Pediatric Dentistry at the 2015 ADA Annual Session

During the ADA’s 2015 Annual Session in Washington, D.C., the AAPD hosted a reception for members serving as delegates in the ADA House, pediatric dentistry speakers, and representatives from other dental partner organizations. The AAPD Executive Committee also held meetings with leadership of the Academy of General Dentistry and the American Association of Oral and Maxillofacial Surgeons. We also reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates.

Revision of Sedation/Anesthesia Guidelines

This year there was much discussion over Resolution 77, which was ultimately referred back to the Council on Dental Education and Licensure (CDEL). The AAPD commented both in writing and in testimony presented in a “town hall” meeting plus reference committee meeting, highlighting the following points:

Contrary to the CDEL background report, the AAPD did not suggest that separate guidelines for provision of sedation and anesthesia to children 12 and under be developed for dentists who are not pediatric dentists or dental anesthesiologists. The AAPD strongly supports the joint American Academy of Pediatrics/AAPD Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures as the best practice for all pediatric sedation. Note that the current ADA sedation/anesthesia guidelines defer to the joint AAP-AAPD guidelines for children 12 and under.

The AAPD supported the inclusion of our suggested revisions for preoperative sedatives and other prescription medications, which was stated as follows:

“For children age 12 and under, the use of preoperative sedatives for children (aged 12 and under) prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

Prescription medications intended to accomplish procedural sedation for children age 12 and under must not be administered without the benefit of direct supervision by a trained dental/medical provider. Source: the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.”

The AAPD opposed the proposed required use solely of capnography for moderate sedation. We urged its inclusion as a choice within ventilatory parameters. The AAPD suggested that two of the following three parameters may be used in monitoring ventilation with moderate sedation:

- breath sounds by precordial stethoscope;
- verbal communication with patient; or
- capnography.

Our written statement explained that if a patient’s level of consciousness allows the patient to vocally communicate to the dentist (i.e., talk or cry), there would be adequate ventilation whereby 
EtCO2 monitoring is not necessary. If the patient is not vocally communicating when prompted (i.e., talk or cry), it is a likely indicator of a deeper level of sedation and 
EtCO2 monitoring would be required. The CDEL proposal seemed to only allow a deviation if patient movement is the issue.
We urged a clearer rationale for the use of body mass index (BMI). While it was proposed that BMI be charted, there was no indication of what the dentist should do with that information. It is unclear there is any known threshold of safety related to sedation and BMI.

As noted, the House voted to refer the proposed guidelines back to CDEL. The House recommendations accompanying the referral were:

“Elimination of the mandate for monitoring end tidal CO2 for moderate sedation to allow for the choice of options such as: continuous use of a precordial or pretracheal stethoscope, continuous monitoring of end tidal carbon dioxide, and continual verbal communication with the patient.

Reconsideration of the section “Moderate Sedation Course Duration” (hours and content), as proposed by level of sedation, or a possible option of separate course requirements for enteral and parenteral routes of sedation.

Making patient evaluation provisions consistent throughout the document, including but not limited to, rationale and guidelines for the use of body mass index, and the timing of medical history review.”

**Medicaid Reform**

The AAPD strongly supported Resolution 85H, which originated from CAPIR and was approved by the ADA House of Delegates. This resolution encourages “all state dental associations to work with their state Medicaid agency in hiring a Chief Medicaid Dental Officer, who is a member of organized dentistry” and “encourages all state dental associations to actively participate in the establishment or continuation of an existing Medicaid dental advisory committee that is recognized by the state Medicaid agency as the professional body to provide recommendations on Medicaid dental issues.”

**Dental Benefits-MLRs**

The AAPD supported Resolution 12H, which was approved by the House.

“Resolved, that the ADA supports the concept of a “Medical Loss Ratio” for dental plans defined as the proportion of premium revenues spent on clinical services and quality improvement versus administrative services and company profits, and be it further

Resolved, that the ADA support legislative efforts to require dental benefit plans to file a comprehensive MLR report annually and to establish a specific loss ratio for dental plans in each state.”

