Virginia Regulatory Town Hall

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Final Regulation
Agency Background Document

Agency name	Board of Dentistry, Department of Health Professions
Virginia Administrative Code (VAC) citation	18 VAC 60-20
Regulation title	Regulations Governing the Practice of Dentistry and Dental Hygiene
Action title	Periodic review/changes in rules for anesthesia
Document preparation date	4/15/05

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 21 (2002) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual.*

Brief summary

Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

The Board of Dentistry has proposed amendments for 18 VAC 60-20-10 et seq. to update certain requirements and terminology, to clarify the Board's requirements, especially related to dental education, to eliminate a jurisprudence examination and add requirements for additional training for applicants who have had multiple examination failures. Amendments also modify educational, monitoring and equipment requirements for administration of various forms of analgesia, sedation and anesthesia as minimally necessary to ensure public safety.

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.

On April 15, 2005, the Board of Dentistry adopted a final regulation for 18VAC60-20-10 et seq. to adopt the changes recommended by a periodic review of regulations, including changes to the rules for administration of anesthesia and sedation.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter numbers, if applicable, and (2) promulgating entity, i.e., agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Dentistry the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards
The general powers and duties of health regulatory boards shall be:
…
6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. …

The legal authority to license and regulate dentists and dental hygienists may be found in Chapter 27 of Title 54.1 of the Code of Virginia.

http://leg1.state.va.us/000/lst/h3205422.HTM

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

As a result of an extensive periodic review of its regulations, the Board has proposed amendments to clarify or simplify certain provisions for applicants and licensees and to eliminate unnecessary examinations. Educational criteria, currently applied by the Board and required by the Code of Virginia, are spelled out in regulation for a clearer understanding by applicants for licensure. With the intent of protecting the live patients on which the examination is conducted, applicants who fail the clinical examination three times would be required to take additional clinical hours to prepare them for the specific area (s) failed.

The primary intent of amending regulations is to more clearly specify the requirements for administration of sedation or anesthesia. Dentists who administer any form of analgesia, sedation or anesthesia in a dental office must have specific knowledge and training in delivery of those agents and in the monitoring and recovery of a patient. Likewise, it is essential for the dentist to be appropriately prepared and equipped to respond to emergencies that may arise if a patient's breathing or responses are compromised. Both the dentist and the ancillary personnel should be proficient in handling related complications or emergencies. Therefore, requirements for training, emergency equipment and techniques, and monitoring are necessary to protect the health and safety of patients in dental offices.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the "All changes made in this regulatory action" section.

Definitions have been updated to reflect current terminology, particularly that pertaining to revised regulations for anesthesia and sedation and to eliminate terms that were no longer being used. Amendments to the requirements for dental education will reflect the current Board interpretation of an accredited or approved dental program, which is either a pre-doctoral dental education program or a one or two year post-doctoral dental education program.

Changes in examination requirements offer additional options for persons who took the board-approved examinations five or more years prior to applying for licensure in Virginia. In addition, there are new requirements for remediation for candidates who have failed the licensure examination three times. Rather than requiring passage of a jurisprudence examination, the Board will now require that the applicant read and understand the laws and regulations governing the practice of dentistry in Virginia.

Regulations for anesthesia, sedation and analgesia have been rewritten and reorganized to make clear the application of the rules in various settings, the educational and training qualifications of the dentist and dental assistants, the equipment and monitoring needed for each level, and the discharge criteria for ensuring the safety of the patient.

Issues

Please identify the issues associated with the proposed regulatory action, including:
1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;
2) the primary advantages and disadvantages to the agency or the Commonwealth; and
3) other pertinent matters of interest to the regulated community, government officials, and the public.
If there are no disadvantages to the public or the Commonwealth, please indicate.

