

# Education Department Adopts New Dental Anesthesia Regulations

*The regulations, seven years in the making, are longer and, in some cases, extraordinarily more specific than their predecessors.*

Lance Plunkett, J.D., LL.M.

**A**fter seven years of working and reworking various draft proposals, the New York State Education Department has finally approved new dental anesthesia regulations. The regulations were officially adopted on Dec. 28. They will be rolled out in two stages: changes to various definitions and to dental anesthesia practice requirements will take effect on July 1, 2017; changes to dental anesthesia certification and to dental anesthesia education and training requirements will take effect on Jan. 1, 2018.

The changes are extensive; and the regulations are quite complex. This article will delve into all of the nuances and specifics, so it is lengthy and bears saving as a future reference tool. Beware that it calls for close reading, though not always easy reading.

The most notable changes are to the certification and education and training requirements. The new regulations create two new categories of dental anesthesia certification: 1. a new certification to provide dental anesthesia services to patients 12 years old or younger; and 2. a new certification to provide dental anesthesia services to patients 13 years old or older. The education and training criteria for providing any dental anesthesia services to patients 12 years old or younger are new and more rigorous than for providing dental anesthesia services to those over 12 years of age. There is no genuine grandfathering of existing dental anesthesia certifications, because everyone will have to adapt to certain changes to some extent. But for some existing certificate holders, renewals will be less complicated than for those seeking new, original certification.

The new dental anesthesia practice requirements are substantially changed as well, with an unusual level of attention to detail now called for by the regulations.

The dental anesthesia regulations are divided into four parts. They are: definitions; certification requirements; education and training requirements; and practice requirements. We will deal with them in the order they will take effect.

## **Dental Anesthesia Definitions – July 1, 2017**

The chief change to the definitions of dental anesthesia is the incorporation of the concept of “moderate” sedation into the definition of “conscious” sedation. Thus, the new definition of conscious (moderate) sedation is: “a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.”

“Deep” sedation is also redefined as: “a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.”

“General anesthesia” is redefined as: “a drug-induced loss of consciousness during which

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patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.”

Two other new definitions of note are for time-oriented anesthesia records—the first time that term has been clearly defined—and for the American Society of Anesthesiologists (ASA) Patient Physical Status Classification, which is now a factor to be considered as part of new practice requirements.

Time-oriented anesthesia record means an organized document that shows at appropriate time intervals, drugs and doses administered, and physiologic data obtained through patient monitoring during the course of conscious (moderate) sedation, deep sedation or general anesthesia, to include the preoperative, intraoperative and recovery stages of treatment. The ASA classifications are:

- ASA I – A normal, healthy patient.
- ASA II – A patient with mild systemic disease.
- ASA III – A patient with severe systemic disease.
- ASA IV – A patient with severe systemic disease that is a constant threat to life.
- ASA V – A moribund patient who is not expected to survive without the operation.
- ASA VI – A declared brain-dead patient whose organs are being removed for donor purposes.
- E – Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).

### Dental Anesthesia Practice Requirements – July 1, 2017

The new dental anesthesia practice requirements pick up on the definitions and add in other things too. All dentists who provide any type of dental anesthesia must now have Advanced Cardiac Life Support (ACLS) certification. No longer is Basic Life Support (BLS) certification good enough. In addition, dentists who provide dental anesthesia services of any kind to patients 12 years old and younger must also have Pediatric Advanced Life Support (PALS) certification.

The rule about administering dental anesthesia to only one patient at a time remains unchanged, but an exception has been added to allow for supervising no more than two dental students or residents at one time in a teaching institution.

The new regulations make it clear that a dentist is responsible for preoperative preparation and evaluation of the patient, as well as for discharge of the patient. Those items had not previously been included in the list of dentists’

duties. As part of this, all the practice requirements for preparing and monitoring the patient have changed and have been broken into requirements specific to deep sedation and general anesthesia and requirements specific to all forms of conscious (moderate) sedation. For deep sedation and general anesthesia, all of the following preparatory requirements must be met:

- A written and oral medical history shall be obtained.
- Consultation with the patient's physician, as appropriate, for patients ASA III (a patient with severe systemic disease, according to the American Society of Anesthesiologists [ASA] patient physical status classification system) or greater.
- Preoperative instructions shall be given to the patient, parent, escort, guardian or caregiver.
- Preoperative dietary restrictions shall be considered based upon the anesthetic/sedative technique planned.
- The patient, parent, guardian or caregiver shall be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents, and informed consent for the proposed anesthesia/sedation shall be obtained.
- A focused physical evaluation shall be performed as deemed appropriate.
- Baseline vital signs shall be obtained unless the patient's behavior prohibits such determination and, in any such case, this fact shall be noted in the time-oriented anesthesia record.
- Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure shall be completed.
- An intravenous line, which is secured throughout the procedure, shall be established. If, due to lack of patient cooperation, the intravenous line cannot be maintained throughout the procedure, the inability to maintain such shall be documented in the anesthesia record.