**AAPD Member Speakers**

The following AAPD members made CE presentations during the ADA Annual Session:

- Jessica Y. Lee presented the AAPD sponsored course in the “Specialty Pavilion” on Management of Permanent Tooth Dental Trauma in Children.
- James J. Crall co-presented on Quality Measurement in Dentistry.
- Charles S. Czerepak co-presented on Maintaining Your Viability as a Medicaid Provider.
- Gregory L. Psaltis presented on Primary Pulp Therapy and Stainless Steel Crowns are a Snap.
- Francisco Ramos-Gomez co-presented on Help I Have a One-Year-Old in My Chair.
- Jane A. Soxman presented on Restoration of Primary Maxillary Incisors, Simplified Technique for Primary Molar Vital Pulp Therapy and Crowns, and Pedo Pearls.
- Sidney A. Whitman co-presented on Maintaining Your Viability as a Medicaid Provider.

**AAPD Member Delegates and Alternates**

We also thank those AAPD members who served in the 2015 ADA House of Delegates:

**2ND DISTRICT (N.Y.)**

Delegates
- Lauro F. Medrano-Saldana (Brooklyn, N.Y.)
- Reneida Reyes (Brooklyn, N.Y.)

Alternate Delegates
- Margaret Madonian (Liverpool, N.Y.)
- Jay Skolnick (Webster, N.Y.)

**4TH DISTRICT (AIR FORCE, ARMY, DEL., D.C., MD, NAVY, N.J., PHS, P.R., VETERANS AFFAIRS, VIRGIN ISLANDS)**

Delegate
- Sidney A. Whitman (life member) (Hamilton Square, N.J.)
7TH DISTRICT (IND., OHIO)
Alternate Delegates
Henry W. Fields, Jr. (Columbus, Ohio)
Terry G. Schechner (Valparaiso, Ind.)

8TH DISTRICT (ILL.)
Delegates
Susan Bordenave-Bishop (affiliate member) (Poria, Ill.)
Victoria A. Ursitti (Arlington Heights, Ill.)
Alternate Delegate
Mary J. Hayes (Chicago, Ill.)

9TH DISTRICT (MICH., WIS.)
Delegate
Martin J. Makowski (Clinton Township, Mich.)

10TH DISTRICT (IOWA, MINN., NEB., N.D., S.D.)
Delegate
Eric D. Hodges (Omaha, Neb.)
Alternate Delegates
David C. Johnson (life member) (Iowa City, Iowa)
Valerie B. Peckosh (Dubuque, Iowa)

11TH DISTRICT (ALASKA, IDAHO, MONT., ORE., WASH.)
Delegates
Linda Edgar (affiliate member) (Federal Way, Wash.)
Hai T. Pham (Aloha, Ore.)
Alternate Delegates
Jane Gillette (affiliate member) (Bozeman, Mont.)
Bernard J. Larson (Mount Vernon, Wash.)

12TH DISTRICT (ARK., KAN., LA., OKLA.)
Alternate Delegates
Timothy R. Fagan (Enid, Okla.)
John T. Faler, Jr. (Olathe, Kansas)
Nick Rogers (affiliate member) (Arkansas City, Kansas)

13TH DISTRICT (CALIF.)
Delegates
Ouriona Lowe (Corona, Calif.)
Claudia Masoudrissi (San Francisco, Calif.)
Joseph P. Sciarra (Woodland Hills, Calif.)
Alternate Delegate
Sharine V. Thenard (Alameda and Pleasanton, Calif.)

14TH DISTRICT (ARIZ., COLO., HAWAII, NEV., N.M., UTAH, WYO.)
Delegates
James H. Bekler (Sandy, Utah)
Karen D. Foster (Aurora, Colo.)
Jeffrey A. Kuhl (Colorado Springs, Ariz.)
Kirk J. Robertson (Flagstaff, Ariz.)
Alternate Delegates
Lynn Fujimoto (Aiea, Hawaii)
Michael LaCorte (Tucson, Ariz.)

15TH DISTRICT (TEXAS)
Delegate
Rita M. Cammarata (Houston, Texas)
Alternate Delegate
Paul A. Kennedy, III (Corpus Christi, Texas)

16TH DISTRICT (N.C., S.C., VA.)
Delegates
Scott W. Cashion (Greensboro, N.C.)
Roger E. Wood (Midlothian, Va.)
Ronald D. Venezie (Apex, N.C.)
Alternate Delegate
Rocky L. Nipher (Aiken, S.C.)

17TH DISTRICT (FLA.)
Alternate Delegate
Suzanne Thiems-Heflin (Gainesville, Fla.)

1ST VICE PRESIDENT (EX-OFFICIO)
Jonathan D. Shenkin (Augusta, Maine)