



STATE OF WASHINGTON

**DEPARTMENT OF HEALTH**

PO Box 47852 · Olympia Washington 98504-7852

**DENTAL QUALITY ASSURANCE COMMISSION  
BUSINESS MEETING MINUTES  
Friday, December 9, 2022**

**MEMBERS PRESENT**

Lyle McClellan, DDS, Chair  
Ronald Marsh, DDS, Vice-Chair  
Aaron C. Stevens, DMD  
David Carsten, DDS  
Sonia Pal, DMD  
Tiffany Bass, DDS  
Marlynne Fulton, Public Member  
McKinley Rainey, Public Member  
Miryam Nossa, EFDA  
Joy McDaniel, DMD  
Bryan Swanson, DDS  
Sarah Khan, DMD  
Karen Clements, DDS  
Nisha Sharoff, DDS

**MEMBERS ABSENT**

Kathleen Elling, EFDA  
Samantha Kofler, DDS

**STAFF PRESENT**

James Chaney, Executive Director  
Amber Freeberg, Program Manager  
Adriana Barcena, Assistant Program Manger  
Heather Carter, Assistant Attorney General  
Bill Kellington, Supervising Staff Attorney  
Erin Obenland, Case Manager

**OPEN SESSION**

**1. CALL TO ORDER – Dr. Lyle McClellan, D.D.S., Chairperson**

**1.1. Introduction of commission members and staff.**

- Ms. Freeberg introduces all commission member attendees.
- Dr. McClellan welcomes newly assigned Executive Director, Mr. James Chaney.

**1.2. Public Comment - The public will have an opportunity to provide comments. If you would like to comment during this time, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment.**

- There are no comments at this time.

**1.3. Approval of agenda.**

- Ms. Freeberg amends agenda to include the approval of October 20 retreat meeting minutes, a letter received from WSDA and changing item 7.8 to remove “cycle change”.
- The motion to approve amended agenda is seconded and adopted.

**1.3 Approval of the October 20, Retreat minutes.**

- The motion to approve the October 20 retreat minutes is moved and seconded.
- 1.4. Approval of the October 21, 2022, Business Meeting Minutes.**

- There is a motion to revise Item 6.1 from Asheville, South Carolina to North Carolina.
- The motion to amend the October 21, 2022, meeting minutes is moved and seconded.

## **2. RULES**

### **2.1. Profession Fee Rules - Update**

- Ms. Freeberg provides an update about rules workshop held on December 6, 2022. The expected effective date for these rules is projected for June 1 of 2023. There will be no fee changes to the initial applications of any of the different Permits. The Dentist renewal will have an increase of \$15, the Dental Anesthesia renewal will have increase of \$10, the Dental Assistant renewal will increase of \$4, the EFDA renewal will increase by \$5

## **3. DENTAL ANESTHESIA COMMITTEE –**

### **3.1. WAC 246-817-701 through 790 - Administration of anesthetic agents for dental procedures. – Dr. Marsh**

- Dr. Marsh confirms the committee met on November 16, 2022.
- Dr. Marsh shares the committee addressed concerns brought forward by WSDA regarding the Anesthesia rule.
- The majority of the suggestions the WSDA brought forward concerned the instruction forms which are living documents that can be modified without going to the rule regarding inspections of offices for general anesthesia and the moderate anesthesia with parental agent licenses.
- Dr. Marsh shares letter submitted by WSDA requesting consideration of rules that were not considered to be implemented.
- The WSDA shares concerns, of whether or not having a defibrillator is necessary in an office that only has topical anesthetic. The committee discussed this and felt this to be a requirement in every dental office in Washington State for the safety of the public.
- Lauren Johnson with WSDA shares concerns with the requirement of AED or defibrillator. Ms. Johnson shares there has been no disciplinary cases in review, that would indicate a need for this requirement. There is a request for objective data to be provided as it impacts the purchase and maintenance of an AED and defibrillator in addition to how that would increase patient safety in the context of dental office that only practice topical anesthetics.
- It was the conclusion of the anesthesia committee it is in the best interest for the safety of the public for all dental offices to have defibrillators in place, even for local anesthetics. Additionally, the committee recognized that CPR training for dental and medical providers, in this state, does include AED as an integral portion of their training.

