

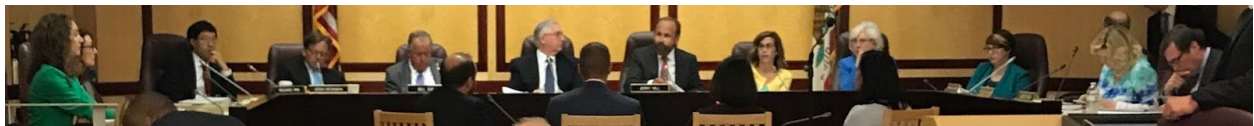


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Advocating Before the State Senate and Assembly - Sacramento

On July 10, 2017, I journeyed back up to Sacramento to speak again in front of the Senate Business, Professions, and Economic Development Committee. This time, however, it was to speak in support of an amended version of AB 224 (Thurmond). Politics is very intriguing.

With me was Dr. Annie Kaplan, Caleb's aunt, and Dr. Charles Coté, Professor Emeritus Harvard University, co-author of the [AAP-AAPD Sedation Guidelines](#). He spoke to his over 30 years involvement with these guidelines, the impetus for their creation, the literature, and the need to offer children the highest level of care when undergoing sedation and general anesthesia, especially in dental settings.



When AB 224 initially went through the Assembly B&P, the chair of that committee made hostile amendments to it in essence dummied down the most important safety components. Then the Friday before it moved before the Senate, there was a flurry of activity to change those amendments to restore most of those important portions. Ultimately, the Senate B&P decided not vote for those changes that their chair requested. The end result was that Assemblymember Thurmond had to quickly withdraw that initial altered bill from consideration as we did not want that version without those important safety measures to move forward.

In anticipation for the following day, we met with several legislative aides from the offices of Assembly B&P committee members (Assemblymembers Bloom, Eggman, Mullin, and Arambula.)



On July 11th, SB 501 (Glazer) was to be presented in front of the Assembly. We stood in opposition to this bill. This bill would enact all the CA Dental Board recommendations, EXCEPT for the most important requirement to have a second

qualified provider whose only responsibility would be to constantly observe the patient's vital signs, airway patency, adequacy of ventilation and to either administer drugs or direct their administration while monitoring the child during deep sedation or general anesthesia. Per the AAP-AAPD guidelines, this individual would be at a minimum trained in PALS and capable of assisting with any emergency event. Instead, SB 501 had vague wording leaving the door open for that second person to be a dental assistant - a job without a formal education requirement, not even a high school diploma. Despite our compelling testimony, this bill sailed through committee.



(From left) Annie Kaplan, MD, Assemblymember Tony Thurmond (15th District) , Paula Whiteman, MD, FACEP, FAAP, Lydia Bourne, Charles J. Coté, MD, FAAP, Michael Lucien (Assistant to Tony Thurmond).

The next step, we rallied and went down to the Governor's office. As a team, along with Michael Lucien representing Assembly Member Thurmond's office, Dr. Annie Kaplan, and Dr. Coté, we walked straight back behind the bronze bear, through the doors, and into the antechamber marked with the gold letters, 'GOVERNOR.' Here we met with Tom Dyer, Chief Deputy Legislative Secretary to the Governor, and explained our position.

It is interesting to see the behind-the-scenes process that takes an idea to a bill to a law. This is similar to our own AAP resolution process. Our resolution on Caleb's Law was voted as a top 10 priority for the AAP.

Please do your part and discuss the risks of deep sedation and general anesthesia with your patient's parents should they need to have a dental procedure with an oral and maxillofacial surgeon or dentist. Explain the inherent risks involved with the single operator-anesthetist model as currently practiced by oral surgeons for wisdom teeth removal and other procedures. It is essentially like texting and driving. The oral & maxillofacial surgeon may refer to this as their so-called "team model" however, their "team" is composed of just them as the operator-anesthetist with two minimally trained dental assistants that cannot perform resuscitative actions other than basic CPR. Be sure to have your patient's parents insist on having a second qualified and independently licensed anesthesia provider, such as a physician or dentist anesthesiologist, a CRNA, or at a minimum, a second dentist provider holding an appropriate permit to administer sedation.

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