Monitoring requirements for deep sedation and general anesthesia include all of the following:

1. Oxygenation
  - Color of mucosa, skin or blood shall be continually evaluated.
  - Oxygen saturation shall be evaluated continuously by pulse oximetry.
2. Ventilation
  - Intubated patient: end-tidal CO<sub>2</sub> shall be continuously monitored and evaluated.
  - Non-intubated patient: breath sounds via auscultation and/or end-tidal CO<sub>2</sub> shall be continuously monitored and evaluated.
  - Respiration rate shall be continually monitored and evaluated.
  - When agents implicated in precipitating malignant hy-

perthermia are utilized, end-tidal CO<sub>2</sub> shall be continuously monitored and evaluated.

3. Circulation
  - The dentist shall continuously evaluate heart rate and rhythm via ECG throughout the procedure, as well as pulse rate via pulse oximetry.
  - The dentist shall continually evaluate blood pressure.
4. Temperature
  - A device capable of measuring body temperature shall be readily available during the administration of deep sedation or general anesthesia.
  - When agents implicated in precipitating malignant hyperthermia are utilized, continuous monitoring of body temperature shall be performed.

For all types of conscious (moderate) sedation, all of the following preparatory requirements must be met:

1. A written and oral medical history shall be obtained.
2. Consultation with the patient's physician, as appropriate, for patients ASA III (a patient with severe systemic disease, according to the American Society of Anesthesiologists [ASA] patient physical status classification system) or greater.
3. Preoperative instructions shall be given to the patient, parent, escort, guardian or caregiver.
4. Preoperative dietary restrictions shall be considered based upon the anesthetic/sedative technique planned.
5. The patient, parent, guardian or caregiver shall be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and informed consent for the proposed anesthesia/sedation shall be obtained.
6. A focused physical evaluation shall be performed as deemed appropriate.
7. Baseline vital signs shall be obtained unless the patient's behavior prohibits such determination and, in any such case, this fact shall be noted in the time-oriented anesthesia record.
8. Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure shall be completed.
9. An intravenous line, which is secured throughout the procedure, shall be established when parenteral sedation is being administered by way of an intravenous route. If, due to lack of patient cooperation, the intravenous line cannot be maintained throughout the procedure, the inability to maintain such shall be documented on the anesthesia record.

Monitoring requirements for all types of conscious (moderate) sedation include all of the following:

1. Consciousness
  - Level of consciousness (e.g., responsiveness to verbal command) shall be continually assessed.

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2. Oxygenation

- Color of mucosa, skin or blood shall be continually evaluated.
- Oxygen saturation shall be evaluated continuously by pulse oximetry.

3. Ventilation

- The dentist shall observe chest excursions continually.
- The dentist shall monitor ventilation by auscultation of breath sounds, monitoring end-tidal CO<sub>2</sub> or by verbal communication with the patient.

4. Circulation

- The dentist shall continually evaluate blood pressure and heart rate (unless the patient is unable to tolerate the monitoring and this is noted in the time-oriented anesthesia record).
- During the administration of dental conscious (moderate) enteral sedation, continuous evaluation of ECG shall be done when there is a finding of cardiovascular disease that warrants such monitoring.
- During the administration of dental conscious (moderate) parenteral sedation, the dentist shall continuously

evaluate heart rate and rhythm via ECG throughout the procedure, as well as pulse rate via pulse oximetry.

