



PROPOSED RULE MAKING

CR-102 (July 2022)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: November 10, 2022

TIME: 3:38 PM

WSR 22-23-076

Agency: Department of Health – Dental Quality Assurance Commission

Original Notice

Supplemental Notice to WSR

Continuance of WSR

Preproposal Statement of Inquiry was filed as WSR 17-17-089 _____ ; or

Expedited Rule Making--Proposed notice was filed as WSR _____ ; or

Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject) WAC 246-817-701 through 246-817-790 for administration of anesthetic agents for dental procedures. The Dental Quality Assurance Commission (commission) is proposing rule amendments to establish new and update requirements for the administration of anesthetic agents for dental procedures.

Hearing location(s):

Date: January 20, 2023	Time: 8:30 am	Location: (be specific) In-Person: Olympia Parks, Arts and Recreation Multipurpose Room B 222 Columbia ST. NW Olympia WA 98501 Virtual: https://us02web.zoom.us/join/register/WN_E8QNdtFsTlqFKb4ZdAN4A	Comment: The public hearing will be hybrid. Participants can attend at either the physical location or virtually by registering via Zoom.
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Date of intended adoption: January 20, 2023 (Note: This is **NOT** the effective date)

Submit written comments to:

Name: Amber Freeberg
Address: PO BOX 47852, Olympia, WA 98504
Email: dental@doh.wa.gov
Fax: 360-236-2901
Other:
By (date) January 6, 2023

Assistance for persons with disabilities:

Contact Amber Freeberg
Phone: 360-236-4893
Fax: 360-236-2901
TTY: 711
Email: dental@doh.wa.gov
Other:
By (date) January 6, 2023

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The proposed rule includes 24 hour on-call availability, updates basic life support education, adds requirements for emergency protocols and training, clarifies record keeping and emergency medications, establishes self-inspections for all dentists when anesthetic is administered, updates on-site inspections for dentists with moderate sedation with parenteral agents or general anesthesia permits, and creates a pediatric sedation endorsement.

Reasons supporting proposal: The current rules have had several updates and a complete review was necessary. Creating a pediatric sedation endorsement is necessary to provide safeguards for the unique sedation needs of pediatric patients. Interested parties have expressed concern with lack of 24 hour on-call availability after dental procedures. Although current rule requires 24 hour on-call availability when anesthesia is used, there are complex dental procedures that do not involve anesthesia and on-call availability is necessary. Self-inspections are needed to ensure all dentists are prepared for dental emergencies when any type of anesthetic is administered during a dental procedure. Current rule requires on-site inspections for dentists holding general anesthesia permits; the proposed rule amendment adds moderate sedation with parenteral agents permits and creates standards for the on-site inspections to ensure patient safety.

Statutory authority for adoption: RCW 18.32.002 and 18.32.0365

Statute being implemented: RCW 18.32.640

Is rule necessary because of a:

Federal Law? Yes No
Federal Court Decision? Yes No
State Court Decision? Yes No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

Type of proponent: Private Public Governmental

Name of proponent: (person or organization) Dental Quality Assurance Commission

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Jennifer Santiago	111 Israel Rd SE, Tumwater, WA 98501	360-236-2985
Implementation:	Amber Freeberg	111 Israel Rd SE, Tumwater, WA 98501	360-236-4893
Enforcement:	Amber Freeberg	111 Israel Rd SE, Tumwater, WA 98501	360-236-4893

Is a school district fiscal impact statement required under [RCW 28A.305.135](#)? Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Other:

Is a cost-benefit analysis required under [RCW 34.05.328](#)?

Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name: Amber Freeberg

Address: PO BOX 47852, Olympia, WA 98504

Phone: 360-236-4893

Fax: 360-236-2901

TTY: 711

Email: dental@doh.wa.gov

Other:

No: Please explain:

Regulatory Fairness Act and Small Business Economic Impact Statement

Note: The [Governor's Office for Regulatory Innovation and Assistance \(ORIA\)](#) provides support in completing this part.

(1) Identification of exemptions:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see [chapter 19.85 RCW](#)). For additional information on exemptions, consult the [exemption guide published by ORIA](#). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.061](#) because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570\(2\)](#) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:

- [RCW 34.05.310](#) (4)(b) (Internal government operations)
- [RCW 34.05.310](#) (4)(c) (Incorporation by reference)
- [RCW 34.05.310](#) (4)(d) (Correct or clarify language)
- [RCW 34.05.310](#) (4)(e) (Dictated by statute)
- [RCW 34.05.310](#) (4)(f) (Set or adjust fees)
- [RCW 34.05.310](#) (4)(g) ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#) (does not affect small businesses).

This rule proposal, or portions of the proposal, is exempt under ____.

Explanation of how the above exemption(s) applies to the proposed rule:

WAC 246-817-730 and WAC 246-817-771 are both exempt under RCW 34.05.310 (4) (d) as the proposed rules in both clarify current requirements without material change.