Advantages and disadvantages to the public:

Dentists are increasingly utilizing some form of analgesia, sedation or anesthesia to perform dental procedures with the maximum amount of comfort to their patients. In addition, some oral and maxillofacial surgeons are performing cosmetic surgery in an office-based setting. While the Board currently has regulations for anesthesia and sedation, there has been a growing concern that the practitioner qualifications, equipment and monitoring standards were not sufficient to ensure the safety of patients in a dental practice. Most dentists practice with an accepted standard of care, utilizing trained anesthesia providers, equipping their offices with essential rescue and monitoring equipment, and carefully selecting the appropriate anesthesia and informing the patient in advance. These regulations, however, will provide a clearer standard by which dentists are expected to practice and give patients a higher degree of safety when receiving office-based anesthesia. As insurers and practitioners encourage more procedures to be performed in an office-based practice or surgi-center rather than a hospital, these regulations will provide a definite advantage to patients, who typically do not have sufficient knowledge to judge whether the dentist and the facility are appropriately equipped and trained and whether adequate care is being taken to prepare and monitor their recovery. Since the regulations generally do not apply to the administration of local anesthesia, there should be little effect on the majority of general dentists and no disadvantages to the public in terms of limiting access or increasing cost.

Advantages and disadvantages to the agency:

There are no specific advantages or disadvantages to the agency. Regulations that set standards for practice may create an opportunity for complaints for non-compliance, but under current laws and regulations, failure to appropriately provide and monitor anesthesia could be considered substandard care and subject the licensee to disciplinary action. The advantage of these regulations is derived from having more specific, objective standards on which to base such a decision or make findings in a disciplinary case involving sedation or anesthesia. However, with more complete and objective rules to follow, practitioners who are conscientious about their practice and protecting their patients should be able to avoid incidents of unprofessional conduct related to delivery of anesthesia.

Changes made since the proposed stage

Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar's office, please put an asterisk next to any substantive changes.

In response to public comment, the Board took action at its meeting on June 18, 2004 to substantially amend the proposed regulations. Therefore, it re-submitted the proposed stage for additional public comment.
There were no changes made to the re-proposed regulation since its publication.

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.

In response to public comment on the original proposed regulations, the Board took action at its meeting on June 18, 2004 to substantially amend the proposed regulations. Therefore, amended regulations were re-submitted for publication in the Virginia Register of Regulations on November 29, 2004. Public comment was requested for a 60-day period ending January 28, 2005. During that period, the following comments were received:

Virginia Dental Hygienists Association (Cal Whitehead) – requested that the definition of "local anesthesia" be amended to delete the words "topically applied." Dental hygienists are authorized to administer agents that cause the loss of sensation or pain through a patch or similar products, so the VDHA wants to ensure that the language permits such practice.

A dental hygienist also requested an amendment to the definition of "local anesthesia" and provided a suggested definition from a text on local anesthesia.

Board response:
Since the amended regulations for the administration of anesthesia and conscious sedation exclude the administration of local anesthesia, the Board determined that no amendment to the definition of "local anesthesia" was necessary.

A Public Hearing before the Board was held on January 21, 2005, at which time the following comment on proposed regulations was received:

Dr. Ed Griggs – Spoke in favor of adopting the amended regulations and commended the Board for their collaborative work.

Board response: The Board appreciated the support of the commenter.

All changes made in this regulatory action

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail new provisions and/or all changes to existing sections.

18 VAC 60-20-10. Definitions.

- The Board recommends deleting several definitions and adding others in order to provide clarity for terms used in the regulation of anesthesia and sedation. The terms "conscious sedation" and "local anesthesia" are amended to update the term as used in practice and in regulation. A definition of "general anesthesia" is given in conjunction with the term "deep sedation" since the state of consciousness and response can easily flow from one state to the other, and the old definition of "general anesthesia" is eliminated. Terms that are no longer used in regulation have also been eliminated.

- The definitions for "monitoring general anesthesia and conscious sedation" and "monitoring nitrous oxide oxygen inhalation analgesia" are deleted from this section and the requirements contained therein included in monitoring requirements in Part IV.

Changes in the resubmission of the proposed regulation:

- The definition of "direction" is amended to clarify that the responsibility of the dentist for providing direction includes an evaluation of the patient, not merely being present during the evaluation.

- A new definition for "parental" was amended to more accurately define the term as used in provision of sedation to a patient.

18 VAC 60-20-16. Address of record.

Amendments delete a prohibition on the use of a post office box number in providing an address to the Board and the requirement that a dental hygienist provide a residential address. Since licensee information is currently posted on the departmental website or available via a FOIA request, some licensees have expressed safety concerns about having their resident address listed.