- Dr. Clements shares the referenced rule is saying every single office that uses anesthesia, including new offices whom are only using topical anesthesia would be encouraged to not have any anesthetics therefore not protecting the public.
- Dr. McDaniel comments providers and patients often do not know their medical history and having an AED can potentially save a life.
- Dr. Swanson provides American heart association data which notes 9 in 10 cardiac arrest victims who receive a shock from an AED within the first minute live and cardiac arrest victims who have bystanders intervene with an AED before paramedics get there have a much higher success rate in the quality of life. For every minute that goes by that a shock is not delivered the survival rate goes down about 7 to 10. Additionally, High schools require AED in Washington State for the safety of students with undiagnosed disease.
- Dr. Pal comments defibrillators should be required in every dental office, in the state of Washington, to protect the public.
- The commission has a request for call to question to hold off on further comments.
- A roll call is made for those who are in favor of maintaining requirements that defibrillators are to be present in offices that provide anesthesia including topical anesthesia.
- All present commission members are in favor- WAC 246-817-722 is to remain as written.
- The commission discusses WAC 246-817-724; Record keeping, equipment and emergency medication or drugs.
- Ms. Johnson shares WSDA feels obtaining vital signs on every case may not be necessary in the context of topical Anesthesia only, and would suggest modifying language in the case of a patient who is-an ASA classification 1 at the time of treatment, and having had normal vitals at the time, that vitals may not be required in every case.
- WSDA requests the Commission to allow provider discretion on how to treat individual patients as well as provide data from other states that require vitals to be taken in the cases where topical anesthesia is only administered.
- Dr. McDaniel comments there have been instances where dental providers are a patient's first medical experience making patients unaware of their ASA or blood pressure. These instances can provide opportunity to refer patients to a medical provider should vitals be abnormal.
- Dr. Clements asks if the rule applies to every patient who walks into a dental office, or if it is based on what kind of anesthesia is being administered. Dr. Clements shares as Orthodontist, patients are usually referred by their dentists and this requirement is excessive. Dr. Clements asks for literature or studies where topical anesthesia led to cardiac arrest as taking vital signs are not common practice for Orthodontic offices.
- Dr. Stevens shares vital screenings are quick and inexpensive to complete to screen out and prevent patient harm.
- Dr. Clements cautions of over regulation as it is creating barriers to the dental profession. Dr. Clements asks that should vitals be required for every patient, this rule belongs in a different location not in the anesthesia rules.

- The vote is taken for those in favor of maintaining requirements of recordkeeping, equipment and emergency medications of drugs.
- The present commission members are in favor- WAC 246-817-724 will remain as written.
- The commission discusses WAC 246-817-773; Continuing education for dentists administering sedation.
- Ms. Johnson shares concern regarding the proposed shortened continuing education cycle. While the hours required have not changed, the timeframe to actually complete these hours has been reduced from 5 to 3 years. WSDA had concerns for this, for minimal sedation with and without nitrous oxide, as well as for Moderate with parenteral agents however, after further, discussions with regulatory affairs committee their focus is now on minimal sedation with and without nitrous oxide. Decreasing the amount of time for these providers to complete CE may discourage providers from continuing to administer the sedation overall, decreasing access to care for patients.
- Ms. Lovell shares Dr. Bryan Edgar has had his hand raised and has not been called on for public comments.
- Ms. Freeberg and the commission extends apologies, as no hand raises are visible in webinar audience.
- Dr. Edgar raises concerns of the commission not providing requested questions on data, literature and history of other states as they relate to current rules.
- Dr. Marsh shares it is the anesthesia committee's recommendation the rule remain as written as reducing from the from 5 years to 3 years. It is a 1 hour change, and it would put the rule in line with the other renewal requirements at 3 years.
- The commission has discussion of recommendations and the benefits of changing cycle period.
- Dr. Carsten confirms the goal of the discussion taking place today is to get feedback and input from the commission as not all commission members were present at most recent anesthesia committee.
- There is a motion to reduce CE for dentists administering sedation from 5 to 3-year cycle as recommended by the anesthesia committee.
- The motion is moved and seconded by the commission.
- Dr. Marsh and Dr. Swanson asks WSDA if there are any recommendations for the number of hours for CE.
- Ms. Lovell shares this item will have to be taken to their regulatory affairs committee for decision.
- Mr. Rainey and Dr. Clements share WSDA letter recommends proportionally decreasing the number of CE hours to 4.5 hours with a 3-year cycle.
- Dr. Clements motions to proportionally reduce the required CE hours to 6 hours for 3-year cycle.
- This motion is moved and seconded.
- Ms. Lovell inquires next steps around this rule as there are questions regarding literature, references of what other state requirements, will there be a small business impact review, etc. Ms. Lovell confirms she understands there will be a

