

Hansford, Carson

From: Dr. Richard Neal [REDACTED]
Sent: Tuesday, October 22, 2024 3:40 PM
To: OPLC: Licensing 11
Subject: moderate sedation guidelines

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October 22, 2024

New Hampshire Board of Dental Examiners
7 Eagle Square
Concord, NH

Dear Members of the Board,

I am writing to express my strong support for maintaining and expanding the guidelines that allow pediatric dentists to utilize moderate sedation for patients under the age of nine. As a general dentist in our community, I frequently refer patients to Board Eligible or Board Certified pediatric dentists, many of whom have graduated from CODA-accredited Pediatric Dental Residencies. These professionals have undergone the necessary training and certification to safely perform moderate sedation for patients of all ages.

Currently, the proposed guidelines would prohibit pediatric dentists from using moderate sedation on patients aged eight and under. This restriction not only undermines the capabilities of trained professionals but also goes against current best practices as outlined by the American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP). The guidelines must be updated to reflect these standards, which recognize moderate sedation as an essential tool in providing safe and effective care.

Moderate sedation offers significant benefits for young patients, particularly those who experience dental fear or anxiety. For example, if a pediatric dentist can treat a healthy child with conscious sedation, it resolves their dental issues while minimizing the need for deeper, riskier forms of sedation. The amnestic effect of moderate sedation allows these children to return for future visits without memory of their previous procedures, making subsequent appointments much less daunting.

Moreover, the issue of portability cannot be overlooked. Pediatric dental residents and graduates should be able to practice in various states based on their training without facing barriers to licensure. Currently, New Hampshire's proposed guidelines deviate from those of other states, creating unnecessary complications for both practitioners and families seeking care.

Removing the option of moderate sedation limits the pediatric dentist's ability to tailor treatment to each child's unique needs. Many general dentists, as well as pediatric dentists who choose not to perform moderate sedation, rely on those who do for patients whose parents prefer a less invasive option than IV sedation. Without access

to moderate sedation, these families may find themselves needing to seek care out of state, leading to increased costs and logistical challenges.

Additionally, the requirement for a second provider for moderate sedation cases in patients under eight would create a backlog of appointments, significantly delaying access to care for many children in need. This delay can be particularly detrimental in emergency situations where timely intervention is critical.

Affordability is another crucial factor. Many families cannot afford IV sedation, making moderate sedation a more accessible and cost-effective option for obtaining necessary dental care.

In conclusion, I urge the board to reconsider the proposed restrictions on moderate sedation for pediatric dentists. Supporting the ability of these specialists to utilize moderate sedation is vital for ensuring that all children in our community have access to safe, effective, and compassionate dental care.

Thank you for your attention to this important matter.

Sincerely,

Richard J. Neal, Jr. DMD