Chairman Hill, Members of the Senate Business, Professions and Economic Development Committee and Invited Guests:

My Name is Dr Ray E Stewart DMD, MS

I sincerely appreciate the opportunity to provide testimony here today.

I am currently a full time educator at the School of Dentistry and Medical Center at the University of California in San Francisco where I hold the rank of Clinical Professor. I am the faculty person who directs and coordinates the Oral Conscious Sedation program for the fifteen (15) Pediatric Dental Residents enrolled in our program.

I have practiced the Specialty of Pediatric Dentistry here in California, since 1971. In the 45 plus years that I have practiced I have had extensive experience in both academic and private practice settings where I have utilized all forms of Pediatric Sedation including Oral Conscious Sedation, in office IV Sedation (both Moderate and Deep), and General Anesthesia in both accredited surgicenters and hospital settings. I have maintained a certificate in OCS issued by the Dental Board of California since its inception and therefore feel adequately qualified to comment on the subject before us.

In the brief time that I have this afternoon I will share with you the views of the Pediatric Dental faculty at UCSF as well as those at two of the other Pediatric Dentistry training programs here in California. As a group, we by and large are supportive of the recommendations for enhancements to CA law and policies regulating Pediatric sedation and anesthesia outlined in the Dental Boards Report of December 2016.

The one caveat that we would encourage you to consider prior to approving any proposals to implement changes or modify existing policies and regulations would be to consider the potential for the unintended consequences that may result. These unintended consequences might include but are not necessarily limited to the imposition of added barriers to Access to Care as well as potential negative effects on the Pediatric Dentistry Training programs throughout California.

Should any additional requirements to the existing regulations and requirements be placed on the providers of sedation services to children in terms of numbers of personnel and their level of training, monitoring equipment etc. we will quickly reach a point that it is no longer reasonable or economically feasible to provide services beyond Minimal sedation to Denti-Cal patients. If we loose the option of Moderate –Deep Levels of sedation in the provision of restorative and surgical care to young patients there will be three immediate and significant repercussions:

1) Any additional regulations or requirements which would add additional costs and overhead, would quite likely lead to a decision on the part of our University administrators as well as providers in the private practice domain, to curtail, or even worse, discontinue these services. This would, for all practical purposes, limit or eliminate access to sedation services for a significant segment of the underserved Denti-Cal pediatric population in California.

2) Our Pediatric Dentistry training programs will be in danger of loosing their accreditation which currently require that each resident experience a minimum of 25 OCS procedures and the state of

California would loose the valuable resource of a cadre of practitioners who are trained and willing to provide Minimal Level OCS as an alternative to the far more costly use of IV Sedation and General Anesthesia.

3) All patients who are currently being treated utilizing Moderate Level OCS option will be referred for care either using IV sedation or under GA in a hospital or surgi-center setting, both of which are at least 3 times as costly as OCS. This would have significant impact on the costs for services shouldered by the Denti-Cal program. (See Footnote at bottom of this page) This certainly is the case at UCSF where 95% of the 240 patients per year we treat using Moderate Level OCS are covered by Denti-Cal.

We are supportive of the Dental Board's recommendation to add a second separate Minimal Sedation Permit to the existing structure and to thereby distinguish Minimal Oral Conscious Sedation from Moderate Level OCS. Minimal levels of sedation are usually achieved using a single dose of a single sedative drug accompanied by the use of Nitrous Oxide. Minimal sedation is the safest and least likely to produce adverse outcomes however this level of sedation gives us limited working time and patient control to provide anything but the simplest of procedures precluding the completion of multiple restorations, extractions and placement of space maintainers in the same sedation appointment.

Moderate Sedation achieved by either OCS or IV sedation takes the issues of risk and patient safety to a completely different level. The current requirements for additional staff, a higher level of training for the provider and more rigorous monitoring throughout the procedure, as prescribed by AAP and AAPD Guidelines, we feel are justified. We do question however the proposal to elevate the training level of dental assistants and non-dentist monitors from BLS to PALS and to require the addition of capnography to monitoring standards during Moderate Level OCS. Both of these recommendations would add significantly to the cost and overhead for practices offering these services and there is no evidence-based data to support the addition of these criteria in the interest of patient safety.

We believe that the issue of PATIENT SAFETY should be the over-arching consideration in this Committee's deliberations regarding next steps in regulating Pediatric Sedation and General Anesthesia.

We therefore believe that in children 7 years of age and younger, who are undergoing treatment using Deep levels of IV sedation or General Anesthesia, there should be appropriate requirements for the number of trained personnel present and the requirements for monitoring which will assure patient safety and to minimize the risk of adverse outcomes. We cannot in good conscience advocate that any dentist, regardless of his specialty or level of training be simultaneously responsible for anesthesia delivery, monitoring and performance of the dental procedure .We therefore support the Dental Board's recommendations that, when treating children, seven and under, a dedicated anesthesia provider to be present to administer anesthesia, monitor the patient

and manage the airway thru recovery. However, once again, we do question the validity of the proposal and requirement that the dental assistant or other non-dentist staff member present during the procedure be PALS certified due to the lack of evidence based data that would support such a requirement.

Thank you for the opportunity to provide this testimony. I will be happy to answer any questions that you may have.

- Footnote:
  *****The Denti-Cal program is so underfunded in terms of reimbursement to the provider that any additional regulatory or policy requirements that would add to the costs and overhead for providing Sedation services will most assuredly lead to increased problems with access to care for Denti-Cal patients.

- The hard costs for providing restorative or surgical care using Moderate Level OCS at UCSF is $400 per case. This assumes that the case takes 2 hours from pre-op evaluation, obtaining informed consent and administering the sedative to the time that the patient is discharged to the care of his parents following the procedure. It includes the salary for one RDA, two Pediatric Dental Residents, (one being the operator and one the monitor), and one Faculty attending. (These estimates do not include the charges for the dental procedures that would be the same for all of the sedation modalities or general anesthesia.) Denti-Cal currently pays only $25 for OCS regardless of whether it is Minimal or Moderate level, (and at the same time denies payment for the use of Nitrous Oxide in the same procedure!!!) Net cost/loss to the provider of $375 per case!
- The average costs for same restorative treatment but delivered under General Anesthesia in the hospital setting are approximately $6000. (Denti-Cal reimburses approximately $3000 plus dental procedures. As compared to treatment using Moderate Level OCS, increased net costs to Denti-Cal of $2975 per case. If 240 currently being treated at UCSF with Moderate Level OCS are referred for GA..... costs to Denti-Cal increase 240 X $2975 = $714,000 at UCSF alone.
- Average costs for similar restorative treatment using IV Sedation either in the office or in an accredited surgicenter are approximately $2000. As compared to treatment using Moderate Level OCS, increased net costs to Denti-Cal $1600 per case.