(2) Scope of exemptions: *Check one.*

The rule proposal is fully exempt (*skip section 3*). Exemptions identified above apply to all portions of the rule proposal.

The rule proposal is partially exempt (*complete section 3*). The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)): See explanation above.

The rule proposal is not exempt (*complete section 3*). No exemptions were identified above.

(3) Small business economic impact statement: *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.
- Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

Description of the proposed rule, including: a brief history of the issue; an explanation of why the proposed rule is needed; and a brief description of the probable compliance requirements and the kinds of professional services that a small business is likely to need in order to comply with the proposed rule.

The Dental Quality Assurance Commission (commission) is proposing rule amendments to establish new and update requirements for the administration of anesthetic agents for dental procedures. The proposed rule includes 24 hour on-call availability, updates basic life support education, adds requirements for emergency protocols and training, clarifies record keeping and emergency medications, establishes self-inspections for all dentists when

anesthetic is administered, updates on-site inspections for dentists with moderate sedation with parenteral agents or general anesthesia permits, and creates a pediatric sedation endorsement.

The current rules have had several updates and a complete review was necessary. Creating a pediatric sedation endorsement is necessary to provide safeguards for the unique sedation needs of pediatric patients. Interested parties have expressed concern with lack of 24 hour on-call availability after dental procedures. Although current rule requires 24 hour on-call availability when anesthesia is used, there are complex dental procedures that do not involve anesthesia and on-call availability is necessary. Self-inspections are needed to ensure all dentists are prepared for dental emergencies when any type of anesthetic is administered during a dental procedure. Current rule requires on-site inspections for dentists holding general anesthesia permits; the proposed rule amendment adds moderate sedation with parenteral agents permits and creates standards for the on-site inspections to ensure patient safety.

Businesses that are required to comply with the proposed rule using the North American Industry Classification System (NAICS) codes and what the minor cost thresholds are.

NAICS Code (4, 5 or 6 digit)	NAICS Business Description	# of businesses in WA	Minor Cost Threshold = 1% of Average Annual Payroll	Minor Cost Threshold = .3% of Average Annual Receipts
621210	Offices of dentists	3551	$[(1,212,689 * 1000) / 3551] * (0.01) = \$ 3,415$	

Analysis of the probable cost of compliance. The probable costs to comply with the proposed rule, including: cost of equipment, supplies, labor, professional services and increased administrative costs; and whether compliance with the proposed rule will cause businesses to lose sales or revenue.

There are costs for licensed dentists to comply with the proposed rules. Costs are associated with 14 sections of the proposed rules. Cost estimates are for the average dental office. There is no anticipation of loss of sales or revenue to comply with the proposed rules. Costs and time associated with complying with the proposed rules were gathered through various sources including:

- Bureau of Labor Statistics;
- Dental health care providers direct comments;
- Dental supply vendors; an
- Dental education providers.

WAC 246-817-701 Administration of anesthetic agents for dental procedures

The existing rule excludes procedures using only local anesthesia. The proposed rule amendment modifies 24-hour availability to include local anesthetic and adds options to meet requirements for availability.

The commission anticipates that for a dentist to establish a prearranged agreement with another provider for immediate care to a patient will take 15-30 minutes. The average hourly salary of a dentist is \$79.00¹. Therefore, the anticipated cost of compliance to the proposed rule is \$40.00.

WAC 246-817-720 Basic life support requirements

The existing rule requires health care provider basic life support certification requirements for dental staff. The proposed rule amendment adds a hands-on component for initial and renewal of health care provider basic life support (BLS) certification and education standards.

¹ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](https://www.bls.gov/occupational-outlook-handbook/)

The commission anticipates no new cost to obtain health care provider BLS certification with a hands-on component as dentists are currently required to have health care provider BLS certification. There are a variety of courses and locations available to obtain health care provider BLS certification. The cost of a seven hour in-person course through American Red Cross is \$120² and there is no difference in cost in a health care provider BLS certification course with and without a hands-on component.

WAC 246-817-722 Defibrillator

The existing rule requires a licensed dentist providing anesthetic agents to ensure a defibrillator or automated external defibrillator is accessible to all staff within 60 seconds and excludes local anesthesia from this requirement. The proposed rule amendment adds this requirement when local anesthetic is administered.

There is a new cost for dentists that do not already have a defibrillator or AED in office. It is not always possible to predict how a patient is going to respond to anesthetic agents and practitioners need to be able to rescue that patient. A defibrillator or AED average price range is \$1200 to \$1900³. There are a variety of types, models, and distributors available to obtain a defibrillator or AED. There are a variety of courses and locations to obtain defibrillator or AED training.

WAC 246-817-724 Recordkeeping, equipment, and emergency medications or drugs

The existing rule requires specific patient record documentation, equipment, emergency drugs, and excludes minimal sedation by inhalation. The proposed rule amendments include the following:

- Adds requirement for written emergency protocols, training, and annual review;
- Details recordkeeping requirements;
- Clarifies these requirements when anesthetics of any kind are administered, to include local anesthetic;
- Adds exception for pediatric patients when local anesthetic and nitrous is administered;
- Updates examples of emergency drugs; and
- Adds requirement to have equipment calibrated to manufacturer instructions.

