

Significant Legislative Rule Analysis
WAC 246-817-740 Minimal sedation by inhalation
WAC 246-817-745 Minimal sedation
WAC 246-817-760 Moderate Sedation with parenteral agents
WAC 246-817-772 Training requirements for anesthesia
monitor.
July 23, 2014

Describe the proposed rule, including a brief history of the issue, and explain why the proposed rule is needed.

The Dental Quality Assurance Commission (commission) is proposing modifications to this section of chapter 246-817 WAC to update the monitoring and equipment requirements to align with the American Dental Association (ADA), the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the American Society of Anesthesiology (ASA) national standards currently being used by dentists. The proposed rule sets minimum patient safety standards while administering minimal and moderate sedation.

Monitoring patient vitals enhances a dentist's ability to monitor a patient's safety and take appropriate action. Changes in heart rate, blood pressure, respiration, and expired carbon dioxide (CO₂) are all indications that there may be a problem with a patient under sedation.

Lastly, the commission is proposing changes to monitoring and equipment requirements to ensure patient safety and to remain consistent with the recognized standard of care while administering minimal and moderate sedation.

Is a Significant Analysis required for this rule?

Yes, the proposed rule meets the definition of a legislatively significant rule in RCW 34.05.328, and therefore requires a significant analysis.

Clearly state in detail the general goals and specific objectives of the statute that the rule implements.

As stated in RCW 18.32.002, the purpose of the Washington State Dental Quality Assurance Commission (commission) established in RCW 18.32.0351 is to regulate the competency and quality of professional health care providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice,

continuing competency mechanisms, and discipline. Rules, policies, and procedures developed by the commission must promote the delivery of quality health care to the residents of the state.

RCW 18.32.640 authorizes the commission to adopt rules governing administration of sedation and general anesthesia by persons licensed under this chapter, including necessary training, education, equipment, and the issuance of any permits, certificates, or registration as required.

Explain how the department determined that the rule is needed to achieve these general goals and specific objectives. Analyze alternatives to rulemaking and the consequences of not adopting the rule.

The commission is proposing changes to monitoring and equipment requirements for patient's receiving minimal and moderate sedation to ensure patient safety and to remain consistent with the recognized standard of care. Requiring all dentists administering minimal or moderate sedation to monitor appropriate patient vitals are consistent practice standards.

The Dental Quality Assurance Commission (commission) is proposing changes to monitoring and equipment requirements to ensure patient safety and to remain consistent with the recognized standard of care. Dentists administering moderate sedation are not currently required to monitor a patient's CO₂ levels. A change in CO₂ level is the first indication there may be a problem with a patient under sedation. CO₂ monitoring is recognized by several of the industries Associations. The American Association of Oral and Maxillofacial Surgeons (AAOMS) required oral and maxillofacial surgeons with their national certification to begin end-tidal CO₂ monitoring in January 2014.

Explain how the department determined that the probable benefits of the rule are greater than the probable costs, taking into account both the qualitative and quantitative benefits and costs and the specific directives of the statute being implemented.

WAC 246-817-740 Minimal sedation by inhalation (to include but not limited to nitrous oxide).

Rule Overview

The proposed rule adds a new requirement for dentists to monitor and chart percent concentration of nitrous oxide and beginning and ending blood pressure of a patient while administering minimal sedation by inhalation.

Rule Cost/Benefit Analysis

Only a nominal amount of time is required to monitor and chart concentration of nitrous oxide and blood pressure while administering minimal sedation by inhalation. The proposed rule will help safeguard patients and will be consistent with the recognized standard of care.

Cost/Benefit summary

Enhanced patient safety outweighs the cost of monitoring and charting the concentration of nitrous oxide and blood pressure.

WAC 246-817-745 Minimal sedation.

Rule Overview

The proposed rule adds a new requirement for a dentist to monitor and chart time administered, percent concentration of nitrous oxide, and beginning and ending blood pressure of a patient while administering minimal sedation.

Rule Cost/Benefit Analysis

There is minor time commitment to monitor and chart time administered, concentration of nitrous oxide, and blood pressure while administering minimal sedation. The proposed rule will help safeguard patients and will be consistent with the recognized standard of care.

Cost/Benefit summary

Enhanced patient safety outweighs the cost of monitoring and charting of time administered, concentration of nitrous oxide, and blood pressure.

WAC 246-817-760 Moderate sedation with parenteral agents.

Rule Overview

The proposed rule adds new requirements for dentist for monitoring and charting of a patient while administering moderate sedation.

Rule Cost/Benefit Analysis

A dentist will be required to use an electrocardiographic monitor and end-tidal CO₂ monitor while administering moderate sedation with parenteral agents. A dentist must hold an active dental moderate sedation with parenteral agent permit to administer moderate sedation by intravenous line. There are 247 dentists who hold a moderate sedation with parenteral agent permit.

These providers routinely provide moderate sedation during a dental procedure either in a dental office or an office-based surgery setting. A patient placed into moderate sedation can easily slip into a deep sedation unintentionally. The proposed monitoring and equipment requirements are consistent with general anesthesia or deep sedation providers. The cost of an electrocardiographic monitor range from \$600 to over \$4000 depending on model. The cost of a pulse oximetry monitor range from \$20 to over \$200 depending on model. The cost of end-tidal CO₂ monitor range from \$1000 to over \$4000 depending on model. In addition to the equipment costs, there will also be the nominal amount of time to complete a physical evaluation and to record the results of the patient vitals in the patient's surgery and dental records. Training in use of the monitors are

typically provided in the dentists initial administration of sedation training. No additional cost is expected for training of equipment.

The addition of such rules in chapter 246-817 WAC is necessary to ensure patient safety while dentists administer general anesthesia and deep sedation. If a dentist is not currently monitoring and recording a patient's end-tidal CO₂ values, there will be a cost to purchase the equipment and complete the required record keeping of the results. The benefit of being able to monitor a patient's CO₂ levels, a change of which may be the first indication that there is a problem, will enable dentists to recognize and address a unforeseen problem during administration of sedation.

Cost/Benefit summary

Enhanced patient safety outweighs the cost of monitoring, charting, and equipment necessary to monitor patient vitals.

WAC 246-817-772 Training requirements for anesthesia monitor.

Rule Overview

The proposed rule removes the statement requiring a trained individual to be present to monitor cardiac and respiratory functions in addition to individuals necessary to assist in the dental procedure.

Rule Cost/Benefit Analysis

The rule is intended to define appropriate training for an anesthesia monitor. The proposed deletion does not reduce patient safety because WAC 246-817-770 identifies when a trained anesthesia monitor is required during a procedure.

Cost/Benefit summary

There is no cost associated with proposed rule change.

Identify alternative versions of the rule that were considered, and explain how the department determined that the rule being adopted is the least burdensome alternative for those required to comply with it that will achieve the general goals and specific objectives state previously.

The proposed rule is the only option to achieve monitoring and equipment requirements and is the least burdensome option as it provides consistency among all dentists that administer general minimal and moderate sedation to ensure patient safety.

Determine that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Determine that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities than on public entities.

Determine if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any applicable federal regulation or statute.

Demonstrate that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

There are no other applicable laws.