

# SENATE BILL REPORT

## SB 5620

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As Reported by Senate Committee On:  
Health & Long-Term Care, January 9, 2012

**Title:** An act relating to the certification of dental anesthesia assistants.

**Brief Description:** Requiring the certification of dental anesthesia assistants.

**Sponsors:** Senators Becker, Keiser and Parlette.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/10/11, 2/16/11 [DPS, w/oRec]; 1/09/12 [DP2S].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Second Substitute Senate Bill No. 5620 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Keiser, Chair; Conway, Vice Chair; Becker, Ranking Minority Member; Carrell, Frockt, Kline, Parlette, Pflug and Pridemore.

**Staff:** Kathleen Buchli (786-7488)

**Background:** Dentists are licensed and subject to discipline by the Dental Quality Assurance Commission (DQAC). The practice of dentistry includes the performance of maxillofacial surgery, which is a specialty that includes the diagnosis and surgical and adjunctive treatment of diseases, injuries, and defects of the hard and soft tissues of the oral and maxillofacial region. Licensed dentists may also perform conscious sedation and general anesthesia under certain circumstances. For example, to administer moderate or general anesthesia, a dentist must obtain a permit of authorization from DQAC. In order to obtain a permit, the dentist must meet education and training requirements that vary depending on the type of anesthesia involved. When a dentist administers an anesthetic to a patient, a trained individual must be present to monitor the patient's cardiac and respiratory functions (for deep sedation and general anesthesia, the dentist may serve as the monitor). A monitor must have at least 14 hours of training in the use of certain equipment, basic sciences, evaluation and preparation of patients with systemic diseases, anesthetic drugs and techniques, anesthesia equipment and monitoring, and office anesthesia emergencies.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

If the dentist does not have an anesthesia permit, another licensed dentist, a certified nurse anesthetist, or a physician anesthesiologist may provide the anesthesia services. The person who provides the services is responsible for the anesthetic management of the patient. Dental assistants and expanded function dental auxiliaries may not administer any general or local anesthetic.

**Summary of Bill (Recommended Second Substitute):** No person may practice or represent himself or herself as a certified dental anesthesia assistant (CDAA) without being certified by DQAC. A CDAA may work only under the supervision of an oral and maxillofacial surgeon or a dental anesthesiologist. CDAA's may not represent themselves as dental assistants unless they meet the standards for registration under chapter 18.260 RCW.

Under close supervision, a CDAA may initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia and may adjust the rate of intravenous fluid infusion. Under direct visual supervision, a CDAA may draw up and prepare medications, follow instructions to deliver medication into an intravenous line upon verbal command, adjust an electronic device to provide medications, and administer emergency medications. The responsibility for monitoring a patient and determining the selection of the drug, dosage, and timing of all anesthetic medications rests solely with the oral and maxillofacial surgeon or dental anesthesiologist.

In order to qualify for certification, a CDAA must complete a DQAC-approved dental anesthesia assistant training course, including intravenous access or phlebotomy; be trained on starting and maintaining intravenous lines; complete a DQAC-approved basic life support/cardiac pulmonary resuscitation course; and provide proof that the office where the dentist will work possesses a valid general anesthesia permit.

CDAA's are subject to the Uniform Disciplinary Act and are under the authority of DQAC.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Second Substitute):** Adds in the changes made by the first substitute: CDAA's may not practice as a registered dental assistant unless so registered; training must include experience starting and maintaining intravenous lines; clarifies that the responsibility for monitoring a patient and determining the selection of the drug, dosage, and timing of all anesthetic medications rests solely with the oral and maxillofacial surgeon or dental anesthesiologist who must be current in advance cardiac life support training. Updates underlying code to reflect statutory changes made during the 2011 legislative session.

**Appropriation:** None.

**Fiscal Note:** Available.

[OFM requested ten-year cost projection pursuant to I-960.]

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:**

Testimony From 2011 Regular Session.

PRO: Dental anesthesiologists and oral maxillofacial surgeons undergo extensive training in order to provide anesthesia for their patients. CDAAs are required to take clinical courses and are also very well trained. They have been providing services for 50 to 60 years, but cannot become certified because DQAC does not have the rulemaking authority. By allowing them to become certified, CDAAs will be able to assist their supervising surgeons and become an extension of their hands. CDAAs will only work under supervision and only as directed; they will not be making independent decisions. This bill will allow CDAAs to assist in emergency situations and will ensure well-trained professionals.

OTHER: The bill should be amended to clarify that decision making is done by the oral surgeon.

**Persons Testifying:**

Persons Testifying From 2011 Regular Session.

PRO: Dr. Joseph Mulren, Dr. Charles Weber, Washington State Society of Oral Maxillofacial Surgeons.

OTHER: Melissa Johnson, Washington Association of Nurse Anesthetists.