

MINUTES
TENNESSEE BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING

Date: February 27, 2024

Location: Poplar Room
665 Mainstream Drive
Nashville, TN 37243

Members Present: John Werther, DMD
George A. Adams, DDS
Richard Gaw, DDS
Katie Bradford, DDS
Steve Maroda, DDS (electronically)
Jayson Tabor, DDS

Staff Present: Ailene Macias, Board Director
Ashley Fine, Senior Associate General Counsel

Due to one of the committee members participating by phone during the meeting, the required electronic meeting formalities were reviewed. A roll call was taken to establish attendance and ensure that Dr. Maroda was connected telephonically to the board room. It was confirmed there were 5 committee members present in the board room which established a quorum, and Dr. Maroda was connected properly to participate by phone. All committee members then confirmed they were able to hear each other, since Dr. Maroda was not present in the board room. Ms. Fine went over the Conflict-of-Interest Policy before the meeting began.

The meeting was turned over to Dr. Werther at 4:15 p.m. Dr. Gaw made a motion to begin the meeting, and Dr. Tabor seconded the motion. The motion carried.

The first item on the agenda was review of new materials submitted for the Stay in the Box Sedation. Dr. Gaw and Dr. Tabor felt the course had good content, and the provider answered the questions the committee asked in the previous meeting. Dr. Adams noted there were many extra faculty members listed, who didn't seem to be necessary or involved in teaching the course sections. He stated the faculty members with the most credentials and experience didn't seem to be teaching during the course. Dr. Bradford agreed there appeared to be some discrepancies with which instructors were teaching what portions of the course, with some of the most qualified faculty not being involved in teaching much of the course. Dr. Bradford stated the course provider did submit the requested information for the questions asked of them from the last meeting. Dr. Werther noted there was a lack of NPDB reports for the faculty available for review, which was required to be submitted as part of the course materials to be considered for approval. The lack of NPDB reports being available was a concern due to a history of the committee repeatedly asking for the reports to be submitted for other courses, only to find the reports for some

faculty members showed disciplinary or malpractice history. He stated it would likely not be recommended to assume that the NPDB reports would be fine for all faculty of this course, and the reports would need to be submitted for review to verify there were no concerns.

The board president, Dr. Phillip Kemp, was present in the board room and wished to provide a statement to the committee regarding Stay in the Box Sedation. Dr. Kemp stated he recently attended one of the Stay in the Box Sedation courses for IV sedation. He felt it was a very thorough sedation course, with exceptional information and hands on training. Dr. Kemp felt it was an excellent course, and he thought it should be recommended for approval. He felt the committee might consider approving the course, without the NPDB reports to avoid the provider having to wait months for the next committee meeting to take place to review the documents. Dr. Werther disagreed with being able to approve the course without having the NPDB report, since there is a pattern of those reports coming back with database hits on a license for other courses in the past.

Dr. Tabor made a motion to approve the course, contingent upon the NPDB reports being submitted and receiving board approval. Dr. Maroda seconded the motion. Dr. Werther expressed concern over setting a new precedent for NPDB reports for all other courses being considered. Dr. Bradford stated that if the NPDB reports were the only items missing from a course submission, it would seem practical to approve the course contingent upon the board reviewing those reports at their next meeting to make the final decision. Dr. Werther stated the committee needed to remain consistent with all courses, and what is expected for the course providers to send in to obtain committee approval of a course. He said it would be difficult to allow this exception for this course, and then justify not doing the same possibly for other courses in the future. Dr. Adams disagreed with setting this precedent and felt that the NPDB reports should be submitted for the committee to review, before determining if the course would be recommended for approval. A roll call vote was taken on the motion made by Dr. Tabor and seconded by Dr. Maroda. Both Dr. Gaw and Dr. Adams voted against the motion. All other committee members voted in agreeance with the motion, and the motion carried.