102 filed but there are many unanswered questions that need to be answered as these proposals will be communicated with the wider membership.

- Dr. Carsten notes some of these questions can be answered in the next committee meeting.
- The commission reviews the recommended changes on the Anesthesia inspection forms.
- The anesthesia committee proposal change number one includes WAC 246-816-724 removing “or any other inhalation sedation agents”.
- There are no comments from stakeholders or the commission at this time.
- The anesthesia committee proposal change number two, includes the addition of “(iib) single oral agent in a dose that is not to exceed the manufacture’s recommended dose for home use.”
- There are no comments from stakeholders or the commission at this time.
- The anesthesia committee proposal change number three, includes a carve out for pediatric patients, for one cooperative, and have an emotional condition that prevents monitoring that would require EKG monitors being placed in a patient during sedation.
- There are no comments from stakeholders or the commission at this time.
- Ms. Carter shares options available to the commission following the substantive changes. The commission can choose to rescind the current 102 and send back to committee for further work and discussion on some discrete issues that are still receiving comments, or the commission can decide to adopt changes today and approve new CR 102.
- There is a motion to rescind the current CR 102.
- The motion to rescind current CR 102 is seconded and adopted.
- There is a motion to send back to committee for further work.
- The motion to send back to committee for further work is moved and seconded.
- Dr. Marsh encourages commission members to attend upcoming anesthesia committee.

### **3.2. Draft Interpretive Statement Applications Requirements for Moderate Sedation with Parenteral Agents Permits. – Commission may vote to approve – Dr. Marsh**

- The commission reviews interpretive statement revisions.
- Dr. Carsten drafted a revised draft of interpretive statement, however, was not provided in today’s agenda packet.
- The Anesthesia committee will include Dr. Carsten’s draft in their next meeting’s agenda for approval or discussion from stakeholders.

## **4. EDUCATION OUTREACH COMMITTEE - Committee meeting held on October 26, 2022. – Dr. Stevens**

- Dr. Stevens provides Education Outreach updates.
- Dr. Stevens shares the minor revisions made to the licensure displays FAQ.
- The commission does not have any concerns, and the FAQ is approved for posting.

- The committee reviewed and published November Newsletter.
- The committee has been working collaboratively with the Department of Health investigation team with updating and providing training materials and resources for infection control in dental offices.

## **5. EXPANDED FUNCTION DENTAL AUXILIARY (EFDA) COMMITTEE –**

### **5.1. Commission will consider for approval Spokane Community College Expanded Function Dental Auxiliary program renewal application. – Dr. Carsten**

- It is the EFDA committee's recommendation to approve the renewal of Spokane Community College EFDA program.
- There is a motion to approve this program's renewal.
- The motion was seconded.
- A vote was taken, and the motion was passed.

### **5.2. Commission will consider for approval South Puget Sound Expanded Function Dental Auxiliary program renewal application. – Dr. Carsten**

- Is it the EFDA committee's recommendation to approve the renewal of the South Puget Sound Community College.
- There is a motion to approve this programs renewal.
- The motion was seconded.
- A vote was taken, and the motion was passed.

## **6. CORRESPONDENCE**

### **6.1. The commission will discuss a letter dated June 4, 2022, from Dr. John Bial regarding the periodontal screening and recording examination.**

- Dr. McClellan acknowledges Dr. Bial's letter and commission is unable to consider letter as it pertains to a specific case.

