

September 9, 2020

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Ms. Reen and the Members of the Virginia Board of Dentistry:

On behalf of the Virginia Academy of Pediatric Dentistry (VAPD) and the American Academy of Pediatric Dentistry (AAPD), we are writing to voice our concerns about a motion the Virginia Board of Dentistry (VBD) adopted on March 13, 2020:

“...to consolidate the provisions for pediatric sedation into one section including setting an age range for requiring sedation and treatment of young children to be performed in a hospital setting.”

The VAPD and AAPD are deeply concerned by these well-intended actions because the unintended outcomes will lead to an increase in pediatric dental disease, abscesses, emergency room visits, hospital admissions, missed school days, and potentially, deaths. Limiting sedation and treatment of young children to hospital settings will exacerbate the ongoing issue of access to care that many pediatric patients in the state are already experiencing. Private practices and the dental safety net system throughout Virginia would be unable to address such a dramatic increase in disease. Many children and patients with special health care needs would have another barrier to treatment and a viable treatment option eliminated.

We support the use of evidence-based methods in determining regulatory measures that affect the oral health of children in our Commonwealth. The AAPD and the institutions that train pediatric dentist specialists have gathered a substantial body of scientific evidence that inform development of the AAPD's *Oral Health Policies, Best Practices, and Clinical Practice Guidelines*.¹ These materials include several relevant topics including, but not limited to, general anesthesia, sedation, hospital dentistry, delivery of care, and workforce issues — each with supporting scientific evidence.

As pediatric dentists, the safety of our young patients is paramount; concurrently we realize that in order to effectively treat some patients, sedation and general anesthesia

¹ <https://www.aapd.org/research/oral-health-policies--recommendations/>

are viable and effective options. Treating young children in an operating room is an option reserved for children with extensive dental needs, for families who travel long distances for treatment, and for children who cannot be safely treated in the traditional dental setting via moderate sedation or deep sedation. However, obtaining hospital operating room time and/or hospital privileges has historically been difficult and even more challenging in recent months. Therefore, some providers have opted to have general anesthesia administered in their office provided by a trained specialist — an anesthesiologist (MD) or a dentist anesthesiologist (DDS/DMD). These professionals are trained to provide and monitor deep sedation and general anesthesia. This differs from typical sedation cases in a pediatric dental practice where the pediatric dentist provides moderate sedation. In addition to the completion of a rigorous 24-26 month residency with comprehensive sedation and general anesthesia components, pediatric dentists who provide moderate sedation must be Pediatric Advanced Life Support (PALS) certified. In Virginia, pediatric dentists also must monitor pulse oximetry, capnography and blood pressure throughout all cases, and be prepared to rescue a child by supporting ventilation, activating EMS; and having appropriate reversal medications and rescue equipment available for immediate use.

The VAPD and AAPD agree that any fatal outcome while using general anesthesia or sedation during dental treatment is a tragic event that we should do everything in our power to eliminate. In order to ensure that children are treated in a safe manner, we urge the Regulatory Advisory Panel to please consider the *AAPD's Oral Health Policies, Best Practices, and Clinical Practice Guidelines* when developing sedation regulations; have sedation inspections and monitoring completed by board-certified dental specialists (pediatric dentists and dental anesthesiologists); and inspections that include mock scenarios ensuring appropriate equipment and procedures are implemented during an emergent situation. Steps such as these would promote optimal safety for children while not hindering access to optimal oral health care for all children.

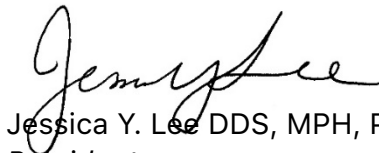
If you have any questions or concerns about this letter please feel free to contact Shannon Jacobs, Executive Director at the Virginia Academy of Pediatric Dentistry (804-523-2190 or shannon@vapd.org) and C. Scott Litch, Chief Operating Officer and General Counsel, at the American Academy of Pediatric Dentistry (312-337-2169 or slitch@aapd.org).

Sincerely,



Barrett W. R. Peters, DDS, MSD
President

Virginia Academy of Pediatric Dentistry



Jessica Y. Lee DDS, MPH, PhD
President

American Academy of Pediatric Dentistry