



September 15, 2020

Ms. Sandra Reen  
Executive Director  
Virginia Board of Dentistry  
9960 Mayland Dr., Suite 300  
Henrico, VA 23233

Dear Ms. Reen and Members of the Board,

The Virginia Society of Oral and Maxillofacial Surgeons (VSOMS) has concerns regarding the motion that the Board of Dentistry approved during the March 13, 2020 business meeting to have the Regulatory-Legislative committee “develop separate regulations for pediatric sedation to include setting an age limit which requires sedation and treatment to be performed in a hospital setting.”

Oral and Maxillofacial Surgeons (OMS) have a long history of safely administering sedation/general anesthesia in the care of their patients, including children. By completing our residency training program which includes extensive anesthesia experience both with operating room anesthesia as well as outpatient office-based, we are competent to administer safe and efficient anesthesia in the outpatient setting. The training also includes specific pediatric anesthesia experience as per the Council on Dental Accreditation (CODA). Additionally, members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) are required to complete an office anesthesia evaluation every five years through VSOMS, which encompasses training and evaluation of office facilities (including equipment, personnel, monitoring, complications and emergencies). The *AAOMS Parameters of Care* includes a special section entitled “Special Considerations for Pediatric Patient Assessment.” These parameters include specific guidelines on the assessment of pediatric patients and the importance of the involvement of parents/guardians.

Many children who are treated in OMS offices with sedation and general anesthesia are from low income households and do not have dental or medical benefits to be able to afford hospital-based treatments. Of those who may have good insurance, many do not even qualify for hospital-based care due to being ASA (American Society of Anesthesiology) 1 and 2 classes of medical complexity. Pediatric patients are the most vulnerable and it is our responsibility to provide necessary and timely care for them. Need for operating room or hospital-based care is generally determined based on the medical complexity, anesthesia/airway risks and length of procedure rather than a specific age. If the Board of Dentistry were to inflict an age-specific restriction for anesthesia delivery in our offices, these children would suffer as it would inhibit them from accessing surgical treatments, which would be detrimental to their oral and overall health. It should also be noted that the volume of the cases and lack of availability of operating room times in the hospitals can also affect the access and timing to care.

Thank you very much for the opportunity to provide comments on this subject. We appreciate your consideration while framing the guidelines. Please contact me directly at [srenapurkar@vcu.edu](mailto:srenapurkar@vcu.edu) should you wish to further discuss this issue.

Sincerely,

Shravan Renapurkar, DMD FACS  
President  
Virginia Society of Oral and Maxillofacial Surgeons