EDMOND ORAL AND MAXILLOFACIAL SURGERY

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Fellows
American Association of
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RE: SB 1068

Dear Representative,

I am an Oral and Maxillofacial Surgeon and I practice in Edmond. I finished my oral and maxillofacial surgery residency over 30 years ago. I wanted to explain our training and patient treatment. We do a 4-6 year residency after dental school. Anesthesia is a major part of our training. We spend between 4-6 months in the operating room providing general anesthesia as well as performing anesthetics on our patients throughout our training. Other rotations include internal medicine, cardiology, Intensive Care Unit, neurosurgery and the Emergency Room. We have an extensive amount of training in the evaluation of patients and their physical status.

Dentistry has always been on the forefront of anesthesia. The first anesthetic in the United States was administered by a dentist at the Mass General Hospital in Boston. Dentists developed the use of nitrous oxide. Oral and maxillofacial surgeons basically developed out-patient general anesthesia in the 1960's for the extraction of wisdom teeth and decayed teeth.

The model for anesthesia developed by oral and maxillofacial surgeons is a team approach. We have 3 people whenever we perform a general anesthetic, a surgeon, a surgical assistant and an anesthesia assistant. This model is very cost effective and has an unsurpassed safety record.

If we are performing a sterile procedure, such as placement of dental implants, and additional sedative agents are required, our anesthesia assistant gives medications under our verbal command and our visual inspection. The medical determination for administration of the medications or the amount of medication given is made by the Oral and Maxillofacial Surgeon, not the assistant. The assistants that have been trained in IV access may start IV's. We are not wanting or do we think it is appropriate for assistants to administer medications not under visual supervision or under the verbal command of the surgeon.

Oral and Maxillofacial Surgeons, have practiced under this model nationally for over 30 years. The American Association of Oral and Maxillofacial Surgeons has developed an educational program for anesthesia assistants called DAANCE (Dental Anesthesia Assistant National Certifying Examination). To be eligible to take this self-study course, you must be current in Basic Life Support or CPR, work for a dentists with an anesthesia provider permit for 6 months. This course has 5 units with study in basic sciences, evaluation and preparation of patients with systemic diseases, anesthetic drugs and techniques, anesthesia equipment and monitoring and office anesthesia emergencies. This course takes about 6 months to complete. It is a very difficult course with a pass rate of approximately 78%, so it is not guaranteed pass.

As Oral and Maxillofacial Surgeons, we think any program that provides additional education for our assistants protects our patients and provides better care for our patients.

In medicine, many groups look at delivery systems and treatment of patients from different perspectives based on their respective training. Some may look at treatment from totally opposite perspectives and may never be able to agree.

I am asking you to consider passing SB 1068. If you have any questions or if I can provide any further information, please contact me. My office number is 405-348-8184 or my cell is 405-570-3151, e-mail: Rlambok@aol.com. I know this is a very busy time at the Capital.

Sincerely,

Robert Lamb, DDS:

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SOUTHERN OKLAHOMA CENTER
FOR ORAL & MAXILLOFACIAL SURGERY
AND DENTAL IMPLANTS

Dr. Ron L. Graves
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Dr. Patrick L. Wallace
Diplomate, American Board of Oral & Maxillofacial Surgery

April 15, 2014

The Honorable Pat Ownbey
2300 North Lincoln Blvd.
Oklahoma City, Oklahoma 73401

RE: Attention to SB 1068

Dear Pat:

I appreciate your interest in this issue. Unfortunately, it appears that some have misunderstood or misinterpreted the intent of the OMS Assistant section. Both Dental Hygiene and CRNA groups have, for years, repeatedly worked to achieve practice without supervision by dentists or physicians. For reasons unclear to me, they perceive that this statute threatens that goal. A close reading of the carefully crafted proposal reveals no infringement on CRNA's or nursing. The proposed OMS Anesthesia assistant would not make judgments regarding medicines administered, but would act only under the direct verbal and visual direction of the licensed Oral and Maxillofacial Surgeon. I am unclear as to the dental hygiene motivation for opposition.

In the wake of the very emotional and public unfortunate situation in Tulsa, it would be a shame if the Dental Board and Legislature were not allowed to respond in a very positive, proactive manner to establish legal standards which would provide reassurance to Oklahomans that safety issues highlighted in the Tulsa allegations will not be allowed in Oklahoma..