With respect to discharge for all patients undergoing any form of dental anesthesia, the following requirements must be met:

The recovery and discharge of the patient is the responsibility of any of the following: the licensed dentist providing the anesthesia/sedation management for that patient; another licensed dentist with an anesthesia/sedation certificate permitting him or her to provide the same level of anesthesia/sedation administered to the patient treated; or a licensed physician with the appropriate anesthesia training. Prior to discharge, the patient shall meet the following discharge criteria, which shall be documented in the patient's chart:

- Alert and responsive.
- Patient can maintain and support his or her airway without intervention.
- Vital signs, including oxygenation on room air, are within acceptable limits.
- Patient is ambulatory with assistance.
- Responsible adult is present to escort the patient from the office.

- Written and verbal instructions are given to patient and responsible adult escort. These instructions shall include a way for the patient/guardian to communicate with the anesthesia provider or provider of dental care in case of an emergency or adverse reaction.
- Prior to discharge, evaluation of the patient's pain and post-operative nausea and vomiting (PONV) shall be done. The results of these assessments and management shall be documented in the patient's chart.

The new regulation also clarifies that all dental facilities shall have an automatic external defibrillator (AED) or other defibrillator at the facility.

### More Stringent Recordkeeping Requirements

The dental anesthesia recordkeeping requirements have also been substantially changed to require much more—in fact, extraordinary—specificity and now must include all of the following new requirements:

1. Written or documented verbal consultations with licensed physicians that are obtained prior to, during or 24 hours following the administration of conscious (moderate) sedation, deep sedation or general anesthesia.
2. Time-oriented anesthesia records, based upon the level of anesthesia administered, that indicate:
  - Date of treatment.
  - Demographic information, including patient's name; age, height, and weight; nothing by mouth (NPO) status; medical conditions; allergies; medications; diagnosis; and treatment proposed/performed.
  - Pre-treatment evaluation/examination, including results of a focused examination and airway evaluation; and ASA (American Society of Anesthesiologists [ASA] patient physical status classification system) status.
  - Clinical care, including all enteral, parenteral and inhalation agents administered; dosage of these drugs according to the time administered preoperatively, intraoperatively and during the in-office recovery phase; type and placement of intravenous access; type and total amount of intravenous fluids administered; type of advanced airway management used; all types of monitoring used; the physiologic findings of preoperative (base-line findings), intraoperative and pre-discharge monitoring, including but not limited to the following: blood pressure; heart rate; respiratory rate; end tidal CO<sub>2</sub> (ETCO<sub>2</sub>); temperature and ECG rhythm if monitored; oxygen saturation, except that records of oxygen saturation and blood pressure shall not be required when conscious (moderate) sedation using an enteral route, with or without inhalation agents, is employed and the patient's conduct prohibits the monitoring of oxygen saturation and blood

pressure, in which case, the record shall document this fact; and if a physiologic parameter cannot be monitored, the reason should be reflected on the anesthesia record, as follows:

- the time of placement and removal of a throat pack or throat drape when used;
- persons present in the treatment room who are providing care or assisting during the procedure;
- name of the individual holding an anesthesia certificate responsible for recovery and discharge;
- any irreversible morbidity that occurs during the treatment and in-office recovery period.

The new regulations make it clear that the dentist administering conscious (moderate) sedation, deep sedation or general anesthesia is responsible for anesthetic/sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of conscious (moderate) sedation, deep sedation, or general anesthesia and provision of the equipment, drugs and protocols for patient rescue. This provision of the regulations is striking in that it creates obvious liability issues for failure to be prepared for any emergency situation whenever dental anesthesia service is being provided. Dentists should carefully review all their emergency preparations to ensure adequate compliance with this particular regulation.

Finally, with respect to practice requirements, the new regulations require reporting in writing by the dental anesthesia certificate holder to the New York State Education Department within 30 days of any mortality or irreversible morbidity occurring during or within 48 hours following, or otherwise related to, the administration of conscious (moderate) sedation or deep sedation or general anesthesia. The critical changes to this provision are that it now only calls for reporting irreversible morbidity rather than any morbidity, but it also now requires a written report and adds in the 48 hours following discharge extension period. Obviously, dentists will need to follow a patient closely for that 48-hour period.

### Dental Anesthesia Certification Requirements – January 1, 2018

A major change in the new dental anesthesia regulations is the addition of certification requirements based upon the age of the patient being given dental anesthesia. A new certification is created for providing dental anesthesia to children 12 years of age or younger, and the requirements for that certification are rigorous. There will now be five different certifications rather than three. Dentists can be certified in the following dental anesthesia categories:

1. General anesthesia.
2. Parenteral conscious (moderate) sedation for patients 13 years old or older.
3. Parenteral conscious (moderate) sedation for patients 12 years old or younger.



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4. Enteral conscious (moderate) sedation for patients 13 years old or older.
  5. Enteral conscious (moderate) sedation for patients 12 years old or younger.

It should be noted that if a dentist obtains either of the certifications to provide dental anesthesia to children 12 years old or younger, that certification also allows for providing dental anesthesia to older patients, but the reverse is not true. A certification to provide dental anesthesia to patients 13 years old or older does not allow providing dental anesthesia to any patients 12 years old or younger.

For people who hold existing dental anesthesia certificates issued prior to January 1, 2018, the certificates are good until their normal expiration date. But future renewal will depend upon the age of the patients being provided dental anesthesia and the type of certification sought. Dentists seeking to renew a general anesthesia certification must complete an ACLS course; a PALS course, if providing any dental anesthesia of any type to patients 12 years old or younger; and an additional 12 clock hours of education (exclusive of the ACLS and PALS requirements) in anesthesia/sedation techniques approved by an acceptable accrediting body and the New York State Education Department, including but not limited to, coursework in medications and recognition and management of complications and emergencies, including rescue from deeper levels of sedation as may occur in both pediatric and adult patient populations.

For the first renewal of an existing dental enteral or parenteral conscious sedation certificate issued prior to Jan. 1, 2018, where the dentist seeks to administer dental enteral or dental parenteral conscious (moderate) sedation to patients 12 years old and younger, the dentist must submit to the New York State Education Department for review nine time-oriented anesthesia records of such patients who either were: treated by the dentist utilizing conscious (moderate) sedation (enteral/parenteral) during his or her last triennial registration period; or patients where the licensed dentist was the supervising attending dentist or a faculty member supervising the student who was administering the conscious (moderate) sedation technique (enteral/parenteral) being administered during his or her last triennial registration period.

In addition, for the first renewal and all subsequent renewals, the dentist must complete an ACLS course, a PALS course, and an additional 12 clock hours of education (exclusive of the ACLS and PALS requirements) in anesthesia/sedation techniques approved by an acceptable accrediting body and the New York State Education Department, including but not limited to, coursework in medications and recognition and management of complications and emergencies, including rescue from deeper levels of sedation as may occur in both pediatric and adult patient populations.

For the renewal of an existing dental enteral or parenteral conscious sedation certificate issued prior to Jan. 1, 2018, where the

dentist seeks to administer dental enteral or dental parenteral conscious (moderate) sedation only to patients 13 years old or older, the dentist must complete an ACLS course and an additional 12 clock hours of education (exclusive of the ACLS requirement) in anesthesia/sedation techniques approved by an acceptable accrediting body and the New York State Education Department, including but not limited to, coursework in medications and recognition and management of complications and emergencies, including rescue from deeper levels of sedation as may occur in both pediatric and adult patient populations. The key difference here is that the nine time-oriented patient anesthesia records are not needed where the renewal is only for patients 13 years or older.

The Education Department has also conferred upon itself in the new regulations expanded authority to demand to see dental anesthesia patient records. Thus, upon request, a dentist must submit to the department copies of time-oriented anesthesia records that satisfy the recordkeeping requirements explained earlier under the dental anesthesia practice requirements part of this article, with or without the patient charts, to verify that the dentist is in compliance with those recordkeeping requirements and to ensure that the dentist is practicing within the scope of the dental anesthesia certificate he or she holds. Also, upon any renewal of any dental anesthesia certification, the Education Department may request copies of patient charts or time-oriented anesthesia records. Therefore, it pays to study the dental anesthesia recordkeeping requirements very carefully and to be sure to meticulously adhere to them.

### **Dental Anesthesia Education and Training Requirements – January 1, 2018**

The new regulations make substantial changes to the education and training required for clinicians seeking their first, original certification to provide dental anesthesia services on or after Jan. 1, 2018. Again, the age of the patient population sought to be treated is a key factor for initial education and training for certification in dental anesthesia.

