completion of his residency.

❖ MOVED by ROTH, SECONDED by FRANK, to APPROVE the application pending successful completion of the residency program. Motion APPROVED unanimously.

IV. APPLICATIONS FOR MODERATE SEDATION PERMIT

Ms. Braness reported that the Board had not received any new moderate sedation applications to date.

V. OTHER BUSINESS

- *For Discussion: ARC 4358C Notice of Intended Action, Iowa Administrative Code 650—Ch. 29, “Sedation and Nitrous Oxide”*

Ms. Branss provided an update on the status of the proposed rulemaking. The Board approved the Notice of Intended Action at the January 2019 meeting. The public comment period will be open through May 15, 2019. To date, the Board has received two sets of written comments, which have been forwarded to the committee for review. The committee has been provided the opportunity to discuss the comments received to date, and may make a recommendation to the Board if they choose. The Board is scheduled to review the comments and vote on adoption of the proposed amendments at the June 7, 2019 meeting.

Dr. Frank asked that those in attendance share their comments prior to the committee discussing the matter further.

Mr. Struyk, Iowa Association of Nurse Anesthetists (IANA), asked to confirm that the committee received their written comments. Ms. Stuecker confirmed receipt of the comments.

Mr. Cope, Iowa Society of Anesthesiologists (ISA), provided an overview of the written comments that he'd submitted on behalf of the ISA. Mr. Cope encouraged the committee and the Board to consider incorporating some of their suggestions into the rulemaking.

Mr. Cruse, ISA, also commented on the proposed rules. Specifically, Mr. Cruse noted that for minimal and moderate sedation, there is a reference to maximum recommended dose (MRD). For minimal sedation, the rules allow a supplemental dose, after the drug's half-life has been achieved, that would not exceed a total dose of 1.5 times the MRD on the date of treatment. Mr. Cruse recommended that the maximum dosing not exceed 1.0 MRD on the date of treatment. Additionally, Mr. Cruse noted that the rules do not provide a stated maximum dosage of an enteral drug when used to induce moderate sedation.

Dr. Frank asked Mr. Cope and Mr. Cruse about some of the information that they submitted with the ISA's comments. In particular, Dr. Frank referenced the "Standards of Basic Anesthesia Monitoring" issued by the American Society of Anesthesiologists (ASA). The paper references the use of qualified anesthesia personnel; though, the paper does not provide a definition for that term. Dr. Frank asked Mr. Cope and Mr. Cruse to provide some clarification. The ISA indicated that they interpreted this term to include anesthesiologists and nurse anesthetists. The committee members and those in attendance discussed this issue further. Mr. Struyk noted that the draft of the rules before the committee and the Board provided definitions that addressed Dr. Frank's concerns given that "licensed sedation provider" and "permit holder" were defined separately and were inclusive of dental licensees who completed additional training and had obtained a sedation permit with the Iowa Dental Board.

There was further discussion about the use of anesthesiologists and nurse anesthetists when providing sedation in dental offices, and the extent to which their services should be prioritized. Dr. King referenced statements issued by the ASA and noted that the ASA provides an exemption to the American Association of Oral and Maxillofacial Surgeons (AAOMS) from the previously-cited standards.

Dr. Frank asked Dr. Fridrich, faculty at the University of Iowa College of Dentistry, to provide an overview on the minimum training standards and requirements in the area of sedation for oral and maxillofacial surgeons during the residency. Dr. Fridrich summarized the accreditation standards as part of the residency training. Both inside and outside the operating room, accreditation standards dictate that graduating residents must be competent in sedation, particularly for patients under the age eight. Training in the area of sedation is ongoing during the entirety of the residency program.

Dr. Fridrich was unaware of any other state, apart from California, that proposed the type of training or qualifications to sedate pediatric children as discussed in the comments submitted by the ISA. Dr. Figueora stated that he reached out to AAOMS and confirmed that the requirement referenced in the ISA comments was not included in the final language of the law adopted in California. Ms. Stuecker confirmed that this was her understanding as well. Ms. Stuecker believed that California's requirements were catching up to current Iowa standards.

The committee further discussed the ISA's comments and suggestions. Mr. Cruse proposed that the draft be amended to require two patient monitors for moderate sedation. Dr. Frank addressed the standard used by oral and maxillofacial surgeons.

Dr. Roth provided an overview of his protocol for moderate sedation. Dr. Roth uses a single drug and communicates with the patient for the duration of the sedation. Dr. Roth noted that he does not provide sedation to pediatric patients, and only administers sedation to be patients classified ASA I-II. Dr. Roth noted that some of the ISA proposals may restrict access to moderate sedation services in rural areas.

Dr. Potaczek, Iowa Association of Oral and Maxillofacial Surgeons (IAOMS), reported that she requires all of her staff obtain to ACLS certification. Dr. Potaczek recommended that all patient monitors, including those who are dental assistants, obtain that as well. Dr. Roth stated that his staff is comprised of dental assistant graduates or those who started as dental assistant trainees. Nurses on staff may not be a tenable option for him given his location.

Ms. Stuecker asked the committee to determine whether one patient monitor is sufficient for the purposes of safely administering moderate sedation. Dr. Davidson did not believe that the proposal to require two patient monitors was overly burdensome; though, he was uncertain to what extent the proposal would improve safety.

Dr. Roth stated that he would not object to a requirement for a second patient monitor; however, he believed that a requirement for ACLS/PALS or DAANCE certification could be prohibitive. Dr. Frank asked what the burden would be to using a nurse in these situations. Dr. Roth was not certain to what extent an RN would be on call or otherwise available to his practice. Dr. Roth also referenced the cost, which may restrict access to care. Dr. Davidson agreed.

Ms. Stuecker reported the draft defines the individuals who may serve as a patient monitor and asked if this sufficiently addressed the concerns raised. Dr. Frank expressed a preference that two patient monitors be required for moderate sedation. Additionally, Dr. Frank recommended

that one of the two patient monitors be certified in ACLS/PALS or DAANCE or be a licensed nurse.

Dr. Davidson questioned to what extent ACLS certification would be beneficial to dental assistants serving as monitors. Dr. Davidson believed it would be better to focus on the requirements for patient monitors and on airway management training. Dr. Roth agreed.

