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Advocating Before the California Dental Board - Anaheim

On May 11, 2017, I traveled to Anaheim to advocate regarding AB 224 (Thurmond), SB 501 (Glazer), and SB 392 (Bates) in front of the Dental Board of California (DBC). The DBC rotates the sites of some of their meetings. This time, there was no trip to Northern California and instead, we convened in Orange County.

The discussion period for the Pediatric Anesthesia section followed the DBC lunch break. I arrived during lunch and met up with dentist anesthesiologist, Dr. Michael Mashni. It was interesting to see the restaurant area full of familiar faces from the previous sessions of the DBC. Although I have gone up to speak in front of the Board several times. I've never actually been formally introduced to any of the members.

Honestly, I felt a little worn down after my last trip to Sacramento. After all, I had gone to speak in opposition to the two Senate bills regarding pediatric anesthesia in the dental setting that did not advocate for any change in the existing “operator-anesthetist” model as practiced by a majority of oral surgeons. Somehow, through political influence and probable campaign contributions by special interests, those 2 bills passed through that committee and moved forward to the full Senate for consideration despite AAP-CA opposition.

This meeting was different in that the DBC met and invited public comments to assist them with their decision to support or oppose these bills.

Many other organizations spoke as well, including the Dentist Anesthesiologists who are aligned with AAP-CA, and the California Association of Oral Maxillofacial Surgeons, who are in opposition to the AAP-CA, the California Society of Anesthesiologists (CSA), and even the American Society of Anesthesiologists (ASA).

On the Agenda for this meeting was a discussion regarding the DBC stance regarding those 2 bills from the Senate as well as a third bill from the Assembly focusing on pediatric anesthesia with regards to their recent recommendations that children under

7 years of age have a separate, licensed, and competent anesthesia provider completely independent from the dental practitioner performing the procedure.

The DBC openly discussed among themselves that they would have a ‘Watch’ position regardless of the discussion on all three proposed pieces of legislation as the bills have not yet been finalized with amendments and are still being made with wording changes. They also wanted points clarified by the legislators before they could finalize a position.



Suddenly it was time for stakeholders to go up and speak. I remember previously being incredibly nervous in advance of going up. These sessions are filmed for the World Wide Web, and at times are broadcast live. I thought of that as I went up to the table and remembered to sit up straight. However, this time, unlike previously, I did not feel nervous. I was fortunate to have Dr. Mashni at my side. We were now a complementary and well-rehearsed team discussing the finer points that needed to be mentioned. With regards to the AAP-CA, I felt that while each time going through the general introductions of my name, our organization, our mission, and expressing that we have no financial stake in this process seemed repetitive - after that it was all worthwhile information. I enjoyed the opportunity to truly thank the DBC for their recommendations, which is what we, the AAP-CA, had requested all along.

Looking back on this process, I realize I have learned so much about the legislative process as well as the field of dental anesthesia. I did not know before my first trip to speak in front of the DBC that the specialty of dentist anesthesiology or highly trained dentist anesthesiologists existed. Together with Dentist Anesthesiologist Dr. Michael Mashni, we spoke several times during the session as each bill was considered.

First AB 224 (Thurmond) was discussed, which called for the incorporation of the DBC’s recommendations based on Caleb’s Law. In Sacramento at April’s Assembly B&P committee meeting, AB 224 was amended by the Chair of that committee so the intent was changed. None of the speakers/organizations represented spoke in support of this bill as amended. They all felt the amendments needed to be amended. Basically the key requirement calling for a dedicated qualified and competent anesthesia provider for children under age 7 yo during deep sedation and general anesthesia was removed as well as other changes.

SB 382 (Bates) calls for a study to look at access; the AAP-CA feels no additional study is needed. This would only cause more delays to the implementation of the CDB’s recommendations.

SB 501 (Glazer) calls for the implementation of the DBC's recommendation, except the most crucial one calling for a second qualified and competent anesthesia provider for deep sedation and general anesthesia for children under 7 yo in dental settings.

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