For an initial certification in general anesthesia, the dentist must have completed an ACLS course, a PALS course—if the dentist intends to provide dental anesthesia of any type to patients 12 years old or younger—and one of the following four options:

1. A graduate level program in oral and maxillofacial surgery acceptable to the New York State Education Department and accredited by an approved accrediting body, which shall include but not be limited to instruction in general anesthesia, parenteral sedation, and anxiety and pain control.
2. At least three years of postdoctoral education acceptable to the New York State Education Department and accredited by an approved body, which shall include but not be limited to coursework in anesthesia and anxiety and pain control, and one year devoted exclusively to clinical training in general anesthesia and

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related subjects, such as establishing and maintaining an emergency airway and use and interpretation of appropriate monitoring as of Jan. 1, 2019.

3. At least two years of postdoctoral education acceptable to the department and accredited by an approved body, which shall include but not be limited to coursework in anesthesia and anxiety and pain control, and one year devoted exclusively to clinical training in general anesthesia and related subjects, such as establishing and maintaining an emergency airway and use and interpretation of appropriate monitoring prior to Jan. 1, 2019.
4. For postdoctoral education completed prior to Jan. 1, 2002, at least one year of such education in anesthesia acceptable to the department, which shall include but not be limited to, coursework in anesthesia, anxiety and pain control, establishing and maintaining emergency airway, and use and interpretation of appropriate monitoring, or at least two years of such education in an approved specialty program or residency, which includes acceptable training and experience, including but not limited to, instruction in general anesthesia and parenteral sedation, provided the candidate has applied to the department for the initial certificate to employ conscious (moderate) sedation (enteral or parenteral route with or without inhalation agents), deep sedation and general anesthesia prior to Jan. 1, 2004.

Note that the dates are significant here. Option #4 effectively is historical in nature and is retained only to show how some dentists received an initial certification before Jan. 1, 2004. Options #1 and #2 are the only ongoing paths to general anesthesia certification. Option #3 is good for the one-year window between Jan. 1, 2018, and Jan. 1, 2019. After that, it too becomes effectively historical in nature.

For an initial certification for dental parenteral conscious (moderate) sedation for patients 13 years old and older, a dentist must complete an ACLS course and predoctoral or postdoctoral education acceptable to the New York State Education Department and accredited by an approved body, which must include a formal course consisting of at least 60 clock hours of coursework that is provided through didactic instruction and/or an anesthesia rotation, which has been previously approved by the Education Department. Simulation experiences may be part of the required coursework, which must include, but not be limited to, coursework in patient evaluation and monitoring, management of emergencies, rescue of patients from deep sedation, management of pediatric and adult airways, pediatric and adult cardiac and pulmonary anatomy and physiology, pediatric and adult pharmacology, and control of pain and anxiety.

In addition to the 60 clock hours of coursework, a clinical experience demonstrating the successful use of dental parenteral conscious (moderate) sedation on no fewer than 20 live dental

patients via the intravenous route who shall be 13 years old or older in a one-dentist-to-one-patient ratio. The dentist enrolled in the course shall have his or her name listed on the anesthesia record and shall be the individual administering the medications and documenting said administration, as well as the physiologic findings required on the anesthesia record. The patients shall be monitored, at a minimum, pursuant to the practice requirements explained earlier in this article. If the clinical portion of the course is given outside of a teaching institution, a formal memorandum of understanding (MOU) between the teaching institution and the clinical teaching center (facility) shall be in place attesting that the clinical facility is held to the same practice standards as the teaching institution.

For an initial certification for dental parenteral conscious (moderate) sedation for patients 12 years old or younger, a dentist must complete an ACLS course, a PALS course, and predoctoral or postdoctoral education accredited by an approved body, which must include a formal course consisting of at least 60 clock hours of coursework that is provided through didactic instruction and/or an anesthesia rotation, which has been previously approved by the New York State Education Department. Simulation experiences can be part of the coursework, which must include, but not be limited to, coursework in patient evaluation and monitoring, management of emergencies, rescue of patients from deep sedation, management of pediatric and adult airways, pediatric and adult cardiac and pulmonary anatomy and physiology, pediatric and adult pharmacology, and control of pain and anxiety.

In addition to the 60 clock hours of coursework, a clinical experience, acceptable to and previously approved by the New York State Education Department, demonstrating the successful use of dental parenteral conscious (moderate) sedation by the intravenous route on no fewer than 15 live dental patients who shall be 12 years old or younger and five live dental patients who shall be 13 years old or older in a one-dentist-to-one patient ratio. The dentist enrolled in the course shall have his or her name listed on the anesthesia record and shall be the individual administering the medications and documenting said administration, as well as the physiologic findings required on the anesthesia record. The patients shall be monitored, at a minimum, pursuant to the practice requirements explained earlier in this article. If the clinical portion of the course is given outside of a teaching institution, a formal memorandum of understanding (MOU) between the teaching institution and the clinical teaching center (facility) shall be in place attesting that the clinical facility is held to the same practice standards as the teaching institution.