Due to the limited amount of time remaining, Ms. Stuecker asked Mr. Struyk to discuss the comments the IANA submitted to date. Mr. Struyk provided an overview of the IANA's comments, which had also been submitted in writing.

Ms. Stuecker asked the committee if they wished to make a recommendation to the Board.

Dr. Westlund recommended that this matter be tabled until an in-person meeting of the Anesthesia Credentials Committee could be scheduled to discuss this better in person. Ms. Stuecker reminded the committee members that the Board was scheduled to vote on this matter, as part of the formal rulemaking process, at its meeting on June 7, 2019.

Dr. Potaczek asked for clarification about the physical examination requirement and who would be eligible to complete this. Mr. Struyk stated that nurse anesthetists do not require supervision by another licensee to practice in Iowa. Following further discussion, it was noted that each licensee, whether a dentist, anesthesiologist or nurse anesthetist, would be required to comply with the individual scopes of practice and meet the minimum standards of care for the respective professions.

Ms. Stuecker noted that the current draft of the rules would require a dentist to hold a sedation permit prior to administering sedation or requesting the services of another permit holder or other licensed sedation provider.

Dr. Frank asked what action the committee needed to take. Ms. Stuecker stated that the committee would not be required to take any action as rulemaking is, ultimately, a decision of the Board and not the committee. Dr. Frank requested that the Board table this decision and meet in person with committee members or other anesthesia representatives.

Ms. Stuecker asked if there were any further comments. There were not any other comments received.

VI. OPPORTUNITY FOR PUBLIC COMMENT

Ms. Braness allowed the opportunity for public comment. Ms. Braness stated that the public comment period ended May 15, 2019. Staff would attempt to forward comments received after this date to the Board for consideration.

No further comments were received.

VII. ADJOURN

- ❖ MOVED by FRANK, SECONDED by WESTLUND, to ADJOURN. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 1:00 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for June 20, 2019. The meeting will be held at the Board office and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.

DRAFT



IOWA DENTAL BOARD

License Detail Report

First Name: Andrew

Last Name: Mulka

May 14, 2019 8:50 pm

Balance

License Basic Information

License Type	ANES-Moderate Sedation
License Number	
Status	Internet Wait
Original Issue Date	
Balance	\$0.00

Previously held MS-0101 in Iowa.
Permit lapsed in 2016 due to failure to
renew the permit.

Facility Equipment

Operating room accommodates patient and 3 staff?	Yes
Operating table or chair sufficient to maintain airway and render emergency aid?	Yes
Lighting is sufficient to evaluate patient and has appropriate battery backup?	Yes
Suction equipment permits aspiration of oral / pharyngeal cavities & a backup?	Yes
Oxygen delivery system with adequate full face masks & adequate backup?	Yes
A recovery area that has oxygen, adequate lighting, suction, & electric outlets?	Yes
Is patient able to be observed by staff at all times during recovery?	Yes
Anesthesia / analgesia systems coded to prevent incorrect administration?	Yes
EKG Monitor?	Yes
Laryngoscope and blades?	Yes
Endotracheal tubes?	Yes
Magill forceps?	Yes
Oral airways?	Yes
Stethoscope	Yes
Blood pressure monitoring device?	Yes
A pulse oximeter?	Yes
Emergency drugs that are not expired?	Yes
A defibrillator (an automated defibrillator is recommended)?	Yes
Do you employ volatile liquid anesthetics and a vaporizer?	Yes
Number of nitrous oxide inhalation analgesia units in facility?	1

Facility Information

Joining previously inspected facility?	No
Equipment or exemption details	
Provide sedation at more than 1 facility?	No
Have the equipment requirements listed above been met?	No
Equipment exemptions?	No



IOWA DENTAL BOARD

License Detail Report

First Name: Andrew

Last Name: Mulka

May 14, 2019 8:50 pm

Balance

Final Acknowledgements

Application Signature	Yes
Application Signature Date	May 14, 2019 20:50:50
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	01/2021

Initial Acknowledgements

Sedation / LA Permit Acknowledgement	Yes
Public Record Acknowledgement	Yes
Non-Refundable App Fee Acknowledgement	Yes
App Valid 180 Days Acknowledgement	Yes

MS Restrictions

Authorized to sedate pediatric patients?	No
Authorized to sedate ASA 3 or 4 patients?	No

Other State Licenses

Permitted In Other States?	Yes
State	Illinois
Permit Number	137000854
Date Verified	Sep 19, 2012
State 2	
Permit Number 2	
Date Verified 2	
State 3	
Permit Number 3	
Date Verified 3	

Peer Evaluation

Peer evaluation conducted?	No
If no, is one required?	
Date of peer evaluation	

Printing

Number of Extra Certificates (\$25 ea.)	0
Number of Extra Renewal Cards (\$25 ea.)	0

Renewal Period Option

Joint New / Renewal Qualified	No
Joint New / Renewal Accepted	No

Sedation Experience

Any patient mortality or other incident?	No
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IOWA DENTAL BOARD

License Detail Report

First Name: Andrew

Last Name: Mulka

May 14, 2019 8:50 pm

Balance

Details of incident

Use enteral moderate sedation? Yes

Use parenteral moderate sedation? Yes

Sedation Training

Mod Sedation training program 60 hrs and 20 patients? Yes

Airway management training? Yes

Airway Training Date Sep 15, 2011

ACLS Certified? Yes

ADA accredited residency program? Yes

Specialty 1

Post Graduate Training Type 1

Post Graduate Training Institution 1

Institution 1 City & State

Post Graduate Training 1 Start Date

Post Graduate Training 1 End Date

Continuing Education Course

Continuing Education Course Location

Continuing Education Course Date Completed

Pediatric Training? No

Pediatric Training Location

Pediatric Training Date

Med. Comp. Training? No

Med. Comp. Training Location

Med. Comp. Training Date

Marriage/Divorce Decree Submission Method?

