

Note: Upload completed document to the Electronic Rule Filing System.

Hearing Date: 3/22/2023

Today's Date: 9/12/2023

Agency: Ohio State Dental Board

Rule Number(s): 4715-3-01; 4715-5-05; 4715-5-06; 4715-5-07

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Robert J. Dornauer, D.D.S. – 4715-5-05, 4715-5-07
2. Joel Weaver, D.D.S., Ph.D – 4715-5-05, 4715-5-06, 4715-5-07
3. Bill Anderson, D.D.S. – 4715-5-05, 4715-5-07
4. Daniel E Becker, D.D.S. – 4715-5-07
5. Steve Shufflebarger, D.D.S. – 4715-5-07
6. Adel Hanna, D.D.S. – 4715-5-07
7. Ben E. Warnock, D.D.S. – 4715-5-07
8. Nathan Minter, D.D.S. – 4715-5-07
9. Megan Shufflebarger, Esq. – 4715-5-07
10. Michael H. Halasz, D.D.S. – 4715-5-07
11. Kareem Hatahet, D.D.S. – 4715-05-07
12. Charles Tabbert, MSN, CRNA – Ohio State Association of Nurse Anesthetists – 4715-05-05, 4715-05-07
13. Russell Kiser, D.D.S. – 4715-05-07
14. Vinod Miriyala, B.D.S., M.P.H., D.D.S. – 4715-05-07
15. [Click here to enter text.](#)
16. [Click here to enter text.](#)

Hearing Summary Report

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

4715-5-05:

A concern was raised with regards to requiring the maintenance for permit renewal of either or both, depending upon the age of the patient, completion of a course in advanced cardiac life support (ACLS) or for care of children under eight years of age, a course in pediatric advanced life support (PALS), instead of an alternative option of a minimum of six hours of board approved continuing education devoted specifically to the management and/or prevention of emergencies associated with general anesthesia/deep sedation.

A concern was raised that a specific drug, Dexmedetomidine, was not specifically included in the list of drugs explicitly denied for use unless the dentist holds a general anesthesia or a provisional general anesthesia permit.

A concern was raised that the existing requirement that the applicant be responsible for the cost of an onsite clinical evaluation was inadvertently moved within a paragraph limiting the requirement to only mobile or portable facilities as opposed to applying to all facilities as is currently required.

A concern was raised that reciprocity for the board to be able to grant a general anesthesia permit to a dentist who has administered general anesthesia in another state was not included in the proposed rule, while it was included for those seeking a moderate sedation permit in proposed rule 4715-5-07.

A concern was raised that the rule does not directly address delegating delivery with clarity.

A concern was raised that the rule is unclear as to whether the 6 hours of continuing education for sedation can be used to meet other continuing education requirements.

A concern was raised that the rule is unclear as to whether performing emergency drills quarterly during the biennium means four times a year, or four times every two years and whether a requirement for the type of emergencies to be simulated, at least annually, means emergency drills are separate from simulated emergencies, or if simulated emergencies occur within the emergency drills.

A concern was raised that Expanded Function Dental Auxiliaries (EFDAs) are not mandated to have taken and maintain completion of a basic life support (BLS) course if they participate on an anesthesia team.

A concern was raised that the existing provision regarding a dentist holding a general anesthesia permit being able to supervise a certified registered nurse anesthetist for anesthetic

Hearing Summary Report

procedures for which the dentist is qualified should not be retained in the revised rule.

4715-5-06:

A concern was raised that using both “notify” and “notification” in the same sentence might be confusing.

4715-5-07:

A concern was raised that a specific drug, Dexmedetomidine, was not specifically included in the list of drugs explicitly denied for use unless the dentist holds a general anesthesia or a provisional general anesthesia permit.

A concern was raised that the term “similarly acting drugs” in a provision regarding restricting drugs likely to render a patient deeply sedated , generally anesthetized to only a dentist who holds a valid general anesthesia permit or privileges is vague and open to interpretation.

A concern was raised that the rule does not directly address delegating delivery with clarity.

A concern was raised that the rule is unclear as to whether the 6 hours of continuing education for sedation can be used to meet other continuing education requirements.

A concern was raised that the rule is unclear as to whether performing emergency drills quarterly during the biennium means four times a year, or four times every two years and whether a requirement for the type of emergencies to be simulated, at least annually, means emergency drills are separate from simulated emergencies, of if simulated emergencies occur within the emergency drills.

A concern was raised that using the phrase “limited to a single dose of a single drug at not more than the maximum recommended dose on the FDA-approved labeling” might encourage dentists to always start with the largest dose possible whereas saying “a single drug not to exceed the maximum recommended dose on the FDA-approved labeling” might encourage a dentist to use a lower dosage and then added additional doses if needed.

A concern was raised that it may not be practical for a continuing education course to enable each participant to administer moderate sedation to at least twenty dental patients in a manner that ensures one participant earns credit for each patient. As opposed to each dentist treats twenty patients, it would be easier for two dentists to treat twenty patients in a treatment session.

A concern was raised that expanding additional training for those seeking to sedate patients under the age of thirteen is excessive and may not be available to those seeking to partipate in continuing education programs.

A concern was raised that an alternative option should be offered to allow those already

Hearing Summary Report

certified in IV moderate sedation to submit records of pediatric sedations in order to obtain the pediatric endorsement. There should be some sort of grandfathering provision added to the rule.

A concern was raised that the differentiation between patients of the age of thirteen and above from those under the age of thirteen creates a new pediatric endorsement which should be separately defined.

A concern was raised that sufficient time needs to be given before this rule would go into effect in order for dentists to possibly participate in a pediatric advanced life support (PALS) course prior to permit renewal.

A concern was raised that the existing provision regarding a dentist holding a conscious sedation permit being able to supervise a certified registered nurse anesthetist for only conscious sedation procedures for which the dentist is qualified should not be retained in the revised rule.

Hearing Summary Report

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

In response to both written and verbal comments received at the Public Rules Hearing, and subsequent public comments received after the hearing, the board's Law and Rules Review Committee met and revised the proposed rules after receiving input from the board's Anesthesia Consultant, Dr. Gregory Ness, D.D.S., F.A.C.S. The revised rules were presented to the board for review and were subsequently recommended for filing with JCARR.

4715-5-05:

A provision regarding an existing requirement that the applicant be responsible for the cost of an onsite clinical evaluation was moved to become a separate paragraph (D)(3) to maintain that the existing requirement applies to not only mobile or portable facilities, but to all facilities.

A provision regarding reciprocity for out-of-state dentists who have administered general anesthesia was added to mirror reciprocity which was proposed to be provided to out-of-state dentists who have administered moderate sedation.

4715-5-06:

A provision which requires board notification of an adverse occurrence (either an untoward event requiring hospital admission or a mortality which occurred as a direct result of treatment in an out-patient dental facility) was reworded to clarify that licensees must notify the board within seventy-two hours of "knowledge" of the adverse occurrence.

4715-5-07:

A provision was included to allow licensed dentists who currently hold and are using a moderate sedation permit a limited opportunity, one year from the effective date of the rule, to attest and to submit documented evidence of successful administration of sedation from the prior three years in order to continue to use moderate sedation even though they may not have completed a comprehensive predoctoral or advanced dental education program accredited by the U.S. Department of Education. This could apply to dentists seeking to provide sedation services to either patients age thirteen and over, or twelve years or younger; or to both age groups.