For an initial certification for dental enteral conscious (moderate) sedation for patients 13 years old and older, a dentist must complete an ACLS course and predoctoral education or postdoctoral education accredited by an approved body, and which must

include a formal course consisting of at least 60 clock hours of coursework that is provided through didactic instruction and/or an anesthesia rotation, which has been previously approved by the New York State Education Department. Simulation experiences may be part of the required coursework, which shall include, but not be limited to, coursework in patient evaluation and monitoring, management of emergencies, including IV access, rescue of patients from deep sedation, management of pediatric and adult airways, pediatric and adult cardiac and pulmonary anatomy and physiology, pediatric and adult pharmacology, and control of pain and anxiety.

In addition to the 60 clock hours of coursework, a clinical experience, acceptable to and previously approved by the Education Department, demonstrating the successful use of dental enteral conscious (moderate) sedation on no fewer than 10 live clinical dental patients who shall be 13 years old or older and who are physically present in the same location as the dentists. The dentists may be in groups of no more than five people. The patients shall be monitored, at a minimum, pursuant to the practice requirements explained earlier in this article. If the clinical portion of the course is given outside of a teaching institution, a formal

memorandum of understanding (MOU) between the teaching institution and the clinical teaching center (facility) shall be in place attesting that the clinical facility is held to the same practice standards as the teaching institution.

For an initial certification for dental enteral conscious (moderate) sedation for patients 12 years old or younger, a dentist must complete an ACLS course, a PALS course and predoctoral or postdoctoral education acceptable to the New York State Education Department and accredited by an approved body, which must include a formal course consisting of at least 60 clock hours of coursework that is provided through didactic instruction and/or an anesthesia rotation, which has been previously approved by the Education Department. Simulation experiences can be part of the coursework, which shall include, but not be limited to, coursework in patient evaluation and monitoring, management of emergencies, including IV access, rescue of patients from deep sedation, management of pediatric and adult airways, pediatric and adult cardiac and pulmonary anatomy and physiology, pediatric and adult pharmacology, and control of pain and anxiety.

In addition to the 60 clock hours of coursework, a clinical experience demonstrating the successful use of dental enteral



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conscious (moderate) sedation on no fewer than 15 live clinical dental patients 12 years old or younger and five live clinical dental patients 13 years old or older in a two-to-one-dentist-to-patient ratio. This two-to-one ratio means that the dentist providing dental care to the patient and a second dentist monitoring and documenting the sedation care can receive credit for the procedure as it relates to the minimum number of sedations required for certification. Both of these dentists must be with the patient during the entire time of treatment and cannot be involved with any other activities or responsibilities. Only the two dentists involved in direct patient care/monitoring can receive credit for treating the patient undergoing the procedure and sedation. The dentist enrolled in the course shall have his or her name listed on the anesthesia record and shall be the individual administering the medications and documenting said administration, as well as the physiologic findings required on the anesthesia record. The patients shall be monitored, at a minimum, pursuant to the practice requirements explained earlier in this article. If the clinical portion of the course is given outside of a teaching institution, a formal memorandum of understanding (MOU) between the teaching institution and the clinical teaching center (facility) shall be in place attesting that the clinical facility is held to the same practice standards as the teaching institution.

Finally, for the first time ever, the new regulations spell out what is needed if a dentist seeks endorsement of an anesthesia certification from another state or from Canada. The regulations here are quite restrictive. The dentist must first be registered to practice dentistry in New York State and submit a certificate of good standing from the jurisdiction from which the dental anesthesia endorsement is being sought. Then requirements vary depending upon the type of dental anesthesia certification sought to be endorsed. For general anesthesia, only a certificate of completion of a Commission on Dental Accreditation (CODA) accredited oral and maxillofacial surgery program or a CODA-accredited dental anesthesia program will be accepted for endorsement purposes.

