



October 18, 2024

Delivered electronically

Dear Sir(s)/Madame(s) of the New Hampshire Board of Dental Examiners:

I am writing to this esteemed body as Chair of the American Academy of Pediatric Dentistry (AAPD) Committee on Sedation and Anesthesia.

My personal experience is that I have been Chair of the Sedation Committee for two terms, representing the approximately 8,000 members of the AAPD as well as representing Pediatric Dentistry on the American Dental Association (ADA) Council on Dental Education and Licensure (CDEL). I am the current director of the AAPD Safe and Effective Sedation Education course and have taught pediatric procedural sedation for over 15 years. I have peer-reviewed publications in the field collaborating with prominent medical and dentist anesthesiologists, as well as pharmacists. I am the lead author on procedural sedation in a recognized textbook on pediatric dentistry. I served as the Chair of a pediatric dental division at one of the prominent Children's Hospitals for 10 years. Finally, I have co-edited a textbook about the history and physical (H&P) for sedation and the pediatric dentist. My credentials put me in an authoritative position to speak on this subject on behalf of the AAPD.

Specifically, I would like to discuss why the AAPD is perplexed by and cannot in good faith support the proposed amendments to Den 304.03 Use of General Anesthesia and Sedation by Dentists. It is our assessment that this amendment would result in increased suffering, reduced access, delays in care, and dangerous outcomes for the children of New Hampshire. Estimates are that 59% of New Hampshire's third graders have "at least one tooth with decay experience" and that 25% have untreated tooth decay. ¹ Additionally 24% of third graders are in need of restorative dental care.

The proposed amendment to Den 304.03 reads:

Moderate sedation permits with pediatric qualification which authorizes a qualified dentist, with additional training in pediatric sedation, licensed by the state of N.H., to administer moderate sedation only to patients 9 years of age and older in a dental facility that has the required facility permit or a facility hosting permit. (Page 5 of Initial Proposal dated 6/3/2024, emphasis added)

The primary concern that the AAPD registers with this amendment is that – with the average third grader being 8-9 years old – the proposal would deny procedural (moderate) sedation access to thousands of children. Early Childhood Caries (ECC) carries significant morbidity to include a higher risk of new caries

lesions in both the primary and permanent dentitions, hospitalizations and emergency room visits, high treatment costs, loss of school days, diminished ability to learn, and diminished oral health-related quality of life.² While most children can be managed effectively using the techniques outlined in basic behavior guidance, some, however, occasionally present with behavioral and medical considerations that require more advanced techniques. These children often cannot cooperate due to lack of psychological/emotional maturity and/or a mental (i.e., behavioral) condition. The advanced behavior guidance techniques commonly used and taught in advanced pediatric dental training programs (for children as young as 24 months) include procedural sedation, and general anesthesia.³

There are severe downstream impacts in restricting the availability of moderate procedural sedation to the extent that this amendment does that may not have been adequately discussed or considered. Young children will likely unnecessarily be placed under general anesthesia if they cannot cooperate for basic nonpharmacologic techniques. General anesthetic episodes carry their own morbidity, particularly for young children. Additionally, for those providers with limited general anesthesia access, the use of only minimally invasive dentistry (MID) techniques will allow dental disease to progress and pain and suffering to continue.

Additionally, the proposed language for Den 304.04 – Qualifications for Permitting – lacks crucial detail that may currently be causing confusion in the dental community. It is not clear in this section that permitting to administer moderate sedation with pediatric qualification (Part 5) is only for patients ages 9 and above. Only from a thorough understanding of the other regulations can one see that to administer moderate sedation for those younger than 9 would require the most restrictive permit – the one to administer general anesthesia and deep sedation in addition to moderate sedation. For this type of permit, the amendment states these requirements (Page 7, Item 3):

Advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, revised 2016, as specified in Appendix II; or An advanced dental education program in either dental anesthesiology or oral and maxillofacial surgery as described in the Commission

Despite the proposed regulations citing a reputable source with significant dental community support (Guidelines for the Use of Sedation and General Anesthesia by Dentists of the American Dental Association), **New Hampshire’s proposed amendment is NOT in alignment with these Guidelines.** The proposed amendment is applying the “Deep Sedation or General Anesthesia Educational

Requirements” (Part C of the ADA Guidelines) to Moderate Sedation, rather than adopting or aligning with the “Moderate Sedation Educational Requirements” (Part B of the ADA Guidelines). The way in which these proposed regulations are written is incredibly misleading.

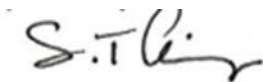
Further, the second requirement noted above borders on creating a monopoly in which board-certified pediatric dentists who have undergone a Commission on Dental Accreditation (CODA) certified residency program are denied a behavioral guidance tool for which they have specifically trained. CODA requires that all pediatric dental residents complete 50 procedural sedations with 25 as the primary operator. There are no age stipulations in training standards.

Overall, the proposed amendments make little sense other than to restrict access for children, and to deny pediatric dentists from practicing an advanced behavior guidance technique they are well trained to perform. The manner in which the proposed regulations are written is misleading and confusing, which may have contributed to a lack of interest and voiced concern from the dental community to date. Most importantly, the vast majority of children under the age of 9 are treated by pediatric dentists and general dentists. If the ability to offer comprehensive care – including the use of moderate sedation when necessary and indicated – is stripped from these providers, there will be devastating effects on access for the children who most need dental care.

The New Hampshire Board of Dental Examiners has had a long history of making positive decisions for its children. Imagine a child in your life – be it your child, grandchild, niece, nephew – now imagine them in constant pain from a preventable disease because they cannot access the care they need. You have the power to reduce suffering, and we all have the responsibility to ensure no child, irrespective of wealth or health suffers. We are hoping these amendments will be reconsidered and ultimately stricken. The AAPD is eager to provide insight and support in creating a mutually beneficial document that ultimately will serve the children of New Hampshire.

I thank you for your time and consideration.

Respectfully submitted,



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References

1. New Hampshire Third Grade Oral Health Screening Survey. dhhs.nh.gov/OralHealth. Accessed October 16, 2024.
2. American Academy of Pediatric Dentistry. Policy on early childhood caries (ECC): Consequences and preventive strategies. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2023:88-91. Available at <https://www.aapd.org/research/oral-health-policies--recommendations/early-childhood-caries-classifications-consequences-and-preventive-strategies>.
3. American Academy of Pediatric Dentistry. Behavior Guidance for the Pediatric Dental Patient. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2023. Available at <https://www.aapd.org/research/oral-health-policies-recommendations/behavior-guidance-for-the-pediatric-dental-patient/>.