As we have discussed, the OMS office outpatient anesthesia model demonstrates unparalleled safety record and economy of healthcare costs. The training and practice model have been carefully developed and supervised by American Association of Oral and Maxillofacial Surgeons (AAOMS) standards for many years. In 2013, Dr. Wallace and I performed over 1,600 satisfactory outpatient procedures adhering to standards of care established by AAOMS. We feel that we are representative of Oral and Maxillofacial Surgeons across Oklahoma and across the nation. We are extremely supportive of legislation that will assure high standards for this care in our profession.

MY RESPONSE TO THE FOUR POINTS AND SUMMARY SENT TO YOU FOLLOW:

1. Administration of dangerous drugs. Even under the direct supervision of a dentist, the assistant would be administering drugs without the background knowledge of how they work in the body. These drugs can result in death if even a small dose is administered incorrectly.

The wording "administration of dangerous drugs" creates a misrepresentation of the

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facts and of the intent of the proposed statute. The wording actually specifies that the OMS assistance will give indicated medication only at the direct order of the surgeon and under direct visualization of the surgeon. The assistance does not make a judgment of either the appropriate medication or the appropriate dose, rather gives the medication at the proper dose when directed and under the direct visual control of the surgeon. (Actually, the DAANCE Training and Testing assures that OMS assistances are educated in the medications used as well as their actions, side effects and potential hazards. They know what and why they are giving meds, but also are schooled in the OMS assistant's limitations.)

2. No formal training from an accredited school. The bill allows for on the job training only for up to two years before taking a certification exam. There is no requirement for even a high school diploma. Even a Certified Dental Assistant has to complete 2 years of accredited coursework to obtain a CDA.

The core of the education requirement is the DAANCE (Dental Anesthesia Assistant National Certification Examination) program. Additionally, the proposed statute requires CPR/BLS certification, training in IV access, completion of an approved period of supervision by a licensed oral and maxillofacial surgeon. The DAANCE program has evolved over a number of years in response to a recognized need for a comprehensive, standardized training and testing certification for out-patient office anesthesia assistants. It is an intense training program requiring several months followed by standardized testing comparable to national board testing. Course content includes pharmacology and application of anesthesia related drugs, anatomy and physiology, anesthesia procedure assisting and assisting with the management of anesthesia related and cardiac emergencies in the office setting. DAANCE is the national gold standard for training of office anesthesia assistants.

3. Only 12 hours of continuing education every 3 years with only 1 in infection control.

Dentists are required to attain 60 hours CE in three years. Dental Hygienists, who are highly educated in their field and practice with less oversight, are required to attain 30 hours in three years. CDA's are required to attain 12 hours in three years to maintain that status. Only a small percentage of dental assistants in Oklahoma are CDA's. Dental assistants with permit from the board (the great majority of dental assistants in Oklahoma) have a 9 hour CE requirement. The 12 hour requirement for an intensively trained, narrow focused assistant in a specialty practice that is periodically inspected and recertified (American Association of Oral and Maxillofacial Surgeons and American Board requirements) does not seem out of line with current standards.

4. Only Basic CPR required.

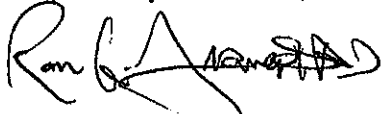
Dentists and Dental Hygienists are only required to have CPR training. OMS assistants are an integral part of a team led and directly supervised by an oral and maxillofacial surgeon who has extensive anesthesia training and ACLS (Advanced Cardiac Life Support) certification which requires update and recertification every two years.

This is certainly a position that is necessary to a safe dental workforce. However, a more detailed and thought out training system needs to be in place. As a dental hygienist with a 4 year degree covering coursework in Pharmacology, Pain Control and medical emergencies, I am not allowed to administer IV sedation. Nor can a dentist without proper coursework.

This should be an advanced certification position that requires more formal training. Possibly an advanced certification held by a CDA. Also, much more continuing education is necessary due to the potential liability that the position requires.

As addressed above, completion and successful passage of standardized testing for the DAANCE program provides the core of an intense and comprehensive training program that is focused on the duties of this position and is far above the requirements of the great majority of Oklahoma dental assistants. The two year CDA courses and the two year (Beyond Basic Prerequisite Years) dental hygiene courses provide excellent training, but this does not include training in IV access or assisting with general anesthesia.

Respectfully submitted,



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