For endorsement of certification for dental parenteral conscious (moderate) sedation for patients 13 years old and older, the dentist must provide proof of current completion of an ACLS course, provide 20 anesthesia records of patients to whom the dentist has administered parenteral conscious (moderate) sedation (by the intravenous route) in the licensed jurisdiction within the three years immediately preceding the dentist's submission of his or her application for endorsement to the Education Department for review with no patients having had irreversible morbidity or mortality due to the sedation provided by the dentist. These records must include monitoring that is required under the dental anesthesia practice requirements explained earlier in this article. If the dentist has ever had any patients with irreversible morbidity or mortality due to the sedation he or she provided,

the dentist must provide an explanation of the incident(s) to the Education Department for review, in a form prescribed by the Education Department. Depending upon the circumstances, the Education Department may require remediation before a dental parenteral conscious (moderate) sedation for patients 13 years old and older certificate based on endorsement will be issued.

For endorsement of certification for dental parenteral conscious (moderate) sedation for patients 12 years old or younger, the dentist must have had a certificate to provide parenteral conscious (moderate) sedation from the other jurisdiction for at least the three years immediately preceding the dentist's submission of his or her endorsement application to the Education Department for review, must provide proof of current completion of an ACLS course, must provide proof of current completion of a PALS course, and must provide 15 anesthesia records of patients 12 years old and younger and five anesthesia records of patients 13 years old and older, to whom the dentist has administered parenteral conscious (moderate) sedation (via the intravenous route) in the licensed jurisdiction within the three years immediately preceding the dentist's submission of his or her endorsement application to the Education Department for review with no patients having had irreversible morbidity or mortality due to the sedation provided by the dentist. These records must include monitoring that is required under the dental anesthesia practice requirements explained earlier in this article. If the dentist has ever had any patients with irreversible morbidity or mortality due to the sedation he or she provided, the dentist must provide an explanation of the incident(s) to the Education Department for review, in a form prescribed by the Education Department. Depending upon the circumstances, the Education Department may require remediation before a dental parenteral conscious (moderate) sedation for patients 12 years old and younger certificate based upon endorsement will be issued.

For endorsement of certification for dental enteral conscious (moderate) sedation for patients 13 years old and older, the dentist must provide proof of current completion of an ACLS course, provide 20 anesthesia records of patients to whom the dentist has administered enteral conscious (moderate) sedation in the licensed jurisdiction within the three years immediately preceding the dentist's submission of his or her application for endorsement to the Education Department for review with no patients having had irreversible morbidity or mortality due to the sedation provided by the dentist. These records must include monitoring that is required under the dental anesthesia practice requirements explained earlier in this article. If the dentist has ever had any patients with irreversible morbidity or mortality due to the sedation he or she provided, the dentist must provide an explanation of the incident(s) to the Education Department for review, in a form prescribed by the Education Department. Depending upon

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the circumstances, the Education Department may require remediation before a dental enteral conscious (moderate) sedation for patients 13 years old and older certificate based upon endorsement will be issued.

For endorsement of certification for dental enteral conscious (moderate) sedation for patients 12 years old or younger, the dentist must have had a certificate to provide enteral conscious (moderate) sedation from the other jurisdiction for at least the three years immediately preceding the dentist's submission of his or her endorsement application to the Education Department for review, must provide proof of current completion of an ACLS course, must provide proof of current completion of a PALS course, and must provide 15 anesthesia records of patients 12 years old and younger and five anesthesia records of patients 13 years old and older, to whom the dentist has administered enteral conscious (moderate) sedation in the licensed jurisdiction within the three years immediately preceding the dentist's submission of his or her endorsement application to the Education Department for review with no patients having had irreversible morbidity or mortality due to the sedation provided by the dentist. These records must include monitoring that is required under the dental

anesthesia practice requirements explained earlier in this article. If the dentist has ever had any patients with irreversible morbidity or mortality due to the sedation he or she provided, the dentist must provide an explanation of the incident(s) to the Education Department for review, in a form prescribed by the Education Department. Depending upon the circumstances, the Education Department may require remediation before a dental enteral conscious (moderate) sedation for patients 12 years old and younger certificate based upon endorsement will be issued.

**Endnote**

These regulations received surprisingly little comment in New York State. They appear not to have been, for all their convolutions and excruciating detail, controversial. How well they serve the public and the dental profession only time will tell. One thing is certain. They are much longer than the previous regulations. ✍

*The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney. An archive of previously published legal articles can be accessed in the members-only area of the NYSDA website, [www.nysdental.org](http://www.nysdental.org).*