There is a cost to develop and maintain written emergency protocols. There is an additional cost for staff training and documenting the annual review. Costs greatly differ depending on whether the dentist and staff establish their own written infection prevention policies and training or if the dentist determines to use an outside organization to develop policies and training.

The commission assumes that an average staff makeup in a dental office includes one dentist, two hygienists, two dental assistants, and one administrator. Salaries based on the Bureau of Labor Statistics are:

- Dentist - \$79 hourly wage⁴
- Dental Hygienist - \$38 hourly wage⁵
- Dental Assistant - \$19 hourly wage⁶
- Office Administrator - \$48 hourly wage⁷

The commission assumes that either a staff person in the dental office or the dentist will develop, maintain, and provide training for emergency protocols. The time spent is estimated at twenty hours for initial development. It is estimated that two hours of initial training will be needed for all staff, and one-hour annual training for all staff.

- The cost for developing policies and procedures for 20 hours ranges from \$372 (for a dental assistant) to \$1570 (for a dentist) depending on who prepares and revises policies.
- The initial cost for two hours of training is \$477 for assumed staff of one dentist, two dental hygienists, two dental assistants, and one administrator.

² [Search | Classes, Products, Articles | Red Cross](#)

³ [AED Machine for Sale | AED Superstore AEDs](#)

⁴ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

⁵ [Dental Hygienists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

⁶ [Dental Assistants : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

⁷ [Administrative Services and Facilities Managers : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

- The cost for one-hour annual training is \$239 for assumed staff of one dentist, two dental hygienists, two dental assistants, and one administrator.
- It is assumed time to document annual review is 15 minutes. The cost for the dentist to document is \$20 annually.

By using straight-line depreciation (spreading the cost of an asset evenly over the assets useful life) and assuming a five-year useful life (defined as the estimated time that an asset provides value) costs to comply with this section are provided below⁸:

	Initial / First year cost	Two – Five year total cost / annually
Initial policy development	\$372 - \$1570	\$0 / \$0
Initial two-hour training	\$477	\$0 / 0
Documenting training	\$20	\$80 / \$20
Annual training	\$0	\$956 / \$239

WAC 246-817-740 Minimal sedation with nitrous oxide

The existing rule provides minimum requirements for a licensed dentist to administer (inhalation) minimal sedation. The proposed rule amendments include the following:

- Changes the title of the section and the term inhalation to nitrous oxide;
- Clarifies specific acceptable training requirements;
- Updates recordkeeping requirement when nitrous oxide is administered;
- Adds requirement for BLS certification;
- Moves continuing education requirements to new section WAC 246-817-773; and
- Increases continuing education requirement of seven hours from every five years to every three years.

The commission anticipates there are no new additional costs for a dentist to comply with training requirements, recordkeeping, or BLS certification as none of the proposed amendments add additional time for a dentist to comply. Clarification for training requirements is consistent with American Dental Association’s *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*⁹.

The commission anticipates there are new additional costs for the continuing education change from every five years to every three years. Seven hours every five years equals 1.4 hours annually. Seven hours every three years equals approximately 2.34 hours annually. The proposed rule amendment increases the continuing education by 0.94 hours annually. Continuing education costs vary dramatically depending on number of hours obtaining, where, and method of obtaining continuing education. The average two hour continuing education course offered by University of Washington, School of dentistry is \$69¹⁰. The cost for one additional hour annually is \$34.50. Because there are several acceptable ways proposed in new section WAC 246-817-773 to complete continuing education at no cost, the commission assumes minimal or no cost to comply with this change.

WAC 246-817-745 Minimal sedation

⁸Resch S, Menzies N, Portnoy A, Clarke-Deelder E, O’Keeffe L, Suharlim C, Brenzel L.

How to cost immunization programs: a practical guide on primary data collection and analysis. 2020. Cambridge, MA: immunizationeconomics.org/ Harvard T.H. Chan

School of Public Health. Page 39. 7.3.5 Training “Initial training...should be treated as a capital cost and allocated over a multi-year time horizon. ...training would be a capital cost with a useful life of five years.” Page 40. 7.4 Annualization of capital costs. Also includes definitions of useful life (page 40) and straight-line depreciation (page 41). https://msh.org/wp-content/uploads/2021/06/howtocost_digital_12.24.20.pdf

⁹ American Dental Association. (2021). Guidance for teaching pain control and sedation to dentists and dental students. Chicago: ADA https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/oral-health-topics/ada_guidelines_teaching_pediatric_sedation.pdf?rev=86a7c539ce9d4025bc2b291223f35328&hash=395FF38AD1E42109BC021760194CAC89

¹⁰ [CDE Requirements - UW School of Dentistry \(washington.edu\)](https://www.washington.edu/cde/requirements/)

