



## American Association of Oral and Maxillofacial Surgeons

November 4, 2024

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

### **RE: NHBDE Actions on Den 304**

Dear New Hampshire Board of Dental Examiners:

The New Hampshire Board of Dental Examiners has fundamentally failed in its duty to protect public health and ensure safe, equitable access to care. By advancing Den 304 despite substantial evidence and testimony from leading experts in oral and maxillofacial surgery, dental anesthesiology, pediatric dentistry and Medicaid dental services, the Board has disregarded the access needs of vulnerable young patients, prioritizing individual interests over scientifically supported standards. Rather than safeguarding the public, the Board's actions will directly hinder access to essential dental and anesthesia services, endangering the health and lives of the very patients it is entrusted to protect. On behalf of the 9,000 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) – including the 52 members of the New Hampshire chapter practicing in the state – we strongly condemn the Board's actions.

For over two years, we have watched the Board operate as a disordered entity, dismissing any opinion that conflicts with the preconceived stances of a select few who – in our opinion – present clear conflicts of interest. Never before have we seen a dental board so influenced by non-dental providers, seemingly driven by personal financial interests. This disregard for structure and collaborative input has undermined the Board's authority in a reprehensible way. Throughout the Den 304 revision process, dental professionals across specialties have sought to engage the Board in creating a balanced response to the state's statutory requirements for treating patients under age 13. We repeatedly urged the Board to form a task group, seek feedback and consult leaders in this field. Nationally recognized guidelines, such as the ASDA-AAOMS-AAP anesthesia model regulations, were proposed as solutions, yet the Board quickly disregarded these and other provisions that have succeeded in other states. Instead, the Board has advanced an untested, unsupported and irrational model.

Even the state Medicaid Dental Director, Dr. Sarah Finne, raised grave concerns about the impact of this proposal on patient access to care, especially for low-income and underserved communities. Her comments, along with similar concerns about access for Medicaid patients, were ignored. At a time when New Hampshire already faces an access-to-care crisis in Medicaid dental services, the Board's actions deny children needed access to qualified providers.

In a rural state like New Hampshire, many dental and OMS offices lack access to on-call anesthesia providers daily, and hospital emergency departments – already overwhelmed – often do not have

immediate access to emergency dental care. When young children need urgent care, delays can lead to severe consequences. The Board's decisions today echo the conditions that led to the tragic case of Deamonte Driver, who lost his life due to delayed dental treatment caused by inadequate access. This tragic case should have served as a stark reminder of the need to facilitate – not restrict – access to critical dental and anesthesia care.

Furthermore, the Board enacted these measures without any scientific evidence supporting the change, documented in-state need or national precedent. This lack of justification is deeply troubling, as patient safety policies should always be grounded in rigorous, peer-reviewed research and established standards of care. By bypassing such protocols, the Board has demonstrated in our opinion a reckless disregard for both science and patient welfare. This decision is all the more concerning given the lack of any data indicating an access or safety issue with the existing regulations. Statewide studies, surveys of dental and anesthesia providers and historical patient outcomes are crucial tools for understanding community needs and ensuring that changes are appropriate and evidence-based. The absence of such an assessment calls into question the validity of Den 304 and the Board's responsibility to protect New Hampshire's citizens.

In advancing Den 304 without due consideration of expert opinions provided during the public comment period, the New Hampshire Board of Dental Examiners has broken faith with the communities it is meant to serve. These actions not only set a harmful precedent but also endanger the health and safety of some of the state's most vulnerable residents. We urge the Board to take corrective steps to restore integrity, transparency and collaboration in regulating dental and anesthesia care in New Hampshire.

Sincerely,



J. David Morrison, DMD  
President, American Association of Oral  
Maxillofacial Surgeons



Thomas F. Burk, DMD, MD  
President, N.H. Society of Oral and  
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CC: Michael Auerbach, Executive Director, NHDS  
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