### **6.2. The commission will discuss a letter dated October 26, 2022, from Dr. Julia Richman regarding in person business meetings.**

- Dr. McClellan acknowledges Dr. Richman, previous commission member's letter which states she is favor of the commission meeting in person, twice a year.

## **7. OTHER**

### **7.1. Legislative Session and Legislative Update Calls.**

- Dr. McClellan asks for two commission members to volunteer for legislative update calls.
- Ms. Freeberg shares the legislative update calls will be held every Wednesday during legislative session from 830am to 9am. The estimated session timeline would be January 9 through April 23<sup>rd</sup>.
- Ms. Fulton and Mr. Rainey volunteer for this task.

### **7.2. Review of Continuing Competency Disciplinary Sanctioning Guideline.**

- Dr. McClellan shares the need for updating guidelines as many agencies are not listed.

- Dr. Stevens is favor of updating these guidelines as many courses for discipline are no longer available.
- There is a motion to update CE disciplinary guidelines
- This motion is seconded.
- A vote is taken, and motion is adopted.
- Dr. McClelland and the department staff will work together in completing this.

**7.3. Review of Guidance for Expired Credentials Sanctions.**

- The commission reviews guidance of expired credential sanctions.
- The commission has no comments or concerns and choose to keep guidance in place.

**7.4. Review of Initial Assessment Thresholds Policy/Procedure.**

- The commission reviews guidance on threshold policy and procedures.
- The commission has no comments or concerns and choose to keep guidance in place.

**7.5. Review of Mandatory Malpractice Reports.**

- The commission reviews guidance of malpractice reports.
- Mr. Kellington shares there's no urgency about it, but the \$20,000 threshold that is currently in guidelines is regarded as a daring, on the merits of the malpractice lawsuits.
- Mr. Kellington informs the commission to consider increasing the threshold.
- There is motion to update the mandatory malpractice report.
- This motion is moved and seconded.
- Dr. Marsh motions to update the settlement threshold to 30,000.
- Mr. Kellington shares a recommended amount of 40,000 as it would be within the realm of what an insurance company would call a nuisance value settlement.
- Dr. Marsh amends his motion to update threshold settlement from 30,000 to 40,000.
- This motion is seconded and adopted.
- Updated changes will be brought forward in next business meeting for approval.

**7.6. Discussion of proposals for future business meetings and disciplinary panel calls.**

- The commission reviews and discusses proposals from Dr. McClellan, Dr. Carsten, Dr. Kofler and the department staff for options of in person meeting frequency.
- Dr. Carsten makes a motion to hold a live in person training retreat followed by a business meeting, twice a year, in the months of April and October.
- This motion is seconded and adopted.
- There is a motion to decrease disciplinary panels from 3 groups to two groups. One panel will begin before the business meeting begins at 10AM and the second panel would meet after the business meeting.
- This motion is moved and seconded.

**7.7. HELMs update.**

- Marcus Bailey provides update to the commission.
- The goal of HELMS is to transform licensing and enforcement processes, and interactions with participants and stakeholders, improve data security, support electronic records management, and improve access to information.

- Mr. Bailey provides updates and roadmap that leads to live release.
- HELMS goal is to get system out to the public for release by the end of 2023.
- For providers seeking renewal reminders, the system users will be able to opt in or opt out of communication via text message and email.

**7.8. Dental, dental assistant, expanded function dental auxiliary, and dental anesthesia assistant license cycle renewal change – Update**

- Ms. Freeberg shares this discussion is from previous meetings regarding correspondence from Dr. Barry.
- Current database system is unable to track an exact number of those who renewed their credential late.
- Ms. Freeberg confirms Cindy Snyder with Delta Dental was also unable to provide a concrete number as this is not an item they track.
- There is a motion to respond to Dr. Berry’s request stating the information could not be provided, however the new HELMS update should be able to resolve some of the noted concerns.
- This motion is seconded and adopted.

**Submitted by:**

Amber Freeberg, Program Manager  
Dental Quality Assurance Commission

**Approved by:**

Lyle McClellan, DDS, Chair  
Dental Quality Assurance Commission

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Signature

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Signature

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Date

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Date