



April 23, 2014

My name is Edmund Braly. I am a Maxillofacial Surgeon who practices in Norman, Oklahoma. I am currently the Sec/Tres of the Oklahoma Dental Association, and a past president of the Oklahoma Society of Oral and Maxillofacial Surgeons. I hope this letter give background on why it is so important that the proposed changes to the Oklahoma Dental Practice Act are adopted by passing SB 1068.

I served at the pleasure of the Governor for years on the Oklahoma Trauma System's Audit Committee. It was our responsibility to review all trauma care, from the time of the arrival of the first responders through discharge from the hospital or rehab center. In that capacity, I reviewed hundreds of charts from ambulance runs that indicate that many emergency medical services in Oklahoma have protocols that allow paramedics (18 months Vo-tech) to administer these drugs. They are not required to have a physician present, or to even be in contact with one on the radio.

In addition, I served two years as Vice Chief, then two years as Chief of Staff at Integris Bass Baptist Hospital....and finally, two years as Chairman of the Board of that three campus hospital system (acute care with open heart program, long term acute care hospital, and a psychiatric hospital.) I have decades of experience with the Joint Commission and with the turf battles in the hospitals between the CRNAs, RNs, and Anesthesiologists. I can speak to the fact that any member of the staff, after passing on online review course of about 10 minutes, can provide IV sedation in the hospital. These sedations are not being physically done by the physicians; they simply order the meds to be given to the patient. The physician is responsible for the sedation, but is not required to introduce the meds into the IV line, because often, they are doing things like MRI scans, endoscopies, bronchoscopies, etc. This is exactly the same model of sedation/anesthesia we use in the OMS office. It is the surgeon, the Captain of the Ship, who is administering the anesthetics. However, sometimes, because of the need to maintain sterile technique (sterile gloves, etc.) it is necessary to us to order and observe an assistant to actually introduce the medication into the IV line.

Given that Vo-tech trained paramedics are allowed to use these medications with no physician contact or presence, surely the legislature can see its way to allowing OMS surgeons, with 8 to 10 years of post-graduate medical/dental education to continue to practice our team model of anesthesia. CMS defines OMS surgeons as physicians. We must be allowed to continue to practice anesthesia care in our offices as it has evolved over the last 50 years. This is not a question of expanding duties for assistants. It is a question of demanding, on the publics' behalf, that our assistants demonstrate a higher level of education to participate in the OMS team model of office anesthesia.

Diplomate, American Board of Oral & Maxillofacial Surgeons
Fellow, American Academy of Cosmetic Surgery
Diplomate, National Dental Board of Anesthesiology

640 24th Ave., S.W. • Norman, OK 73069
405-364-6777 • 1-866-234-3223 • 405-364-6789 (fax)

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Our current dental practice act simply does not recognize the evolution of our specialty over the last thirty years. It needs to be updated to match the quality care provided by Oklahoma OMS surgeons. In fact, the data suggests that a general anesthetic in the OMS office is many times safer, statistically, than a general anesthetic in the hospital. There are many reasons for that, not the least of which is that we get to select only the healthiest and most fit candidates for office anesthesia, while the hospital has to take all comers. Still, the statistics don't lie. Anesthesia care, provided in U.S. OMS offices with the anesthesia team model, has the better safety record.

I would be happy to speak of my ten years' experience as a Physician Surveyor for the Association for Accreditation of Ambulatory Health Care. This position has allowed me to inspect outpatient surgery center, office based surgery centers, dental offices, and OMS offices throughout the United States. The AAAHC is a body which is recognized by the federal government (CMS- Medicare) to inspect and accredit these facilities. In fact, my own OMS office in Norman is AAAHC accredited. The AAAHC inspects both civilian and government (Indian Health Service, US Coast Guard clinics, US Air Force hospitals and clinics...in fact, the AAAHC is the accrediting body for the University of Oklahoma Medical Center Clinics. As an inspector, I see our anesthesia team model used throughout the United States in OMS offices. Although each of the 50 States, DC, Guam, and Puerto Rico each have independent state practice acts, this model of anesthesia care pervades ubiquitously, because it is the model that is taught in our residency programs. It is our national standard of care.

The changes we have proposed to the Oklahoma Dental Practice Act under anesthesia are there simply to bring Oklahoma up to this national standard.

Sincerely,

M Edmund Braly DDS
Treas. Oklahoma Dental Association

Diplomate, American Board of Oral and Maxillofacial Surgery
Diplomate, National Dental Board of Anesthesiology
Fellow, American Academy of Cosmetic Surgery
Fellow, American College of Dentists