The existing rule identifies the minimum requirements for a licensed dentist to administer a single dose or agent for minimal sedation with or without nitrous oxide. The proposed rule amendments include the following:

- Reduces initial education and training from 21 to 16 hours;
- Removes delineation of single agent versus combined or multiple agents;
- Clarifies specific acceptable training requirements;
- Adds patient evaluation requirement;
- Adds reference to the requirements for recordkeeping, necessary equipment, and required emergency medications or drugs as identified in WAC 246-817-724;
- Clarifies detailed recordkeeping requirement when nitrous oxide is administered;
- Adds requirement for BLS certification;
- Moves continuing education requirements to new section WAC 246-817-773; and
- Increases continuing education requirement of seven hours from every five years to every three years.

The commission anticipated that there is a potential cost savings by reducing the initial education and training hours from 21 to 16 hours. The average two hour continuing education course offered by University of Washington, School of dentistry is \$69¹¹. There are no new costs for a dentist to comply with training requirements, recordkeeping, or BLS certification as none of the proposed amendments add additional time for a dentist to comply. Reduction and clarification for training requirements are consistent with American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

The commission anticipated that there is minimal or no additional cost for a dentist to complete a patient evaluation as patient evaluation is a standard of care currently expected. The proposed rule identifies the American Society of Anesthesiologists patient classification requirements¹².

The costs for continuing education change from every five years to every three years is provided in WAC 246-817-740 analysis.

WAC 246-817-755 Moderate sedation with enteral agents

The existing rule identifies the training and administration requirements a licensed dentist must comply with to administer moderate sedation. The proposed rule amendments include the following:

- Clarifies title as “Moderate sedation with enteral agents”;
- Increases education and training from 28 to 37 total hours;
- Adds specific acceptable training requirements;
- Adds hands-on skill training requirements;
- Adds patient evaluation requirement;
- Clarifies requirement for BLS certification;
- Moves continuing education requirements to new section WAC 246-817-773; and
- Increases continuing education requirement of seven hours from every 5 years to every 3 years.

The commission does not anticipate additional costs for the proposed rule increasing training hours and hands-on skill training. The proposed increase in hours and clarification for training requirements are consistent with American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The proposed increase of 37 hours of education and training from 28 hours includes the education of 16 hours required for minimal sedation proposed in WAC 246-817-745. The remaining proposed 21 hours of education and training must be in moderate sedation. There is a net increase by four hours between these two rules. These additional hours are routinely provided in sedation related available courses. Increased initial training costs range from \$0 to \$138¹³. The commission has reasonable belief that a dentist can comply with the proposed rule change

¹¹ [CDE Requirements - UW School of Dentistry \(washington.edu\)](http://cde.wa.gov/requirements)

¹² American Society of Anesthesiologists. (2020). ASA physical status classification system. <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>

¹³ [CDE Requirements - UW School of Dentistry \(washington.edu\)](http://cde.wa.gov/requirements)

at no cost for the increased training hours, therefore, the commission does not anticipate an additional cost to comply with the rule.

The commission anticipated that there is minimal or no additional cost for a dentist to complete a patient evaluation as patient evaluation is a standard of care currently expected. The proposed rule identifies the American Society of Anesthesiologists patient classification requirements.

The costs for continuing education change from every five years to every three years is provided in WAC 246-817-740 analysis.

WAC 246-817-760 Moderate sedation with parenteral agents

The existing rule identifies the training requirements a licensed dentist must complete to administer moderate sedation with parenteral agents. The proposed rule amendments include the following:

- Increases initial education requirement from 15 patients to 20 patients of supervised experience;
- Adds hands-on skill training requirements;
- Changes term “minor” to “pediatric”;
- Adds list of prohibited drugs;
- Adds patient evaluation requirement;
- Clarifies anesthesia monitor requirement;
- Increases pulse oximetry and respiratory recording to every 5 minutes from every 15 minutes;
- Adds requirement to have equipment calibrated to manufacturer instructions;
- Adds operating theater, table or chair, and lighting system requirements;
- Adds laryngeal mask airway equipment requirement;
- Adds electrocardiographic monitor equipment requirement;
- Clarifies monitoring requirements;
- Updates examples of emergency drugs;
- Adds bronchodilator agent, Advanced Cardiovascular Life Support (ACLS) emergency drugs, and anti-hypoglycemic agent to emergency drugs;
- Adds requirement for written contract requirement if providing sedation in another practitioner’s dental office;
- Clarifies requirement for ACLS certification;
- Moves continuing education requirements to new section WAC 246-817-773;
- Reduces continuing education requirement from 18 hours to 14 hours every three years; and
- Adds authorization to provide lower level of sedation.

The commission anticipates additional costs of the proposed rule to increase supervised patient experience from 15 to 20 patients. Supervised patient experience is obtained during training, most programs already provide at least 20 patient experiences as this is a requirement under American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. DOCS Education provides IV Sedation Training for Dentists at a cost of \$23,495¹⁴. This is not a new cost and not an increase in cost. Additionally, education and training costs may be higher than the documented range due to proposed added requirement that the training must include hands-on skills training. Although most training courses already include hands-on skills, there are several courses that have not incorporated this component as the rule has not previously required it.

