



**American Society of  
Dentist Anesthesiologists**

December 1, 2024

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**Subject: Opposition to New Hampshire Dental Board Rules DEN 304**

Dear Members of the New Hampshire Board of Dental Examiners:

On behalf of the American Society of Dentist Anesthesiologists (ASDA), we respectfully submit this letter in opposition to the proposed changes under New Hampshire Dental Board Rules DEN 304. While we appreciate the Board's efforts to ensure patient safety and high standards in the use of anesthesia in dental practices, we have significant concerns that these rules, as currently drafted, will unintentionally hinder the delivery of safe and effective dental anesthesia care in the state.

The ASDA represents dentist anesthesiologists who are highly trained specialists committed to providing the highest level of patient care. Our organization is uniquely positioned to evaluate the impact of regulatory changes on both practitioner capabilities and patient outcomes. We believe that portions of the DEN 304 rules will:

**1. Impose Unnecessary Barriers to Care**

The proposed rules to remove the use of moderate sedation for patients under the age of 9 years by qualified providers such as pediatric dentists will limit access to necessary dental procedures for young patients. Moderate sedation is a safe and effective modality when utilized by properly trained dental providers (such as pediatric dentist) throughout the country. Eliminating this modality from qualified dentists will severely hinder those patients from accessing dental care in a timely manner, contribute to continued deterioration of dental disease, increase their pain and suffering, and subject them to higher risks modalities such as deep sedation/ general anesthesia, along with increased associated cost.

**2. Disregard of the ASDA/ AAOMS/ AAP model legislative document**

The proposed rules do not appear to have used the ASDA/ AAOMS/ AAP model legislative document. This document took years to develop and have been developed as a balance between the various differing models of anesthesia care within dentistry to maintain patient safety and access to care. Had this document been utilized many of the errors and oversights in the current document (such as requiring pediatric

*Improving Access to Care for Dental Patients and Their Dentists*

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defibrillator pads for children 9-12 where the manufacturer recommends pediatric pads for children under 8 years old) could have been avoided.

### **3. Undermine Specialist Expertise and Disregard National Educational and Practice Standards**

Certain provisions, such as the prohibition of moderate sedation for patients 8 years and under fail to recognize the unique expertise and advanced training of pediatric dental specialists. Moderate sedation providers must meet the ADA educational criteria which certifies “competence in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.” This prohibition is a complete disregard for properly credentialed providers to fully utilize their training and the widely accepted and practiced sedation modalities. This will lead to a chilling effect, discouraging qualified professionals from practicing in New Hampshire, and limiting options for patients in need of specialized care.

### **4. Conflate Moderate, Deep Sedation and General Anesthesia**

The new rules seem to bundle moderate sedation in the same category as deep sedation and general anesthesia. Although anesthesia is a continuum, the end point of a properly provided moderate sedation is vastly different than deep sedation/ general anesthesia. These differences should be reflected in differing facility requirements for the various permits. For example there is no logical need for a video laryngoscope or a cricothyrotomy kit for a moderate sedation provider. In the event of a patient exceeding the intended level of moderate sedation, complications such as apnea, laryngospasm, or airway obstruction can be managed by opening the airway, suctioning secretions, providing positive pressure ventilation using bag-valve-mask, and obtaining vascular access (such as IV or IO access).

### **5. Severely limit widely accepted techniques to treat patients**

Den 304.08 (b) states:

***“For administration of general anesthesia deep sedation or moderate sedation, an intravenous catheter shall be in place prior to administration.”***

To be in compliance with these provisions, the qualified separate dental provider would be unable to provide inhalational mask induction, IM induction, oral sedation, intranasal sedation, or other various well accepted and safe techniques used to aid in the smooth and atraumatic placement of an intravenous catheter. These are well accepted, atraumatic, and sometimes necessary techniques for the treatment of uncooperative young children and patients with special needs such as autism.

Moderate sedation can be safely administered using routes such as oral, intranasal, intramuscular, inhalational agents. The appropriate choice of agents or route of administration is an individualized decision based on the patient’s medical condition, the level of cooperation, the type and length of procedure. Obtaining vascular (IV or IO) access is a standard practice and critical step in the event of emergency management. However, there are no professional practice guidelines that recommends that IV catheter must be in place **prior** to administration of moderate, deep sedation or general anesthesia.

***“For administration of moderate sedation, with or without inhalation sedation, agents [are] shall be limited to a single dose of one or more reversible drugs, or a multi-dose of a single reversible drug, in accordance***

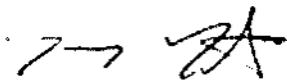
***with Den 304.01(i) using manufacturer guidelines as found in the FDA "Online Labe Repository" found at labels.fda.gov"***

Administering multiple agents such as sedative and analgesic drugs in small, incremental doses, or by infusion, titrated to desired endpoints is well established standard practice for moderate sedation. It is a practiced throughout the country in both dental practices and academic/teaching institutions. This includes the use of multiple enteral agent, which may be reversible (such as benzodiazepine) or non-reversible agent (such as an antihistamines), combination of inhalational and enteral agents, parenterally administered sedative/analgesic combination medications. The appropriate choice of agents and technique is often a complex clinical decision based on a myriad of factors such as the patient's anxiety and cooperation level, medical conditions, the invasiveness of the procedures, the clinical setting, the training and skills and preferences of the provider.

The proposed provisions are not evidence based and significantly deviates from national standard practices. They excessively limits dentist sedation/anesthesia provider to techniques which may not be ideal, appropriate, or effective option for the particular patient and procedure, while non-dentist anesthesia providers are not limited to such restrictions when providing sedation/anesthesia to the same patient population. These are irrational measures in the effort to ensure patient safety.

We urge the Board to reconsider the proposed rules and engage with stakeholders, including the ASDA, to ensure that the final regulations strike a fair balance between maintaining patient safety and supporting the provision of essential anesthesia services. We recommend the board look at the ASDA/ AAOMS/ AAP model legislation document to aid in these revisions. We would welcome the opportunity to collaborate with the Board to address these issues and develop rules that align with best practices and the needs of New Hampshire's dental patients. Thank you for considering our concerns. Please do not hesitate to contact us at if you would like to discuss this matter further or require additional information.

Sincerely,



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