18 VAC 60-20-20. License renewal and reinstatement.

The regulation for reinstatement of a lapsed license currently authorizes the executive director of the Board to reinstate a license provided the applicant can "demonstrate continuing competence;" no specific requirement was established. To provide a clear standard by which the applicant's competency can be measured, the Board proposes requiring evidence of continuing education and possibly active practice in another state or current board specialty.

Changes in the resubmission of the proposed regulation:

- Changes in subsection C 3 will: 1) identify the regulation in which CE requirements for reinstatement of a license are specified; and 2) include dental practice in federal service as acceptable evidence of active practice in another jurisdiction.

18 VAC 60-20-50. Requirements for continuing education.

In number 14 of subsection C, the Board has the authority to approve other continuing education sponsors in addition to those listed in regulation. By Board action, the MCV Orthodontic and Research Foundation and the Dental Assisting National Board have been approved, so for clarity and consistency, the Board proposes to add those entities to the list.

The Board has also reduced the burden of compliance for persons who have allowed their license to lapse by requiring no more than 3 years' worth (45 hours) of continuing education regardless of the number of years out of active practice.

Changes in the resubmission of the proposed regulation to subsection A:

- The Board has added to the section on continuing education a requirement for all licensed dentists and dental hygienist to have training in basic cardiopulmonary resuscitation (CPR). In discussion of the proposed regulations on sedation and anesthesia, it was agreed that all licensees should have knowledge about resuscitative techniques as a basic patient safety measure. The administration of local anesthesia or performance of a dental or hygiene procedure can trigger a cardiopulmonary event, to which the licensee must be able to respond. Since hygienists are now permitted to practice under general supervision (without the physical presence of a dentist), they may be the only licensee available when such an event occurs.
- Additionally, the Board determined that all dentists who administer or hygienists who monitor patients under general anesthesia, deep sedation or conscious sedation should complete 4 hours of approved continuing education directly related to administration or monitoring every 2 years. The 4 hours could be obtained by taking a course to recertify in resuscitation techniques and would be counted in the 15 hours required for renewal of licensure.
- Legislation passed by the 2004 General Assembly removed the statutory requirement that dental hygienist obtain 15 hours of continuing education annually. Since no such language was in the Code for dentists, the current regulation allows them to carry over up to 15 hours. The amendment will make the regulation consistent for dentists and hygienists.

Changes in the resubmission of the proposed regulation to subsection C:

- Number 8 was amended to appropriately identify the accrediting bodies for colleges and universities and for hospital and health care institutions.
- Number 9 was amended to add the American Safety and Health Institute, an approved continuing education provider that offers continuing education in resuscitative techniques.
- Number 10 was amended to add accredited dental schools or specialty residency programs as approved CE providers.
- Number 15 was amended to eliminate “any other board approved program” and add a regional testing agency when a licensee is serving as an examiner in a clinical exam. The Board proposes to eliminate board-approval of continuing education programs because it is a costly process for which there is no fee to the providers, the review and approval process is time-consuming for staff and board members, and there is a wide array of approved organizations and entities through which a provider can get a course offered.

Changes in the resubmission of the proposed regulation to subsection H & I:

- In subsection H, a requirement is added to specify that at least 15 of the continuing education hours required for reinstatement must be in the most recent 12 months and the remainder within the most recent 36 months preceding application. In order to ensure that the practitioner is competent to return to active practice, the Board is requiring continuing education, the validity of which is partially based on whether the hours of CE are relatively current.
- In subsection I, the terminology for an order is clarified, and it is specified that completion of CE under a board order in a disciplinary case does not meet the requirement for CE for renewal or reinstatement.

18 VAC 60-20-60. Education.

- The Board proposes to amend the educational requirement to specify that an applicant must be a graduate of an accredited or approved program which consists of a pre-doctoral dental education program or at least a one year post-doctoral clinical program in general dentistry or a post-doctoral program in any specialty recognized by the Commission on Dental Accreditation of the American Dental Association. Current language states that the applicant must be a graduate of a school recognized by the Commission; however, the Commission only recognizes dental programs, not dental schools. The amendment is consistent with current Board policy.

Changes in the resubmission of the proposed regulation:
- Terminology is amended to clarify the accreditation of dental and dental hygiene programs.

