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VIA EMAIL: OPLC-Rules@oplc.nh.gov

July 29, 2024

Board of Dental Examiners
c/o Office of Professional Licensure & Certification
7 Eagle Square
Concord, NH 03301

RE: Comments Regarding Den 304 Proposal

Dear New Hampshire Board of Dental Examiners:

On behalf of the 9,000 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) – including the 52 members practicing in New Hampshire – we offer our comments on the New Hampshire Board of Dental Examiners' (NHBDE) proposed rule changes to Den. 304.

Anesthesia is fundamental to OMS training and practice. OMS residency programs require a dedicated 32-week rotation in medical and anesthesia services, along with continuous outpatient experience in all forms of anesthesia throughout the four- to six-year residency. OMSs receive training in medical assessment and emergency management equivalent to that of our medical colleagues. Our comprehensive training and capability to provide safe, cost-effective treatment through a team-based model in our offices are unparalleled.[1]

Additionally, a review of claims data from FAIR Health for 2018-22[2] reveals that oral and maxillofacial surgeons (OMSs) are the primary providers of deep sedation/general anesthesia and IV sedation services in the U.S. for patients with private dental insurance. Given that OMSs deliver most of the dental office-based anesthetic care nationwide, we are uniquely qualified to provide informed opinions on this regulation and anesthesia delivery in general.

[1] Wiemer S., Mediratta, J., Triana R., Rieck, K., et. al. What Is the Incidence of Anesthesia-Related Adverse Events in Oral and Maxillofacial Surgery Offices? A Review of 61,237 Sedation Cases From a Large Private Practice Consortium. J Oral Maxillofacial Surg. 2024; https://doi.org/10.1016/j.joms.2024.04.014. Accessed July 19, 2024.

[2] Statistics calculated by AAOMS using data from the U.S. Census Bureau and information provided by FAIR Health based on its privately insured dental claims data for calendar years 2018, 2019 and 2020. Of the total 6,240,366 moderate and deep sedation/general anesthesia (DS/GA) cases performed in this period, 79 percent – or 4.911.840 – were delivered by OMSs. In the 1- to 7-year-old age group, OMSs provided 44 percent (16,707) of the total DS/GA cases (38,257). In the 8- to 12-year-old age group, OMSs provided 81 percent (85,919) or the total DS/GA cases (105,791). For moderate sedation, in the 1- to 7-year-old age group, OMSs provided 34 percent (1,439) of the total moderate IV sedation procedures (4,244) and in the 8- to 12-year-old age group, provided 76 percent (10,378) of the total moderate IV sedation services (13,698).

Concerns with 0-8 Anesthesia Administration Proposal

AAOMS strongly opposes the provisions that expressly prohibit general anesthesia, deep sedation, and moderate sedation permit holders from self-administering deep sedation or general anesthesia (DS/GA) to patients 8 years and under without the use of a separate anesthesia provider.

Many young patients seen in-office, especially those aged 0-8, frequently present with urgent conditions like severe facial infections or trauma-related fractures that require immediate intervention. For providers, particularly solo practitioners, it is not feasible to wait for an anesthesia provider or to quickly secure hospital operating room time. The proposed regulations, as they stand, would push these patients to seek care in already overwhelmed emergency rooms, which could delay critical treatment and jeopardize patient safety. While moderate sedation is an option, it might not be sufficient for these patients, who may need deeper sedation for safe and effective treatment.

As we emerge from the pandemic, healthcare access is already strained to the breaking point. If we add another layer – one that is not supported by science nor found in any other state – we risk creating more barriers to much-needed care. When access to care is strained, it is the most vulnerable patients who suffer. We urge the NHBDE to retract this requirement and conduct a careful analysis of its implications on financial cost, human resources, and patient access to care. In a post-pandemic environment rife with workforce shortages, the state cannot afford to upend the current delivery model without appropriate justification. Doing so would negatively impact patient access to care and harm vulnerable patients.

Recommendation for ASDA-AAOMS-AAP Model Regulations

As an alternative, AAOMS strongly recommends that the Board incorporate the ASDA-AAOMS-AAP model regulations[3] to establish a pathway for OMSs to continue providing care to young patients. These regulations, developed by the three dental specialty groups with the highest levels of anesthesia training and the largest percentage of administration to patients as noted by the FAIR Health data, balance patient safety with access to care and include ongoing proficiency standards for providers.

We thank you for the opportunity to submit these thoughts and look forward to our continued collaboration on this and other issues affecting dentistry. Please contact Ms. Sandy Guenther, Manager of State Government Affairs and Advocacy Engagement, at sguenther@aaoms.org or 800-822-6637 with any questions.

Sincerely,

Mark A. Egbert, DDS, FACS
AAOMS President

CC: Thomas F. Burk, DMD, MD, President, NHSOMS
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[3] www.AAOMS.org/ModelRegs