The commission does not anticipate additional costs for clarifying language and terms, listing prohibited drugs, adding a patient evaluation requirement, clarifying monitoring requirements, updating examples of emergency drugs, clarifying ACLS certification, or adding authorization for lower-level sedation administration, because standard of care for dentists include all these standards.

¹⁴ [IV Sedation Certification | DOCS Education](#)

The commission anticipates a negligible cost to increase pulse oximetry and respiratory recording from every 15 minutes to every 5 minutes. Costs are associated with dentist and staff time. The commission anticipates the average staff assisting in a sedation procedure is one dentist and two dental assistants. Salaries based on the Bureau of Labor Statistics are dentist - \$79¹⁵ hourly wage and dental assistant - \$19¹⁶ hourly wage. The proposed rule adds an additional two recordings are required every 15 minutes. Approximately 30 seconds is needed to view the monitor and to record, that is 60 seconds of increased time spent every 15 minutes for a dentist or dental assistant during a sedation procedure; approximately four minutes per hour. An average sedation procedure is one hour. The commission believes this proposed time increase for monitoring and recording during a sedation procedure is negligible for this reason.

The commission anticipates no new costs to have equipment calibrated, adding requirements for operating theater, table or chair, lighting system requirements, and additional emergency drugs. Existing standard of care currently includes ensuring offices where sedation is administered be appropriate for sedating patients and equipment is maintained and in good working order. Office and equipment standards are recommended by the American Association of Oral and Maxillofacial Surgeons ¹⁷.

The commission anticipates an added cost to purchase additional emergency equipment for laryngeal mask airway and electrocardiographic equipment if the office does not already own them. There are many distributors of emergency equipment. Grayline Medical offers a laryngeal mask at \$35¹⁸. Discount Cardiology offers an electrocardiographic monitor for \$1095¹⁹.

The commission anticipates an additional cost for requiring a written contract when providing sedation in another practitioner's dental office. Costs include time spent developing and managing a written contract. There is a one-time cost developing standard contract language. The commission also anticipates additional costs when executing a contract with individual practitioners. The commission estimates up to one hour of both office administrator and dentist time to develop a standard contract and an additional one hour of time for the dentist to execute an individual contract. Salaries based on the Bureau of Labor Statistics are dentist - \$79²⁰ hourly wage and office administrator - \$48²¹ hourly wage. The probable one-time costs to develop standard contract language include dentist and administrator time of \$127. The probable cost to execute a contract is estimated at \$79.

The commission anticipates a potential cost savings for proposed continuing education reducing hours from 18 to 14 hours every three years (reduction of 4 hours every three years). Continuing education costs vary dramatically depending on number of hours obtaining, where, and method of obtaining continuing education. The average two hour continuing education course offered by University of Washington, School of dentistry is \$69²² The commission anticipates that a potential savings could be between \$0 - \$138 every three years.

New Section WAC 246-817-765 Pediatric sedation endorsement

The proposed new section establishes a new pediatric endorsement requirement for a dentist to administer sedation to a pediatric patient when using moderate sedation with enteral and moderate sedation with parenteral permit holders. The proposed rule allows delayed implementation, allowance of administration of intranasal midazolam using moderate sedation with enteral agent permit authorization, clarifies administration of intranasal drugs, requires moderate sedation with parenteral agents permit for patients over age of 12, includes education and training requirements and BLS and Pediatric Advanced Life Support (PALS) requirement to obtain and maintenance of BLS and PALS certification, and establishes a continuing education requirement.

¹⁵ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

¹⁶ [Dental Assistants \(bls.gov\)](#)

¹⁷ [Practice Resources | AAOMS](#)

¹⁸ [laryngeal mask\ - Grayline Medical](#)

¹⁹ [Certified Pre-Owned | EKG Machines | Patient Monitors \(discountcardiology.com\)](#)

²⁰ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

²¹ [Administrative Services and Facilities Managers : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

²² [CDE Requirements - UW School of Dentistry \(washington.edu\)](#)

The commission anticipates additional costs to comply with this proposed rule for dentists who sedate pediatric patients. Not all dentists administer sedation nor do all dentists sedate pediatric patients. Pediatric dentists who are specialists obtain additional education and training as part of their national specialty certification provided in the proposed rule. The proposed rule is consistent with the American Academy of Pediatric Dentistry guidelines. The commission assumes most, if not all, dentists providing pediatric sedation already meet these standards. It is proposed that dentists without pediatric specialty training must complete an additional 14 hours in pediatric sedation education. Costs for this education ranges from \$1500 to \$2505²³.