18 VAC 60-20-70. Licensure examinations.

- If the practitioner has taken the licensure examination more than five years prior to applying for licensure in Virginia, current regulations require continuous active practice during that entire period. The Board has adopted a somewhat less restrictive rule that would continue to require evidence of active practice (48 out of the last 60 months) to permit short gaps in practice or hours of continuing education could also indicate continued competency.

- Board members who have participated in testing of candidates have concerns about those that have failed in multiple attempts. Since the testing is performed on live patients, this is an issue of public safety, so the Board adopted a requirement for additional training after three failed attempts at passage. For dentists, the requirement is 14 hours of additional clinical training in each treatment section to be retested, and for dental hygienists, the requirement is 7 hours of each treatment section.

- Current regulations require passage of an examination on the applicable Virginia dental and dental hygiene laws and regulations. Other boards within the Department have adopted requirements for the candidates to attest that they have read and understand the applicable rules. The Board proposes to accept a signed statement attesting to a review and understanding of the laws and regulations.

18 VAC 60-20-80. Licensure by endorsement for dental hygienists.

- For dental hygienists who are seeking licensure by endorsement, the Board proposes to add a requirement for submission of a HIPDB report, which would notify the Board of disciplinary action in another state. As with the dentists, a change would also propose to accept a signed statement attesting to a review and understanding of the laws and regulations.

Changes in the resubmission of the proposed regulation:
- A change in subsection D adds a requirement to “remain current” to the attestation by an applicant that he has read and understands the applicable laws and regulations.
- The Board decided that a HIPDB report should be obtained for all applicants for licensure, so that requirement was eliminated in section 80 and added to section 100.

18 VAC 60-20-90. Temporary permit, teacher's license and full-time faculty license.

- The Board intends to clarify certain portions of this section for consistency with the Code; regulations state that a temporary permit is valid until the release of grades of the next examination, but the Code states that it is valid until the second June after issuance. That discrepancy is confusing to permit-holders and sometimes results in the regulations being more restrictive than the Code.

- The Board has also clarified that holders of a full-time faculty license are permitted to practice and accept fee for service pursuant to § 54.1-2714.1 of the Code.

- Applicants for faculty licenses or temporary permits will also be asked to attest that they have read and understand the laws and regulations rather than having to pass a jurisprudence examination.

Changes in the resubmission of the proposed regulation:

- Rather than requiring practice by a full-time faculty licensee in an intramural clinic "in" a dental school, the amended regulation would allow practice in a clinic "affiliated" with the school. Sometimes, the clinics are not physically located in the dental school but are clinics operated by the school in another location.

18 VAC 60-20-105. Inactive license.

The Board proposes to eliminate an unnecessary provision requiring someone to hold an inactive license for more than one year before he can request reactivation. There is also a clarification that the requirement for evidence of continuing education cannot exceed 45 hours (or the equivalent of 3 years).

Changes in the resubmission of the proposed regulation:

- A requirement is added to specify that at least 15 of the continuing education hours required for reactivation must be in the most recent 12 months and the remainder within the most recent 36 months preceding application. In order to ensure that the practitioner is competent to return to active practice, the Board is requiring continuing education, the validity of which is partially based on whether the hours of CE are relatively current.

Part IV. The title of this section is changed to reflect the scope of regulations for anesthesia, sedation and analgesia.

18 VAC 60-20-106. General provision.

- Subsection A is added to indicate requirements of Part IV do not apply to administration of local anesthesia in dental offices or to the administration anesthesia in hospitals or facilities directly maintained or operated by the federal government. Similar language is now in subsection D of section 130.

- Subsection B specifies that high risk patients shall not be provided anesthesia or sedation in a dental office and that patients with moderate risk should only be given anesthesia after consultation with a physician treating that patient.

Changes in the resubmission of the proposed regulation:

- Subsection B is titled, "Appropriateness of administration of general anesthesis or sedation in a dental office" and is inclusive of the rules for treating all levels of patients in risk categories determined by the American Society of Anesthesiologist (ASA). Number 1 specifies that it is acceptable to treat patients in Classes I and II, and number 2 specifies that it is not acceptable to treat patients in Classes IV and V in a dental office. Number 3 is amended at the request of the oral and maxillofacial surgeons to allow them to perform the assessment on patients to determine the risk category for patients in Class III and the need for any additional equipment.
- Subsection C is added to require that the dentist discuss with the patient prior to administration the risks, benefits and alternatives of sedation or anesthesia and obtain written informed consent. A requirement for patient communication and consent is identical to a rule in regulations governing administration of anesthesia or sedation under the Board of Medicine.
- Subsection D is also similar to a rule in the Medicine regulations and clarifies that the determining factor for the application of regulations is the degree of sedation or consciousness level that could reasonably be expected, as documented in the patient's chart.
- Subsection E is added to give dentists who are currently authorized to use anesthesia or sedation one full year from the effective date of the regulations to comply with educational requirements for the various levels.