The second agenda item was the course IV Sedation Training for Dentists, LLC. Dr. Bradford expressed concerns over the claims reported on the NPDB for several of the faculty members teaching the course. Not all faculty members for the course provided their NPBD reports, which was also a concern. Dr. Bradford was concerned with some medical training discussed within the course, especially that of the information on sedating patients with COPD on baseline oxygen. She stated it was a safety concern for someone to sedate a patient in that condition, especially for a dentist who is new to sedation. Dr. Bradford felt the course materials appeared to be missing information and was lacking in information on patient selection or screening. Dr. Tabor was concerned about the 30 pages of NPDB reports for the 2 faculty members for the course who submitted their reports for review. With the concerns about the course content, and the NPDB reports submitted for review, the committee believed this course was not adequate for dentists in Tennessee to obtain a sedation permit. Dr. Bradford made a motion to deny the course, and Dr. Adams seconded the motion. The motion carried following a roll call vote.

The third agenda item was the clinical training site update from the already approved course, IV Sedation for General Dentists: A Competency Course in Moderate Parenteral Sedation- Lutheran Medical Center AEGD Program. Dr. Tabor spoke very highly of the course and the faculty, as he had previously taken a course with this program. Dr. Maroda stated the course and the information provided by the course

provider seemed very solid and had no issues with the request. Both Dr. Adams and Dr. Bradford believed the course request should be approved based on the information provided. Dr. Werther stated the course, which was already approved, was approved approximately 10 years ago. Dr. Werther spoke of Dr. Tabor's previous request to have a recertification process put into place for courses to be approved after a certain period of time, and stated this course should likely need to submit their course application in its entirety for review before approval of the request. He agreed the course content and information appeared adequate, but the review of the entire course content and NPDB reports should be submitted for consideration. Dr. Adams made a motion to request that the course provider submit the application package with NPDB reports for review before considering their request. Dr. Tabor seconded the motion, and the motion carried following a roll call vote.

The fourth agenda item was the Board request for the committee to review the letter regarding the use of oral Ketamine for pediatric sedation. Dr. Adams reviewed the letter which was submitted to the Board by a licensee, in hopes there would be an opinion or policy which could be made for this request. He stated that in his residency and practice, the use of oral Ketamine was not used, therefore he did not have first-hand experience using this in pediatric patients. Dr. Adams did research and spoke with colleagues who specialize in pediatric sedation and the consensus was oral Ketamine would typically not be recommended for pediatric patients due to increases in side effects when it has been used. Many pediatric dentists believe a higher level of training and a higher level of sedation permit would be necessary for anyone wishing to use oral Ketamine in pediatric patients, because more caution is needed when using this instead of more standard sedation drugs. Dr. Adams stated he would not recommend that the committee make a policy which would approve the use of oral Ketamine in pediatric patients, and there appeared to be no benefits for the use of oral Ketamine.

Dr. Maroda agreed there were better choices for drugs to be used when sedating pediatric patients, and there appeared to be too many side effects reported when oral Ketamine was used. Dr. Bradford stated not enough research was available for the use of oral Ketamine in pediatric patients, and it would not be recommended for this to be used. Dr. Bradford stated oral Ketamine is a general anesthetic, and anyone using this drug would be required to have a general anesthesia permit on their license to ensure they have the proper training and be familiar with patient safety protocols. Dr. Gaw agreed there appeared to be no benefit of approving the use of oral Ketamine for pediatric patient sedation. Dr. Tabor believed the request was basically to downgrade oral Ketamine from a general anesthetic to one which would be used in comprehensive sedation, which the committee would be unwise to do. Dr. Werther stated oral Ketamine in sedation could get out of control quickly with many side effects, and he would not recommend it being used in pediatric patients. Dr. Tabor made a motion to keep oral Ketamine as being considered a general anesthetic, and not for use as an oral sedative in pediatric patients. Dr. Adams seconded the motion, and the motion carried following a roll call vote. There would be no recommendation to change a policy or the board rules involving oral Ketamine use in pediatric patients.

Dr. Tabor made a motion to adjourn, and Dr. Adams seconded the motion. The motion carried.