The commission anticipates potential costs for adding 14 hours of continuing education every three years for a dentist who obtains the pediatric endorsement. The commission anticipates that the cost for complying to the proposed additional continuing education is \$483²⁴ every three years. Several acceptable ways to complete continuing education is proposed in new section WAC 246-817-773 and can be achieved at no cost, therefore the commission believes that there are no additional costs for a dentist to comply with this rule.

WAC 246-817-770 General anesthesia and deep sedation

The existing rule establishes deep sedation and general anesthesia standards that must be met before administering. The proposed rule amendments include the following:

- Clarifies training requirements and removes outdated language;
- Adds patient evaluation requirements;
- Adds electrocardiograph continuous display requirement;
- Adds requirement of three personnel, anesthesia provider, anesthesia monitor, and dental assistant;
- Clarifies appropriate credentialed personnel;
- Changes respiratory recording to every 5 minutes from every 15 minutes;
- Adds requirement to have equipment calibrated to manufacturer instructions;
- Changes AED or defibrillator requirement to reference WAC 246-817-722;
- Updates examples of emergency drugs;
- Adds ACLS or PALS emergency drugs;
- Adds requirement for written contract requirement if providing sedation in another practitioner's dental office;
- Moves continuing education requirements to new section WAC 246-817-773;
- Clarifies requirement for maintaining ACLS certification; and
- Adds authorization to provide lower level of sedation.

There are no costs for clarifying language and terms, listing prohibited drugs, adding patient evaluation requirement, clarifying monitoring requirements, updating examples of emergency drugs, clarifying ACLS certification, adding authorization for lower-level sedation administration, updating AED requirements, and moving continuing education requirements to new section.

The costs to have equipment calibrated, adding requirements for operating theater, table or chair, lighting system requirements, and additional emergency drugs is provided in WAC 246-817-760 analysis.

The commission anticipates no new additional cost to the proposed addition ACLS or PALS emergency drugs as existing standard of care includes ensuring the office is prepared for an emergency.

The cost for requiring a written contract when providing sedation in another practitioner's dental office is provided in WAC 246-817-760 analysis.

²³ [Pediatric Sedation CE Courses for Dentists - Academy of Dental and Medical Anesthesia \(admatraining.org\)](http://admatraining.org)

²⁴ [CDE Requirements - UW School of Dentistry \(washingtton.edu\)](http://washingtton.edu)

The commission anticipates an additional cost of one additional assistant when administering anesthesia. Based on the Bureau of Labor Statistics, the hourly wage for a dentist is \$79 and \$19 an hour for a dental assistant. An average sedation procedure is one hour, the anticipated additional cost is \$19 per sedation procedure.

The cost to increase respiratory recording from every 15 minutes to every 5 minutes is provided in WAC 246-817-760 analysis.

WAC 246-817-772 Requirements for anesthesia monitor

The existing rule provides anesthesia monitor training requirements and identifies when a licensed dentist administering anesthesia must also have an additional appropriately trained individual monitoring the patient. The proposed rule amendments include:

- Adding a requirement that an anesthesia monitor is required when a dentist administers moderate sedation with parenteral agents;
- Clarifying that an anesthesia monitor may not also perform dental assisting tasks during general anesthesia procedures, another individual is necessary to perform dental assistant tasks;
- Clarifying on-site, or in-office as acceptable training for an anesthesia monitor; and
- Requiring dentists to maintain anesthesia monitor training documentation.

The commission anticipates a cost to obtain additional anesthesia monitoring. Anesthesia monitoring education and training can be obtained through an education course or in-office training by the dentist. An education course provided through American Association of Oral and Maxillofacial Surgeon Dental Anesthesia Assistant National Certification Examination costs \$545²⁵. In-office training is estimated to cost \$1372 based on average hour wage for a dentist at \$79²⁶ hourly wage and dental assistant at \$19²⁷ hourly wage for 14 hours each.

New Section WAC 246-817-773 Continuing education for dentists administering sedation

The proposed new section consolidates all sedation permit continuing education requirements into one section, provides for content of continuing education, methods to complete continuing education, and allows delayed implementation to comply with new requirements.

The commission anticipates additional costs for the proposed continuing education change from every five years to every three years. Costs to comply with this section is provided in WAC 246-817-740, 760, and 765, analysis. The commission concludes that there is no additional cost to consolidate continuing education requirements into one section.

WAC 246-817-774 Permitting and renewal requirements

The existing rule identifies the requirements to receive and renew a permit to administer moderate sedation oral or parenteral or general anesthesia, including deep sedation. The proposed rule amendments include the following:

- Adds a pediatric endorsement;
- Adds requirement of on-site inspection from commission discretion to every five years to renew sedation permit and maintenance of on-site inspection reports;
- Adds requirement of 12 emergency drill scenarios, performed at least two times per year;
- Adds requirement of emergency drill declaration to renew sedation permit and maintenance of drill documentation;
- Clarifies random audits for each requirement; and
- Moves site visit requirements to new section WAC 246-817-775.