Chronology

General Dentist, Myo Tech Dental, 1631 Avenue of the Cities, Moline, IL 61265. Currently 1828 Avenue of the Cities	08/2011	05/2019
General Dentist, MyoTech Dental, 666 Loras Blvd., Dubuque, IA	02/2014	04/2016
General Dentist, MyoTech Dental, 1112 Division St; Orion, Illinois 61273	08/2011	09/2013

Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
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Question List and Details

Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? No

Are you currently engaged in the illegal or improper use of drugs or other chemical substances? No

Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety? No



IOWA DENTAL BOARD

License Detail Report

First Name: Andrew

Last Name: Mulka

May 14, 2019 8:50 pm

Balance

Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or other chemical substances?	No
Have you ever been requested to repeat a portion of any professional training program/school?	No
Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?	No
Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?	No
Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered?	No
Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	No
Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?	No
Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	No
Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily suspended, or revoked?	No

Attachments

Iowa sedation license letter.docx
Iowa sedation license letter.docx
sedation ADSA accredit.pdf

letter to evaluator
ADSA sedation accreditation

I am renewing my license that I had let lapse. I currently do not practice in Iowa, but if I do in the future, I wanted to keep my license up to date. I will inform you if I do join a practice in Iowa and plan to start nitrous. Thank you!

I have used my home address in lieu of an office. Also, I do not know how to go back to a page and change an answer but when asked about airway management training, I recalled the wrong date. I would have received my training for this during my training for sedation on the dates 3/19/2012 to 3/30/2012.

I was told I would not need to furnish the supporting information for my license because it should already be on record. If this information is needed, please email me at Andrew.mulka.dds@gmail.com or call me at 708-738-9294.

AMERICAN SOCIETY FOR THE ADVANCEMENT OF
ANESTHESIA AND SEDATION IN DENTISTRY

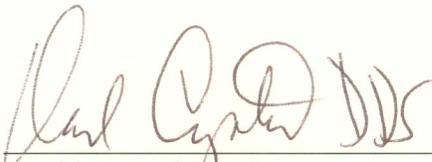
DAVID CRYSTAL, DDS
EXECUTIVE SECRETARY
6 EAST UNION AVE
BOUND BROOK, N.J. 08805

Phone: 732-469-9050
Fax: 732-271-1985

March 30, 2012

This will verify that Andrew Mulka, DDS successfully completed a comprehensive program in parenteral conscious sedation for dentists. The two-week program, sponsored by the ASAASD, is based upon and abides by American Dental Association standards for teaching sedation in dentistry. The training site is St. Joseph's Regional Medical Center and the academic affiliate is Seton Hall University School of Health and Medical Sciences. St. Joseph's sponsors accredited advanced education programs in general practice dentistry and oral and maxillofacial surgery as well as an ACGME accredited residency program in anesthesiology.

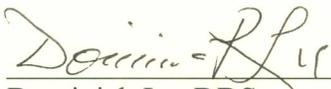
The sedation course for dentists was held from March 19, through 30th 2012 with a minimum of 80 hours devoted to the educational activity. This included lectures, seminars, videotaped presentations, hands-on instruction, simulations, and a minimum of twenty clinical cases.



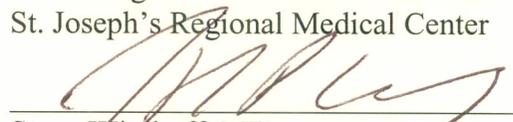
David Crystal, DDS
Executive Secretary, ASAASD



Hillel Ephros, DMD, MD, Course Director
OMS Program Director and Chairman
St. Joseph's Regional Medical Center



Dominick Lu, DDS
President, ASAASD



Steve Winikoff, MD
Chairman, Department of Anesthesiology
St. Joseph's Regional Medical Center

The American Society for the Advancement
of Anesthesia and Sedation in Dentistry is
an ADA CERP Recognized Provider

ADA CERP® | Continuing Education
Recognition Program



IOWA DENTAL BOARD

License Detail Report

First Name: Samuel

Last Name: Lee

May 22, 2019 12:33 pm

Balance

License Basic Information

License Type	ANES-Moderate Sedation
License Number	
Status	Internet Wait
Original Issue Date	
Balance	\$0.00

Facility Equipment

Operating room accommodates patient and 3 staff?	Yes
Operating table or chair sufficient to maintain airway and render emergency aid?	Yes
Lighting is sufficient to evaluate patient and has appropriate battery backup?	Yes
Suction equipment permits aspiration of oral / pharyngeal cavities & a backup?	Yes
Oxygen delivery system with adequate full face masks & adequate backup?	Yes
A recovery area that has oxygen, adequate lighting, suction, & electric outlets?	Yes
Is patient able to be observed by staff at all times during recovery?	Yes
Anesthesia / analgesia systems coded to prevent incorrect administration?	Yes
EKG Monitor?	Yes
Laryngoscope and blades?	Yes
Endotracheal tubes?	Yes
Magill forceps?	Yes
Oral airways?	Yes
Stethoscope	Yes
Blood pressure monitoring device?	Yes
A pulse oximeter?	Yes
Emergency drugs that are not expired?	Yes
A defibrillator (an automated defibrillator is recommended)?	Yes
Do you employ volatile liquid anesthetics and a vaporizer?	Yes
Number of nitrous oxide inhalation analgesia units in facility?	2

Facility Information

Joining previously inspected facility?	No
Equipment or exemption details	
Provide sedation at more than 1 facility?	No
Have the equipment requirements listed above been met?	Yes
Equipment exemptions?	No



IOWA DENTAL BOARD

License Detail Report

First Name: Samuel

Last Name: Lee

May 22, 2019 12:33 pm

Balance

Final Acknowledgements

Application Signature	Yes
Application Signature Date	May 22, 2019 12:33:54
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	10/2019

Initial Acknowledgements

Sedation / LA Permit Acknowledgement	Yes
Public Record Acknowledgement	Yes
Non-Refundable App Fee Acknowledgement	Yes
App Valid 180 Days Acknowledgement	Yes

MS Restrictions

Authorized to sedate pediatric patients?	No
Authorized to sedate ASA 3 or 4 patients?	No

Other State Licenses

Permitted In Other States?	Yes
State	Alaska
Permit Number	128961
Date Verified	
State 2	
Permit Number 2	
Date Verified 2	
State 3	
Permit Number 3	
Date Verified 3	

Peer Evaluation

Peer evaluation conducted?	No
If no, is one required?	
Date of peer evaluation	

Printing

Number of Extra Certificates (\$25 ea.)	0
Number of Extra Renewal Cards (\$25 ea.)	0

Renewal Period Option

Joint New / Renewal Qualified	No
Joint New / Renewal Accepted	No

Sedation Experience

Any patient mortality or other incident?	No
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IOWA DENTAL BOARD

License Detail Report

First Name: Samuel

Last Name: Lee

May 22, 2019 12:33 pm

Balance

Details of incident

Use enteral moderate sedation? Yes

Use parenteral moderate sedation? Yes

Sedation Training

Mod Sedation training program 60 hrs and 20 patients? Yes

Airway management training? Yes

Airway Training Date Oct 20, 2017

ACLS Certified? Yes

ADA accredited residency program? No

Specialty 1

Post Graduate Training Type 1

Post Graduate Training Institution 1

Institution 1 City & State

Post Graduate Training 1 Start Date

Post Graduate Training 1 End Date

Continuing Education Course Yes

Continuing Education Course Location San Jose, CA

Continuing Education Course Date Completed Oct 22, 2017

Pediatric Training? No

Pediatric Training Location

Pediatric Training Date

Med. Comp. Training? No

Med. Comp. Training Location

Med. Comp. Training Date

Marriage/Divorce Decree Submission Method?

I am requesting additional information about the training completed.

Chronology

Unemployed	09/2018	05/2019
General Dentist, Anchorage, AK, performed sedation for latter half of employment time, private practice	03/2017	09/2018
General Dentist, Bakersfield, CA, private practice	09/2016	03/2017
Did not work as a dentist or in any dental related field	06/2012	09/2016

Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
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Question List and Details

Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? No

Are you currently engaged in the illegal or improper use of drugs or other chemical substances? No

Do you currently use alcohol, drugs, or other chemical substances? No



IOWA DENTAL BOARD

License Detail Report

First Name: Samuel

Last Name: Lee

May 22, 2019 12:33 pm

Balance

that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?

Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or other chemical substances?

Have you ever been requested to repeat a portion of any professional training program/school? No

Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? No

Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? No

Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered? No

Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions? No

Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held? No

Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation? No

Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily suspended, or revoked? No

Attachments

Reported the following facility address:

3327 Main St. Suite B
Keokuk, IA 52632

Inspection would be required prior to issuance.



Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS &
 PROFESSIONAL LICENSING**

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LICENSE DETAILS

License #:

128961

Program:

Dental

Type:

Dentist Moderate Sedation Permit

Status:

Lapsed

Issue Date:

12/20/2017

Effective Date:

12/20/2017

Expiration Date:

02/28/2019

Mailing Address:

ANCHORAGE, AK, UNITED STATES

Owners

Owner Name:	Samuel J Lee
Entity Number:	

Relationships

Title:	Dentist
License/Entity #:	116512
Name:	Samuel Lee
License Status:	Lapsed
Expiration Date:	02/28/2019

Designations

No Designations Found

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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12 AAC 28.015. PERMIT REQUIREMENTS FOR USE OF MODERATE SEDATION, OR FOR USE OF MINIMAL SEDATION FOR A PATIENT YOUNGER THAN 13 YEARS OF AGE.

(a) Unless exempt under 12 AAC 28.065, before administering moderate sedation to a patient, or minimal sedation to a patient younger than 13 years of age, a dentist licensed under AS 08.36 must have a moderate sedation permit issued by the board.

(b) The requirement to obtain a permit to administer moderate or minimal sedation under this section does not apply to a dentist currently permitted under 12 AAC 28.010 to administer deep sedation and general anesthesia.

(c) A dentist who holds a permit under this section may not administer or employ an agent or technique that has so narrow a margin for maintaining consciousness that the agent or technique is most likely to produce deep sedation or general anesthesia. These agents include ketamine, propofol, brexvatil, and sodium pentothal.

(d) An applicant for an initial or renewed permit to administer moderate or minimal sedation under this section must

- (1) submit a completed application on a form provided by the board;
- (2) submit a dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with all applicable statutes and regulations;
- (3) submit, on a form provided by the board, a dated and signed affidavit attesting that the dentist's facility meets the requirements of this chapter for the administration of moderate or minimal sedation under this section;
- (4) hold a current registration to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);
- (5) provide proof of current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation; qualifying certification for an applicant who seeks to treat patients 13 years of age and older includes the American Heart Association's Advanced Cardiac Life Support (ACLS) for Health Professionals; qualifying certification for an applicant who seeks to treat patients younger than 13 years of age includes Pediatric Advanced Life Support (PALS) for Health Professionals; an applicant who seeks to treat patients of any age must also be certified in both ACLS for Health Professionals and PALS for Health Professionals or must be certified in equivalent qualifying certifications under this paragraph, one for advanced cardiac life support for health professionals and one for pediatric advanced life support for health professionals; and

(6) submit the applicable fees specified in 12 AAC 02.190.

(e) In addition to meeting the requirements of (d) and (g) of this section,

(1) an applicant for an initial permit to administer moderate sedation to a patient who is at least 13 years of age under this section must provide documentation that the applicant completed either

(A) training in moderate sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, as adopted by the American Dental Association (ADA) House of Delegates, October 2016, adopted by reference; the applicant must complete the training required under this subparagraph while enrolled in

(i) a dental program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association; or

(ii) a post-doctoral university or teaching hospital program; or

(B) a board-approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in (A) of this paragraph, and required under 12 AAC 28.026; the course must consist of a minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients per participant to establish competency and clinical experience in moderate sedation and management of a compromised airway; and

(2) before administering moderate or minimal sedation to a patient younger than 13 years of age, an applicant for an initial permit must

(A) provide proof that the applicant completed an additional 30 hours of board-approved coursework in pediatric moderate sedation required under 12 AAC 28.027; and

(B) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age or an anesthesiologist or certified registered nurse anesthetist licensed in this state or another jurisdiction.

(f) In addition to meeting the requirements of (d) and (g) of this section, an applicant for an initial permit to administer moderate or minimal sedation only to patients who are younger than 13 years of age under this section must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age to establish competency and clinical experience in management of a comprised airway, and provide documentation that the applicant has completed a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry.

(g) In addition to meeting the requirements of (d) and (e) of this section, or (f) of this section if administering moderate or minimal sedation to a patient who is younger than 13 years of age, an applicant for an initial permit to provide moderate sedation and minimal sedation under this section must provide documentation that

(1) within three years immediately before application, the applicant completed training or education as required in this section in moderate sedation;



IOWA DENTAL BOARD

License Detail Report

First Name: Robert

Last Name: Burns

June 01, 2019 7:04 pm

Balance

License Basic Information

License Type	ANES-Moderate Sedation
License Number	
Status	Internet Wait
Original Issue Date	
Balance	\$0.00

Facility Equipment

Operating room accommodates patient and 3 staff?	Yes
Operating table or chair sufficient to maintain airway and render emergency aid?	Yes
Lighting is sufficient to evaluate patient and has appropriate battery backup?	Yes
Suction equipment permits aspiration of oral / pharyngeal cavities & a backup?	Yes
Oxygen delivery system with adequate full face masks & adequate backup?	Yes
A recovery area that has oxygen, adequate lighting, suction, & electric outlets?	Yes
Is patient able to be observed by staff at all times during recovery?	Yes
Anesthesia / analgesia systems coded to prevent incorrect administration?	Yes
EKG Monitor?	Yes
Laryngoscope and blades?	Yes
Endotracheal tubes?	Yes
Magill forceps?	Yes
Oral airways?	Yes
Stethoscope	Yes
Blood pressure monitoring device?	Yes
A pulse oximeter?	Yes
Emergency drugs that are not expired?	Yes
A defibrillator (an automated defibrillator is recommended)?	Yes
Do you employ volatile liquid anesthetics and a vaporizer?	No
Number of nitrous oxide inhalation analgesia units in facility?	4

Facility Information

Joining previously inspected facility?	No
Equipment or exemption details	
Provide sedation at more than 1 facility?	No
Have the equipment requirements listed above been met?	Yes
Equipment exemptions?	No



IOWA DENTAL BOARD

License Detail Report

First Name: Robert

Last Name: Burns

June 01, 2019 7:04 pm

Balance

Final Acknowledgements

Application Signature	Yes
Application Signature Date	Jun 01, 2019 19:04:16
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	01/2021

Initial Acknowledgements

Sedation / LA Permit Acknowledgement	Yes
Public Record Acknowledgement	Yes
Non-Refundable App Fee Acknowledgement	Yes
App Valid 180 Days Acknowledgement	Yes

MS Restrictions

Authorized to sedate pediatric patients?	Yes
Authorized to sedate ASA 3 or 4 patients?	Yes

Other State Licenses

Permitted In Other States?	No
State	
Permit Number	
Date Verified	
State 2	
Permit Number 2	
Date Verified 2	
State 3	
Permit Number 3	
Date Verified 3	

Peer Evaluation

Peer evaluation conducted?	No
If no, is one required?	
Date of peer evaluation	

Printing

Number of Extra Certificates (\$25 ea.)	0
Number of Extra Renewal Cards (\$25 ea.)	0

Renewal Period Option

Joint New / Renewal Qualified	No
Joint New / Renewal Accepted	No

Sedation Experience

Any patient mortality or other incident?	No
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IOWA DENTAL BOARD

License Detail Report

First Name: Robert

Last Name: Burns

June 01, 2019 7:04 pm

Balance

Details of incident

Use enteral moderate sedation? Yes

Use parenteral moderate sedation? Yes

Sedation Training

Mod Sedation training program 60 hrs and 20 patients? Yes

Airway management training? Yes

Airway Training Date Jul 01, 2006

ACLS Certified? No

ADA accredited residency program? Yes

Specialty 1 Pediatrics

Post Graduate Training Type 1 Resident

Post Graduate Training Institution 1 University of Iowa College of Dentistry

Institution 1 City & State Iowa City Iowa

Post Graduate Training 1 Start Date Jul 01, 2005

Post Graduate Training 1 End Date Jun 30, 2007

Continuing Education Course

Continuing Education Course Location

Continuing Education Course Date Completed

Pediatric Training? Yes

Pediatric Training Location University of Iowa College of Dentistry

Pediatric Training Date

Med. Comp. Training? No

Med. Comp. Training Location

Med. Comp. Training Date

Marriage/Divorce Decree Submission Method?

Chronology

Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
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Question List and Details

Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? No

Are you currently engaged in the illegal or improper use of drugs or other chemical substances? No

Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety? No

Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or



IOWA DENTAL BOARD

License Detail Report

First Name: Robert

Last Name: Burns

June 01, 2019 7:04 pm

Balance

other chemical substances?		
Have you ever been requested to repeat a portion of any professional training program/school?	No	
Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?	No	
Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?	No	
Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered?	No	
Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	No	
Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?	Yes	Iowa Driver's License. Year: 1997. 1st offense OWI. Fine paid.
Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	Yes	Year: 2008. Agency: IDB. I hired and allowed, a graduate of a dental assisting program, to assist without being registered with the Board. Corrective Measure: Proper paperwork filed to ensure registration. Fine paid.
Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily suspended, or revoked?	No	

Attachments

IMG_2464.jpg	PALS Certified.
IMG_2475.JPG	Certificate of Completion
Sedation Training - Rob Burns.pdf	Program Director Verification
Sedation Training - Rob Burns.pdf	Program Director Verification
Sedation Training - Rob Burns.pdf	Program Director Verification
Sedation Training - Rob Burns.pdf	Program Director Verification

Reported a facility address of:

1111 Jordan Creek Parkway
West Des Moines, IA 50266

Inspection would be required prior to issuance.

CERTIFICATION OF MODERATE SEDATION TRAINING

Instructions – Forward this form to the director of your moderate sedation training course.

Name: (First, Middle, Last, Suffix, Former/Maiden):

Robert Raymond Burns

City/State:

W. Des Moines, IA

Email Address:

rkitburns@yahoo.com

To obtain a permit to administer moderate sedation in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed an approved postgraduate training program or other formal training program approved by the Board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board at the address above.

Applicant's Signature:

Date:

SECTION 2 – TO BE COMPLETED BY MODERATE SEDATION TRAINING DIRECTOR

Name of Moderate Sedation Training Program:

Pediatric Dentistry Residency - U. Iowa

Phone:

319.335.7439

Address:

University of Iowa College of Dentistry

Name of Training Director:

Michael Kanellis DDS MS

Email Address:

michael-kanellis@uiowa.edu

Type of Training Program:

Accredited postgraduate residency program (ADA, AMA, AOA)

- Did the residency program include training in the moderate sedation of pediatric patients? Yes No
- Did the residency program include training in the moderate sedation of medically-compromised patients? Yes No

Continuing education course.

- Did the course include training in the use of more than one drug in moderate sedation? Yes No
- If yes, please list drugs included in the training:

Dates Applicant Participated in Program:

From (Mo/Yr):

7/2005

To (Mo/Yr):

6/2007

Date Program Completed:

6/30/07

YES NO

1. Did the applicant satisfactorily complete the above training program?

YES NO

2. Did the program include at least sixty (60) hours of didactic training in pain and anxiety?

YES NO

3. Did the program comply with the guidelines of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2016?

YES NO

4. Did the program include the management of a minimum of 20 patients?

YES NO

5. Did the program include training that addresses how to rescue patients from a deeper level of sedation than intended, including, but not limited to, intravascular or intraosseous access and reversal medications?

YES NO

6. Did the program include clinical experience in managing compromised airways? (If no, please provide a detailed explanation.)

YES NO

7. Did the applicant ever receive a warning, reprimand, or was the applicant placed on probation during the training program? (If yes, please explain.)

YES NO

8. Was the applicant ever requested to repeat a portion of the training program? (If yes, please explain).

I further certify that the above-named applicant has demonstrated competency in administering moderate sedation and airway management.

Program Director Signature:

Michael Kanellis DDS MS

Date:

2/22/19

REPORT TO THE ANESTHESIA CREDENTIALS COMMITTEE

RE: Permit Application: Richard Wright, D.D.S.

SUBMITTED BY: Christel Braness, Program Planner

Richard Wright, D.D.S. has applied for a moderate sedation permit in Iowa. Dr. Wright has been permitted to provide sedation in Illinois since September 27, 1990. Dr. Wright practices on the border with Iowa and has added a location in Keokuk, Iowa. Dr. Wright would like to administer moderate sedation to his patients in Iowa.

Dr. Wright submitted a request for rule waiver to the Board regarding the training requirements to obtain a moderate sedation permit in Iowa on the basis that he was grandfathered into a sedation permit in Illinois based on past experience. Dr. Wright has held a sedation permit in Illinois for almost 29 years.

Until November 4, 2013, Iowa Administrative Code 650 – Chapter 29 had a similar provision in the requirements for issuance of a moderate sedation permit. The rule was stricken in one of the most recent round of rule changes; the Board had not had any applications made on this basis in many years. (The provision still exists in the current rules for deep sedation/general anesthesia. The reference appears to have only been removed from the moderate sedation section of the rules.)

After reviewing the request for rule waiver, it was determined that it was not necessary for Dr. Wright to seek a rule waiver. Rather, Dr. Wright was encouraged to submit an application to the committee for review. I have included Dr. Wright's original rule waiver request for your review as it provides an explanation as to his training and background in the administration of moderate sedation.

- Dr. Wright was issued a dental sedation permit (137000274) in the state of Illinois on September 27, 1990. The Illinois sedation permit is currently active through September 30, 2021. Dr. Wright does not have any action against his license in Illinois.
- Prior to November 4, 2013, a dentist could apply for a moderate sedation permit on the following basis:
 - 29.4(6) A licensed dentist who has been utilizing moderate sedation on an outpatient basis in a competent manner for five years preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in subrules 29.4(2), 29.4(3), 29.4(4) and 29.4(5).
- Dr. Wright has been providing IV sedation, using Diazepam and NO₂ since 1982.
- To obtain the permit in Illinois, Dr. Wright reports having documented evidence of experience and 75 hours of observations in Illinois.
- Dr. Wright continues to complete sedation continuing education annually and maintains current certification in ACLS.
- Dr. Wright is an associate staff at Blessing Hospital in Quincy, Illinois.

If approved for a moderate sedation permit, Dr. Wright would be required to comply with all other provisions related to the administration of moderate sedation in Iowa, including, but not limited to, facility and equipment inspections.



IOWA DENTAL BOARD

License Detail Report

First Name: Richard

Last Name: Wright

June 11, 2019 4:59 pm

Balance

License Basic Information

License Type	ANES-Moderate Sedation
License Number	
Status	Internet Wait
Original Issue Date	
Balance	\$0.00

Facility Equipment

Operating room accommodates patient and 3 staff?	Yes
Operating table or chair sufficient to maintain airway and render emergency aid?	Yes
Lighting is sufficient to evaluate patient and has appropriate battery backup?	Yes
Suction equipment permits aspiration of oral / pharyngeal cavities & a backup?	Yes
Oxygen delivery system with adequate full face masks & adequate backup?	Yes
A recovery area that has oxygen, adequate lighting, suction, & electric outlets?	Yes
Is patient able to be observed by staff at all times during recovery?	Yes
Anesthesia / analgesia systems coded to prevent incorrect administration?	Yes
EKG Monitor?	Yes
Laryngoscope and blades?	Yes
Endotracheal tubes?	Yes
Magill forceps?	Yes
Oral airways?	Yes
Stethoscope	Yes
Blood pressure monitoring device?	Yes
A pulse oximeter?	Yes
Emergency drugs that are not expired?	Yes
A defibrillator (an automated defibrillator is recommended)?	Yes
Do you employ volatile liquid anesthetics and a vaporizer?	No
Number of nitrous oxide inhalation analgesia units in facility?	1

Facility Information

Joining previously inspected facility?	No
Equipment or exemption details	
Provide sedation at more than 1 facility?	Yes
Have the equipment requirements listed above been met?	Yes
Equipment exemptions?	No



IOWA DENTAL BOARD

License Detail Report

First Name: Richard

Last Name: Wright

June 11, 2019 4:59 pm

Balance

Final Acknowledgements

Application Signature	Yes
Application Signature Date	Jun 11, 2019 16:59:42
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	4/15/2020

Initial Acknowledgements

Sedation / LA Permit Acknowledgement	Yes
Public Record Acknowledgement	Yes
Non-Refundable App Fee Acknowledgement	Yes
App Valid 180 Days Acknowledgement	Yes

MS Restrictions

Authorized to sedate pediatric patients?	No
Authorized to sedate ASA 3 or 4 patients?	No

Other State Licenses

Permitted In Other States?	Yes
State	Illinois
Permit Number	137.000274
Date Verified	
State 2	
Permit Number 2	
Date Verified 2	
State 3	
Permit Number 3	
Date Verified 3	

Peer Evaluation

Peer evaluation conducted?	No
If no, is one required?	
Date of peer evaluation	

Printing

Number of Extra Certificates (\$25 ea.)	0
Number of Extra Renewal Cards (\$25 ea.)	0

Renewal Period Option

Joint New / Renewal Qualified	No
Joint New / Renewal Accepted	No

Sedation Experience

Any patient mortality or other incident?	No
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IOWA DENTAL BOARD

License Detail Report

First Name: Richard

Last Name: Wright

June 11, 2019 4:59 pm

Balance

Details of incident

Use enteral moderate sedation? Yes

Use parenteral moderate sedation? Yes

Sedation Training

Mod Sedation training program 60 hrs and 20 patients? No
 Airway management training? Yes
 Airway Training Date Jun 11, 2019
 ACLS Certified? Yes
 ADA accredited residency program? No
 Specialty 1
 Post Graduate Training Type 1
 Post Graduate Training Institution 1
 Institution 1 City & State
 Post Graduate Training 1 Start Date
 Post Graduate Training 1 End Date
 Continuing Education Course Yes
 Continuing Education Course Location ASDA Chicago
 Continuing Education Course Date Completed Dec 03, 2018
 Pediatric Training? No
 Pediatric Training Location
 Pediatric Training Date
 Med. Comp. Training? Yes
 Med. Comp. Training Location ASDA Chicago
 Med. Comp. Training Date Dec 03, 2018
 Marriage/Divorce Decree Submission Method?

Chronology

General Dentistry, RR2 Box 54, Camp Point IL	06/1982	06/1996
General Dentistry, 126 N. 30th St., Quincy IL 62301	06/1996	06/2019

Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
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Question List and Details

Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? No

Are you currently engaged in the illegal or improper use of drugs or other chemical substances? No

Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety? No

Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments? No



IOWA DENTAL BOARD

License Detail Report

First Name: Richard

Last Name: Wright

June 11, 2019 4:59 pm

Balance

caused by either your medical conditions or use of alcohol, drugs, or other chemical substances?	
Have you ever been requested to repeat a portion of any professional training program/school?	No
Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?	No
Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?	No
Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered?	No
Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	No
Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?	No
Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	No
Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily suspended, or revoked?	No

Attachments

Waiver Petition Sedation.doc

Indicates a facility address (in Iowa) of:

3327 Main St.
Keokuk, IA 52632

This is a new facility and would require inspection prior to issuance.



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
RICHARD J WRIGHT	QUINCY, IL 62301	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
137000274	DENTAL SEDATION PERMIT	ACTIVE	09/27/1990	09/18/2018	09/30/2021	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
019018216	LICENSED DENTIST	ACTIVE	07/16/1982	09/18/2018	09/30/2021	N
31****79	LICENSED DENTIST CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	07/27/1982	09/18/2018	09/30/2021	N
31****80	LICENSED DENTIST CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	07/26/1996	07/26/1996	09/30/1998	N

Generated on: 6/14/2019 1:27:01 PM

BEFORE THE IOWA DENTAL BOARD

Petition by Richard J. Wright, DDS, MAGD for the
waiver of 650 IAC subrule 29.4(6) }
relating to Requirements for issuance of moderate sedation
Permit }
}

PETITION FOR
WAIVER

1. Petitioner's name, address, and telephone number. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.
- 2.

Richard J. Wright, DDS, MAGD
126 N. 30th St., Quincy Illinois 62301
Work Telephone: 217-228-3384
Cell Phone: 217-316-6610
Email: rjwright@adams.net

Illinois Dental License	019.018216
Illinois Conscious Sedation Permit	137.000274
Iowa Dental License	DDS 09631

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 29.4(6) "a licensed dentist who has been utilizing moderate sedation on an outpatient basis in a competent manner for the five years preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule may apply for a permit provided the dentist fulfills the provisions set forth in subrules 29.4(2), 29.4(3), 29.4(4), and 29.5(5)."

I started practicing dentistry in July 1982 and am requesting waiver of the 5 year rule.

I was grandfathered in for the Illinois Permit A after submitting evidence of experience and 75 hours of observations at Blessing Hospital, St. Mary's Hospital, and Dr. David Wright, Practice limited to Periodontology, an Illinois Permit B holder (All of Quincy, IL). This law was initiated sometime in the 1980's.

I have been doing IV sedations in my office since 1982 using IV diazepam / N20 only.

In addition, I would site:

650 IAC subrule 29.4(6) states "a licensed dentist who has been utilizing moderate sedation on an outpatient basis in a competent manner for the five years preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule may apply for a permit provided the dentist fulfills the provisions set forth in subrules 29.4(2), 29.4(3), 29.4(4), and 29.5(5).

- I am compliant with subrules 29.4(2), 29.4(3), 29.4(4), and 29.5(5).
- Clinical experience of 37 years without anesthesia related complications.
- Non-specific to anesthesia, I received my fellowship in the Academy of General Dentistry in 1985 and my mastership in the AGD in 2018.

- I attend the American Dental Society of Anesthesiology meetings in Chicago annually and take the general anesthesia classes. (16 hrs per year of CE)
- I maintain a current ACLS card and recertify annually
- I am associate staff with Blessing Hospital, Quincy IL
- I only use diazepam and have minimal risk of respiratory depression issues.

Add any additional detail regarding anesthesia related hours:

Verification of my anesthesia observations is difficult. Most of the case were with Bill McReynolds MD, an ophthalmologist. His sedation/anesthesia needs were similar to the needs of the typical dental case. He is now deceased. These cases were often done with fentanyl and versed and the patient maintained consciousness and airway. I was involved with other anesthesiologists and nurse anesthetists with general anesthesia. Again, most of these have since retired. I can pursue statements from them if requested.

Additional observations were done with David Wright, DDS at a Northwestern University Hospital. He worked there a month per year.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. Include in your answer all of the following:

a. Undue Hardship: Compliance with the rule would impose an undue hardship caused by: Having me take training to meet the “formal” ADA guideline is highly redundant. I routinely manage airways, have experience with EKG/pulse ox/expired CO2, recertify in ACLS annually.

b. Why Waiving the Rule Would Not Prejudice the Substantial Legal Rights of Any Person. Waiver of the rule would not prejudice the substantial legal rights of any person because of 37 years of clinical experience and annual ACLS recertification. This ensures and protects public health, safety, and welfare.

c. The Provisions of the Rule Subject to the Waiver are NOT Specifically Mandated by Statute or Another Provision of Law. Iowa Code Chapter 153 does not mandate the requirements of rule 650—N/A

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded by clinical experience The subrule that I am requesting a waiver from helps to ensure that my experience level has been tested with time.

5. A history of prior contacts between the board and petitioner related to the regulated activity is as follows.

- Application for license in Iowa as a general dentist. Approved 4/24/2019

6. Information related to the board’s action in similar cases: Unknown

7. There is no other public agency or political subdivision that regulates dentistry in Iowa.

No known entities.

8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver: David Wright, DDS, 1200 Hampshire St., Quincy IL 62301. 217-228-0536

10. I hereby authorize the Board to obtain any information relating to this waiver request from the individuals named herein. I will provide signed releases of information if necessary.

I hereby attest to the accuracy and truthfulness of the above information.


Petitioner's signature

5-11-2019
Date

CHAPTER 29
SEDATION AND NITROUS OXIDE INHALATION ANALGESIA
[Prior to 5/18/88, Dental Examiners, Board of[320]]

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

“*Antianxiety premedication*” means minimal sedation. A dentist providing minimal sedation must meet the requirements of rule 650—29.7(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.

“*Conscious sedation*” means moderate sedation.

“*Deep sedation/general anesthesia*” is a controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command.

“*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.

“*Monitoring nitrous oxide inhalation analgesia*” means continually observing the patient receiving nitrous oxide and recognizing and notifying the dentist of any adverse reactions or complications.

“*Nitrous oxide inhalation analgesia*” refers to the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

“*Pediatric*” means patients aged 12 or under.
[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.2(153) Prohibitions.

29.2(1) *Deep sedation/general anesthesia.* Dentists licensed in this state shall not administer deep sedation/general anesthesia in the practice of dentistry until they have obtained a permit as required by the provisions of this chapter.

29.2(2) *Moderate sedation.* Dentists licensed in this state shall not administer moderate sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this chapter.

29.2(3) *Nitrous oxide inhalation analgesia.* Dentists licensed in this state shall not administer nitrous oxide inhalation analgesia in the practice of dentistry until they have complied with the provisions of rule 650—29.6(153).

29.2(4) *Antianxiety premedication.* Dentists licensed in this state shall not administer antianxiety premedication in the practice of dentistry until they have complied with the provisions of rule 650—29.7(153).

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.3(153) Requirements for the issuance of deep sedation/general anesthesia permits.

29.3(1) A permit may be issued to a licensed dentist to use deep sedation/general anesthesia on an outpatient basis for dental patients provided the dentist meets the following requirements:

- a.* Has successfully completed an advanced education program accredited by the Commission on Dental Accreditation that provides training in deep sedation and general anesthesia; and
- b.* Has formal training in airway management; and
- c.* Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board.

29.3(2) A dentist using deep sedation/general anesthesia shall maintain a properly equipped facility. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: anesthesia or analgesia machine, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

29.3(3) The dentist shall ensure that each facility where sedation services are provided is staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

29.3(4) A dentist administering deep sedation/general anesthesia must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course.

29.3(5) A dentist who is performing a procedure for which deep sedation/general anesthesia was induced shall not administer the general anesthetic and monitor the patient without the presence and assistance of at least two qualified auxiliary personnel in the room who are qualified under subrule 29.3(3).

29.3(6) A dentist qualified to administer deep sedation/general anesthesia under this rule may administer moderate sedation and nitrous oxide inhalation analgesia provided the dentist meets the requirements of rule 650—29.6(153).

29.3(7) A licensed dentist who has been utilizing deep sedation/general anesthesia in a competent manner for the five-year period preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in 29.3(2), 29.3(3), 29.3(4), and 29.3(5).

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.4(153) Requirements for the issuance of moderate sedation permits.

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

- a.* Has successfully completed a training program approved by the board that meets the American Dental Association 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.* Has formal training in airway management; or
- c.* Has submitted evidence of successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board.

29.4(2) A dentist utilizing moderate sedation shall maintain a properly equipped facility. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: anesthesia or analgesia machine, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the

board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

29.4(3) The dentist shall ensure that each facility where sedation services are provided is staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

29.4(4) A dentist administering moderate sedation must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course.

29.4(5) A dentist who is performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel in the room who is qualified under subrule 29.4(3).

29.4(6) A licensed dentist who has been utilizing moderate sedation on an outpatient basis in a competent manner for five years preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in subrules 29.4(2), 29.4(3), 29.4(4) and 29.4(5).

29.4(7) Dentists qualified to administer moderate sedation may administer nitrous oxide inhalation analgesia provided they meet the requirement of rule 650—29.6(153).

29.4(8) If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

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.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.5(153) Permit holders.

29.5(1) No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation in a dental office for dental patients, unless the dentist possesses a current permit issued by the Iowa board of dental examiners. A dentist holding a permit shall be subject to review and facility inspection as deemed appropriate by the board.

29.5(2) An application for a deep sedation/general anesthesia permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.3(153).

29.5(3) An application for a moderate sedation permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.4(153).

29.5(4) If an applicant will be practicing at a facility that has been previously inspected and approved by the board, a provisional permit may be granted to the applicant upon the recommendation of the anesthesia credentials committee after review of the applicant's credentials.

29.5(5) Permits shall be renewed biennially at the time of license renewal following submission of proper application and may involve board reevaluation of credentials, facilities, equipment, personnel, and procedures of a previously qualified dentist to determine if the dentist is still qualified. The appropriate fee for renewal as specified in 650—Chapter 15 of these rules must accompany the application.

29.5(6) Upon the recommendation of the anesthesia credentials committee that is based on the evaluation of credentials, facilities, equipment, personnel and procedures of a dentist, the board may determine that restrictions may be placed on a permit.

29.5(7) The actual costs associated with the on-site evaluation of the facility shall be the primary responsibility of the licensee. The cost to the licensee shall not exceed \$500 per facility.

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

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