The next three sections set forth Board requirements for the various levels of analgesia, anesthesia or sedation. In each, requirements for education and training, equipment, and monitoring are described.

18 VAC 60-20-107. Administration of anxiolysis or inhalation analgesia.

- The administration of anxiolysis or inhalation analgesia (nitrous oxide) can be provided to patients by a dentist who understands and has had training in the medications used, the physiological effects and potential complications. No specific training is required for this level of analgesia.
- Basic equipment is required in the office to measure blood pressure and oxygen levels and to assist a patient with respiration, should that become necessary.
- In order to monitor a patient being treated with anxiolysis or inhalation analgesia, there must be an assistant with the dentist to help in monitoring the level of consciousness.
- If being discharged to his own care, the dentist must ensure that the patient exhibits normal responses.

Changes in the resubmission of the proposed regulation in section C:

- The amendments clarify that the second person on the treatment team must be in the operatory with the patient to assist, monitor and observe the patient, and that one member of the team must be with the patient at all times, once administrative has begun.
- In response to public comment, the Board has eliminated the requirement for a beginning and ending blood pressure to be taken.

18 VAC 60-20-110. Requirements to administer deep sedation/general anesthesia.

- The Board proposes to include in this section the requirements to administer deep sedation or general anesthesia, since by definition they are the same. Training requirements do not differ from current rules in subsection A, but a new subsection B adds requirements for additional training in advanced resuscitation techniques and a current DEA registration.
- Subsection C clarifies the exceptions to the requirements for training.
- Subsection D is similar to the current language in section 130 B, which has been repealed.
- Subsection E states the emergency equipment and techniques that must be employed. Currently, equipment requirements for all forms of sedation and anesthesia are listed in section 130 A. In the proposed regulation, the Board has added pulse oximetry, blood pressure monitoring equipment, appropriate emergency drugs, EKG monitoring equipment and temperature measuring devices as basic equipment essential for safe administration of deep sedation or general anesthesia.
- Subsection F sets out the requirements for monitoring and discharge. Current regulations (section 130 C) for the anesthesia team and discharge are restated in subdivision 1. In addition, there is more specificity about monitoring the patient beginning immediately after anesthesia or sedation has been induced and continuously throughout the procedure.

Changes in the resubmission of the proposed regulation:

- Amendments to subsection A 2 more accurately state the training in anesthesia and related subjects received in an approved residency in a dental specialty. Within the one year of training in clinical anesthesia would be included related medical subjects.
- Amendments modify the requirement for ACLS or PCLS by making it generic and eliminating the specific reference to the American Heart Association.
- Amendments to subsection D will add 3 requirements for monitoring patients under anesthesia. The additions are in response to comment from dentists who testified that the 3 additions should be the standard of care for administration of general anesthesia or deep sedation.
- Amendments to subsection E will: 1) change the term from “anesthesia” team to “treatment” team since all 3 are not involved with the anesthesia; 2) clarify that all members of the team must be in the operatory during the procedure; 3) specify what is meant by “monitoring” to include direct, visual observation of the patient by a member of the team; 4) specify that monitoring begins prior to induction of anesthesia and must take place continuously through the patient’s recovery; and 5) specify that another qualified practitioner may remain on the premises until the patient has recovered and been discharged.

18 VAC 60-20-120. Conscious sedation.

- There are currently two methods by which a licensee can be qualified to administer conscious sedation: 1) completion of training in this treatment modality while enrolled in an accredited dental program or a post-doctoral program; or 2) self-certification issued by the Board to dentists who were using anesthesia or conscious sedation prior to January 1989 before the time dental programs included education in sedation. Subsection B of section130 currently requires posting a certification of education or the certificate issued by the Board. In the proposed regulation, the Board proposes to require those who were not qualified by an educational program to obtain 12 hours of approved CE directly related to administration of conscious sedation by March of 2005. In addition, the Board proposes a third method by which a dentist, who does not meet the current requirements, could become qualified to administer conscious sedation. That would consist of a program of at least 40 hours of clinical training in the treatment modality.
- A requirement is proposed to ensure that all dentists who administer conscious sedation or general anesthesia would have to have certification in Advanced Cardiac Life Support, current DEA registration.
- Subsection D specifies the emergency equipment and techniques required for conscious sedation, which are identical to those currently stated in subsection A of section 130 with the addition of #7, requiring the dentists to have on hand appropriate emergency drugs for patient resuscitation.
- Subsection E sets out the requirements for the treatment team in monitoring the patient until discharge and requires that the person who administers the sedation remain on the premises until the patient is responsive and ready for discharge.

Changes in the resubmission of the proposed regulation:

- Another option is added to the educational credential required to administer conscious sedation by any means, allowing a dentist to complete an approved continuing education course of 60 hours of didactic instruction, plus the management of at least 20 patients, in parenteral conscious sedation. The course must be consistent with guidelines of the ADA on teaching the comprehensive control of anxiety and pain in dentistry. Acceptance of such a credential will enable the practicing dentist who wants to expand his ability to administer sedation the opportunity to obtain the necessary training without having to return to school for an advanced dental education program.
- Amendments to subsection B eliminated the specific requirement for 12 hours of continuing education related to administration of conscious sedation for those dentists who were self-certified prior to 1989. The Board concluded that some continuing education hours for all dentists who administer sedation or general anesthesia was necessary for public health and safety, so the requirement was generally added in section 50.
- Amendments to subsection C modified the continuing education requirement for dentist who want training in the administration of conscious sedation by the enteral method. The proposed rule required 40 hours, and that was reduced to 18 hours plus 20 clinically-oriented experiences. The amended credential, which must be offered as an approved continuing education course, is currently the program that is frequently used to train dentists in such a method.
- Amendments to subsection D will give dentists one year from the effective date of the regulations to obtain certification in advanced resuscitation techniques and eliminates the specific reference to the American Heart Association.

- Amendments to subsection E: 1) offer an alternative to the requirement for a laryngoscope and endotracheal tubes; and 2) add requirements for pulse oximetry, blood pressure monitoring equipment, and pharmacologic antagonist agents to reverse the effect of the drugs if the patient is not appropriately responding.
- Amendments to subsection F: 1) specify what is meant by "monitoring" to include direct, visual observation of the patient by a member of the team; 2) specify that monitoring begins prior to induction of anesthesia and must take place continuously through the patient's recovery; and 3) specify that another qualified practitioner may remain on the premises until the patient has recovered and been discharged.

18 VAC 60-20-130. General information. (This section would be repealed, and all requirements placed in other sections of the regulation.)

18 VAC 60-20-135. Training for ancillary personnel. (new section)

The Board proposes to require dentists who employ ancillary personnel to assist in the administration and monitoring of sedation and anesthesia to document that such personnel have had minimal training and certification. The minimal requirement for ancillary personnel include certification in Basic Cardiac Life Support and a clinically-oriented course approved by the Board devoted primarily to responding to clinical emergencies. Certification as a certified anesthesia assistant (CAA) by the American Academy of Oral and Maxillofacial Surgeons would be acceptable evidence of competency and training.

Changes in the resubmission of the proposed regulation:

- An amendment will allow one year from the effective date of the regulation to ancillary personnel used to assist in sedation or anesthesia to obtain the required credential in basic cardiac life support. An amendment also states the requirement generically and eliminates the specific reference to the American Heart Association.

18VAC60-20-190. Nondelegable duties; dentists

In the re-adoption of proposed regulations, the Board has amended section 190 to clarify that, as provided in sections on administration of sedation and anesthesia, a dentist can delegate to a non-dentist the monitoring of patients.

18 VAC 60-20-195. Radiation certification.

There are currently four methods by which a dental assistant can be qualified to expose dental x-ray film, including passage of an examination offered by the Board. The Board intends to eliminate that examination and add a provision that allows someone to be qualified by completion of a radiation course and examination offered by the Dental Assisting National Board.

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability.

There is no impact of the proposed regulatory action on the institution of the family and family stability.