The cost to obtain the pediatric endorsement is provided in WAC 246-817-765 analysis. There is no additional cost to clarification of the rule requirements. The commission does anticipate potential additional cost for a dentist to obtain on-site inspections, conduct emergency drills, and to maintain site visit and drill documentation. The

²⁵ [daance_handbook.pdf \(aaoms.org\)](#)

²⁶ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

²⁷ [Dental Assistants : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

commission anticipates that average staff participating in on-site inspections and drills include one dentist, and two dental assistants. Salaries based on the Bureau of Labor Statistics are:

- Dentist - \$79 hourly wage²⁸
- Dental Assistant - \$19 hourly wage²⁹

The commission anticipates that the average on-site inspection takes four hours. Nationally certified oral and maxillofacial surgeons are currently required to have an on-site inspection every five years to maintain their professional certification by the American Association of Oral and Maxillofacial Surgeons³⁰. The commission anticipates no additional increased cost for certified oral and maxillofacial surgeons as under current rule they already comply with the proposed rule. Other dentists providing anesthesia may conduct peer on-site inspections at no cost or choose to obtain on-site inspection through the authorized organizations at a cost of \$0 - \$500³¹. In addition to on-site inspection costs it is anticipated that potential staff time for onsite inspections for one dentist and two dental assistants. Onsite inspections are required once every 5 years, annual recurring costs for inspection and staff time range from \$93.60 to \$193.60.

A standard emergency drill may take up to 15 minutes per drill. The proposed rule now requires 24 drills annually. At 15 minutes per drill, total of six hours of dental staff time could be expected annually. Staff time is for one dentist and two dental assistants. The anticipated costs to comply with proposed rule is \$702 annually.

The commission anticipates an additional cost to document and maintain on-site and emergency drill information. The commission estimate two hours per year for an office administrator to document and maintain information. Salaries based on the Bureau of Labor Statistics for Office Administrator is \$48³² hourly wage. The anticipated costs to comply with the proposed rule is \$96 annually.

New Section WAC 246-817-775 On-site inspections

The proposed new section consolidates self and on-site inspections into one section with the following:

- Adds annual self-inspections of emergency preparedness for all dentists;
- Defines annual self-inspection for moderate sedation with parenteral agents and general anesthesia permits annually;
- Defines new on-site inspection requirement every five years for general anesthesia and moderate sedation with parenteral agent permit holders;
 - Provides on-site inspection requirement every five years by organization or self-arranged using approved form;
 - Provides standards for those self-arranged inspections using approved form;
 - Provides list of approved organizations; and
 - Provides delayed implementation of on-site inspections; and
- Includes requirement to maintain on-site inspection documentation for five years.

The commission anticipates additional costs for dentists to self-assess their office for emergency preparedness. The commission anticipates that an annual assessment will take 30-60 minutes annually and cost range is \$29.50 to \$79 for a dentist³³. The commission does not anticipate any additional costs for a dentist who holds a moderate sedation with parenteral agents or general anesthesia permit, as it is assumed that they also hold a dentist license and must complete the annual self-assessment under proposed rule. The commission does not anticipate any additional cost to use the commission approved form.

Onsite inspection costs are provided in WAC 246-817-774 analysis.

²⁸ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

²⁹ [Dental Assistants : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

³⁰ [AAOMS](#)

³¹ [HOME | WSSOMS](#)

³² [Administrative Services and Facilities Managers : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

³³ [Dentists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics \(bls.gov\)](#)

WAC 246-817-776 Discharge criteria

The existing rule requires licensed dentist follow specific discharge criteria after administering sedation. The proposed rule amendment adds two exceptions when taking vital signs is not required. There is no cost to comply with this rule amendment.

WAC 246-817-780 Mandatory reporting

The existing rule requires a licensed dentist without a general anesthesia permit, to establish a contract outlining responsibilities of other providers administering anesthesia in a dental office. The proposed rule amendments update the section title from nondental to nondentist and creates specific requirements and responsibilities for written contract requirements that includes:

- Facility, equipment, monitoring, and training requirements;
- Anesthesia provider responsibilities;
- Delineation of responsibilities;
- Whom non-dentist anesthesia provider includes;
- Criteria of anesthesia provider; and
- Responsibilities of licensed dentist.

The commission does not anticipate any new costs to comply with the proposed rule amendments. A written contract is a current requirement under rule. The proposed rule amendments create and clarify specific written contract content requirements.

WAC 246-817-780 Mandatory reporting

The existing rule identifies mandatory reporting requirements for licensed dental providers. The proposed rule amendment adds hospital discharge records if available to be submitted.

The commission anticipates a negligible cost for a dentist to comply with this proposed rule amendment. The commission anticipates that for a dentist to request and obtain hospital records prior to submitting a report to the commission takes an average of five minutes and for this reason the commission anticipates the cost to comply with the proposed rule to be negligible.

WAC 246-817-790 Application of chapter 18.130 RCW

The existing rule applies chapter 18.130 RCW for sedation permits. The proposed rule amendment adds issuance and renewal of the proposed pediatric endorsement to authority under chapter 18.130 RCW.

The commission anticipated there is no additional cost for a dentist to comply with this proposed rule amendment because chapter 18.130 RCW applies to all credentialed health care practitioners.

Summary

The commission anticipated the probable cost estimate for a dentist to comply with the proposed rule changes in WAC 246-817-701 through 790 is between \$0 to \$9277 one-time costs and \$0 to \$1,408.60 annually.

WAC Section	Initial one-time costs (Range)	Recurrent annual costs* (Range)
246-817-701	\$0	\$40
246-817-722	\$1200 - \$1900	\$0
246-817-724	\$372 – \$2047	\$259
246-817-745	\$69	\$0
246-817-760	\$1257	(\$59) net savings

246-817-765	\$500 - \$2505	\$0
246-817-770	\$127	\$98
246-817-772	\$1372	\$0
246-817-774	\$0	\$93.60 – \$991.60
246-817-775	\$0	\$29.50 – \$79
<i>Probable Costs</i>	<i>\$0 – \$9277</i>	<i>\$0 – \$1408.60</i>

Analysis of whether the proposed rule may impose more than minor costs on businesses in the industry.

The commission has determined that \$0 to \$9277 one-time costs and \$0 to \$1,408.60 annual costs for the proposed rules will exceed minor economic impact of \$3415 for dentist offices. Costs associated with sedating patients and responding to emergencies range significantly because not all sedation cases or emergencies are the same. Specific levels of education depend on level of sedation being performed, variety of monitoring and emergency equipment and drugs are necessary to ensure the dentist is prepared for any emergency.

Rulemaking supports the overarching goal of chapter 18.32 RCW by assuring dentists, anesthesia providers, and patients that dentists are adequately trained, complying with nationally accepted standards of practice, and prepared to respond to emergencies during administration of anesthetics, confirming that the public policy goals of the dental commission are achieved.

Determination of whether the proposed rule may have a disproportionate impact on small businesses as compared to the 10 percent of businesses that are the largest businesses required to comply with the proposed rule.

The proposed rule may have a disproportionate impact on small businesses versus large businesses. Whether a licensed dentist is practicing in an independent practice setting or is part of a larger group or clinic, the administration of anesthetic agent requirements applies to wherever anesthetic agents for dentistry are administered in the state of Washington.

Licensed dentists work in many settings: independent practice, partnerships, group practices, community clinics, general dental clinics, and universities. There are approximately 7,200 licensed dentists as of April 2022. We are unable to determine how many licensed dentists work in each of the different practice settings. Dentists in independent practice or partnerships will incur all the costs to comply with the proposed rules. Dentists that are part of larger group practices will be able to share in the costs to comply with the proposed rules. Dentists that work for community clinics, general dental clinics, or universities will most likely incur minimal, if any, costs to comply with the proposed rules. As business models differ so does the expectation of who will cover the costs to comply with the proposed rules. Ultimately, the licensed dentist needs to ensure all requirements have been met where anesthetic agents for dentistry is administered in the state of Washington.

If the proposed rule has a disproportionate impact on small businesses, the steps taken to reduce the costs of the rule on small businesses. If the costs can not be reduced provide a clear explanation of why.

Although the proposed rule may have disproportionate impact on small businesses versus large businesses, the commission determined to delay implementation of pediatric endorsement, continuing education changes, and on-site inspections in proposed rules WAC 246-817-765, 246-817-773, and 246-817-775 to help reduce the first-year cost impact of the proposed rules.

Description of how small businesses were involved in the development of the proposed rule.

The commission worked closely with interested parties and other constituents to minimize the burden of this proposed rule. The commission held open public meeting from December 2017 through February 2022 allowing interested parties, including the Washington State Dental Association, Washington State Society of Oral and Maxillofacial Surgeons, and Washington State Society of Mobile Dental Anesthesia, provided suggested rule changes and comments. During open public rules meetings, alternative versions of the rules were discussed. After careful consideration, some of the suggested changes were accepted while others were rejected. Mutual interests were identified and considered through deliberations.

The commission's public participation process encouraged interested individuals to:

- Identify burdensome areas of the existing rule and proposed rule;
- Propose initial or draft rule changes; and
- Refine those changes.

The proposed rule amendments went through several stages of edits, review, and discussion and then further refinement before arriving at the final proposal. The result of this process are proposed changes that will provide increased rule clarity, guidance and will ultimately be less burdensome than the original rule.

The estimated number of jobs that will be created or lost as the result of compliance with the proposed rule.

The commission does not anticipate any jobs created or lost because of compliance with the proposed rule.

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name: Amber Freeberg
Address: PO Box 47852, Olympia, WA 98504-7852
Phone: 360-236-4893
Fax: 360-236-2901
TTY: 711
Email: Dental@doh.wa.gov
Other:

Date: 11/10/2022
Name: Lyle McClellan, DDS
Title: Chairperson, Dental Quality Assurance Commission

Signature:
