

**TITLE 16                    OCCUPATIONAL AND PROFESSIONAL LICENSING  
CHAPTER 5                DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)  
PART 15                DENTISTS, ANESTHESIA/SEDATION ADMINISTRATION**

**16.5.15.1            ISSUING AGENCY:** New Mexico Board of Dental Health Care.  
[16.5.15.1 NMAC - Rp, 16.5.15.1 NMAC, 5/31/2023]

**16.5.15.2            SCOPE:** The provisions of Part 15 of Chapter 5 apply to all dentists who hold or who are applying for certification to administer anesthesia or analgesia.  
[16.5.15.2 NMAC - Rp, 16.5.15.2 NMAC, 5/31/2023]

**16.5.15.3            STATUTORY AUTHORITY:** Part 15 of Chapter 5 is promulgated pursuant to the Dental Health Care Act, Section 61.5A-22 NMSA 1978 (1996 Repl. Pamp.).  
[16.5.15.3 NMAC - Rp, 16.5.15.3 NMAC, 5/31/2023]

**16.5.15.4            DURATION:** Permanent.  
[16.5.15.4 NMAC - Rp, 16.5.15.4 NMAC, 5/31/2023]

**16.5.15.5            EFFECTIVE DATE:** May 31, 2023, unless a later date is cited at the end of a section.  
[16.5.15.5 NMAC - Rp, 16.5.15.5 NMAC, 5/31/2023]

**16.5.15.6            OBJECTIVE:**

A. To establish guidelines and procedures for the regulation of dentists who administer nitrous oxide inhalation analgesia, anxiolysis, minimal sedation, moderate sedation (formerly conscious sedation I and II), and deep sedation, or general anesthesia in an office located in New Mexico. Unless otherwise defined in this Part 15, the board will reference the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists” and “guidelines for teaching pain control and sedation to dentists and dental students”.

B. These guidelines are not meant to regulate the existing precedent where New Mexico licensed dentists may have hospital privileges to provide anesthesia/sedation to dental patients in the operating room or emergency room based on their training, education and policy of the hospital.  
[16.5.15.6 NMAC - Rp, 16.5.15.6 NMAC, 5/31/2023]

**16.5.15.7            DEFINITIONS:**

A. “**Anxiolysis**” the diminution or elimination or reduction of anxiety without a concomitant reduction of the patient’s awareness or ability to react to stimuli. For the purposes of these rules, only a single dose of a single drug within the normal therapeutic dose is allowed.

B. “**American society of anesthesiologists (ASA) classification**” is the physical status classification system as defined by the American society of anesthesiologists.

C. “**Combination inhalation-enteral sedation (combined conscious sedation)**” - conscious sedation using inhalation and enteral agents. Nitrous oxide/oxygen when used in combination with sedative agents may produce anxiolysis, conscious or deep sedation or general anesthesia.

D. “**CODA**” means the commission on dental accreditation.

E. “**Conscious sedation**” means a minimally depressed level of consciousness that retains the patients’ ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command. Conscious sedation is produced by a pharmacologic or non-pharmacologic method or combination thereof. In accord with this particular definition, the drugs and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would be considered to be in a deeper state of anesthesia than conscious sedation. For the purposes of this chapter, conscious sedation is further defined as minimal and moderate sedation.

F. “**Deep sedation**” means an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and to respond purposefully to verbal command. Deep sedation is produced by a pharmacologic or non-pharmacologic method or combination thereof.

G. **“Enteral”** means any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (ie oral, rectal, sublingual).

H. **“End tidal carbon dioxide (ETCO<sub>2</sub>) capnography”** means monitoring of the concentration or partial pressure of end tidal carbon dioxide in respiratory gases.

I. **“General anesthesia”** means an induced state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command. General anesthesia is produced by a pharmacologic or non-pharmacologic method or combination thereof.

J. **“Minimal sedation”** means a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile and verbal commands. Although cognitive function and coordination may be modestly impaired, ventilation and cardiovascular functions are unaffected. If more than one enteral drug is administered to achieve the desired effect, with or without concurrent use of nitrous oxide inhalation, the guidelines for moderate sedation must apply. The administration of an enteral drug exceeding the maximum recommended single dose during a single appointment is considered to be moderate sedation. Concomitant use of nitrous oxide with any sedative agent may produce minimal, moderate or deep sedation or general anesthesia.

K. **“Moderate sedation”** means a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain patent airway, and spontaneous ventilation is adequate, cardiovascular function is usually maintained. In accord with this particular definition, the drugs and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. A patient whose response is reflex withdrawal from painful stimuli is considered to be in a deeper state than that moderate sedation.

L. **“Monitor”** means to constantly watch or check on the condition of the patient.

M. **“Nitrous oxide inhalation analgesia”** means the administration by inhalation of a combination of nitrous oxide and oxygen, producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

N. **“Parenteral”** means any technique of administration in which the drug is injected through the dermis or into blood vessel (i.e.,; intramuscular, subcutaneous, or intravenous injections).

O. **“Prescribed administration”** means the nitrous oxide is administered by a dental hygienist or dental assistant under the indirect supervision of the dentist with the dentist's authorization.

P. **“Titration”** means the incremental dosing of an intravenous or inhalation drug until the desired effect is reached. One must know if the previous dose of the drug has taken full effect before administering additional increments.

[16.5.15.7 NMAC - Rp, 16.5.15.7 NMAC, 5/31/2023]

**16.5.15.8 REQUIREMENT TO BE REGISTERED OR CERTIFIED:** Dentists who administer nitrous oxide inhalation analgesia in New Mexico are required to be registered with the board. Dentists who administer minimal sedation, moderate sedation, deep sedation, or general anesthesia in New Mexico are required to obtain an anesthesia permit from the board. Any dentist who fails to comply with these rules may be subject to disciplinary action by the board. Anesthesia permits valid on the effective date of this rule continue to be valid until the expiration date indicated on the permit.

A. **Permit requirements:** (In order of increasing complexity higher level permit includes all lower level permits within the scope of that permit).

(1) Anxiolysis only: No permit necessary (single drug/single dose, within the normal therapeutic dose for anxiolysis).

(2) Nitrous oxide alone: Permit required, no practitioner or facility exam required.

(3) Minimal sedation: Permit required, no exam of practitioner or facility, affidavit of compliance required (single enteral drug, with or without nitrous oxide, below the maximum recommended daily dose).

(4) Moderate sedation: ~~Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (single enteral drugs above the maximum recommended dose, multiple enteral drugs, enteral drug plus nitrous oxide, any parenteral drugs).~~

(5) Deep sedation/general anesthesia: ~~Permit required, affidavit of compliance, practitioner and facility exam required at the discretion of the board or its anesthesia committee.~~

**(4) Moderate enteral sedation: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (single enteral drugs above the maximum recommended daily dose, multiple enteral drugs).**

**(5) Moderate parenteral sedation – midazolam only: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (parenteral midazolam with no other parenteral drugs or parenteral midazolam in combination with other inhalation or enteral drugs).**

**(6) Moderate parenteral sedation: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (parenteral drugs limited to sedatives as defined in Section J of 16.5.15.14 NMAC).**

**(7) Deep sedation/general anesthesia: Permit required, affidavit of compliance, practitioner and facility exam required at the discretion of the board or its anesthesia committee.**

**B. Facility limitations:** If the dentist of a facility approved for a sedation permit utilizes a certified registered nurse anesthetist (CRNA) to provide the sedation, the CRNA may only administer sedation up to the permit level of the operating dentist and the facility.

[16.5.15.8 NMAC - Rp, 16.5.15.8 NMAC, 5/31/2023; A, XX/XX/2026]

#### **16.5.15.9 ANESTHESIA COMMITTEE:**

**A. Appointment:** All members of the anesthesia committee serve at the pleasure of the board. The board chair will appoint members to serve on the anesthesia committee for five year terms beginning on July 1. Individuals for consideration may be nominated by the New Mexico dental association, any local dental society, or the anesthesia committee.

**B. Terms:** Each member shall be appointed to serve a term of five years, however, the appointments shall be staggered so that no more than forty percent of the members will expire in any given year.

**C. Committee composition:** The anesthesia committee shall consist of licensed dentists, including at least one board certified oral and maxillofacial surgeon, one general dentist, one dentist board member, one dentist not engaged in the use of sedation techniques, and when possible, representatives of other interested dental specialties. Each anesthesia committee member should be currently practicing some form of sedation and be currently qualified as an examiner, except the non-sedating dentist.

**D. Duties:** Establish policies and procedures for the evaluation of applications, inspections of facilities, and examination of applicants; make recommendations to the board in regard to each application; report to the board, as needed, at regularly scheduled board meetings the status of activities of the anesthesia committee; inform the board of any licensee who fails to cooperate with the requirements for application, registration or renewal of permits; inspect facilities upon request of the board; and upon request, assist the board in the investigation of complaints concerning the administration of anesthesia or analgesia.

**E. Designated examiners:** The anesthesia committee chair may appoint a designated examiner with an anesthesia permit of an equal or greater level to perform evaluations on licensed dental applicants to serve at the pleasure of the New Mexico board of dental health care (NMBODHC) chair. This designated examiner must be actively practicing his anesthesia level to be considered by the board.

[16.5.15.9 NMAC - Rp, 16.5.15.9 NMAC, 5/31/2023]

**16.5.15.10 PEDIATRIC GUIDELINES:** Unless otherwise described in this section, all anesthesia for patients 12 years and under shall follow the American academy of pediatric dentistry's "guideline for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures".

[16.5.15.10 NMAC - Rp, 16.5.15.10 NMAC, 5/31/2023]

#### **16.5.15.11 ADMINISTRATION OF ENTERAL ANXIOLYSIS:**

**A. Registration:** No permit required. Enteral anxiolysis consist of the administration of a single dose enteral drug, not in combination with nitrous oxide or another drug, that does not exceed the normal therapeutic single dose of the drug recommended by the manufacturer in published literature. Anxiolytic drugs should be within the scope of practice and prescriptive authority of the practitioner. Anxiolytic drugs are for the sole purpose of diminution of anxiety related to dental treatment.

**B. Education/training:** it is assumed that all dentists who have successfully completed a course of study at an accredited dental school have the education for this level of anxiolysis.

(1) The dentist must have an active current dental license, current drug enforcement administration (DEA) registration and current New Mexico controlled substances registration and be registered with the New Mexico board of pharmacy.

(2) Each dentist who administers or auxiliary who monitors enteral anxiolysis shall have current basic life support certification.

C. **Facility/records:** The dentist must have appropriate equipment to monitor vital signs and appropriate emergency equipment and drugs for the anxiolytic agent used.

(1) Records should reflect the dose and drug administered.

(2) Records should reflect how the patient was released from the office and if accompanied by a driver.

(3) All administration of anxiolytic drugs shall be under the indirect supervision or prescription of a dentist.

[16.5.15.11 NMAC - Rp, 16.5.15.11 NMAC, 5/31/2023]

#### **16.5.15.12 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA:**

A. Registration: Permit required, each licensed dentist who administers or supervises the prescribed administration of nitrous oxide inhalation analgesia shall be registered with the board. A registration form will be provided upon request. When the registration has been approved by the secretary-treasurer of the board the applicant will be sent a wall certificate which does not expire. Administration of nitrous oxide inhalation analgesia without registration is a violation of these rules and may result in disciplinary action against the licensee.

B. Education/qualifications: Each licensed dentist who administers or prescribes administration of nitrous oxide inhalation analgesia shall meet the following requirements:

(1) completed a course of training leading to competency while a student in an accredited school of dentistry or through postgraduate training that includes a minimum of 14 hours of course time and management of clinical cases.

(2) each dentist and auxiliary personnel who monitors the use of, or administers nitrous oxide shall have current basic life support certification.

(3) current permit holder's education would be grandfathered by the New Mexico laws in effect at the time of original issue of their permit. However, safety standards must be updated to current state and ADA guidelines.

C. Facility/records: The dental facility shall have adequate equipment which includes fail-safe features and a twenty five percent minimum oxygen flow and an effective scavenging system.

(1) all use of nitrous oxide inhalation analgesia shall be under the indirect supervision of a licensed dentist holding a nitrous oxide permit.

(2) the patient's records shall reflect evidence of appropriate monitoring by qualified dental personnel of vital signs, including blood pressure, pulse, and respiratory rate. Dose (percent) of nitrous oxide time of administration and time of release of patient should be recorded.

[16.5.15.12 NMAC - Rp, 16.5.15.12 NMAC, 5/31/2023]

#### **16.5.15.13 ADMINISTRATION OF MINIMAL SEDATION:**

A. Minimal sedation is the use of a single enteral drug in a single or divided doses to achieve the desired effect as described in the definitions. The total dose of the single enteral drug shall not exceed the maximum recommended dose for the drug as recommended by the manufacturer and as published in scientific literature. Doses above this maximum recommended dose are considered moderate sedation, and moderate sedation guidelines will apply. A single drug combined with nitrous oxide may produce minimal, moderate, deep sedation or general anesthesia. It is the responsibility of the dentist to titrate the level of nitrous oxide to achieve only minimal sedation. If more than one enteral drug is administered to achieve the desired anxiolytic/sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation will apply.

B. Registration: Permit required, each licensed dentist who administers or supervises the prescribed administration of drugs to achieve minimal sedation shall be registered with the board. An application form will be provided by the board office upon request. Applicant shall follow the permit application procedure as defined in 16.5.15.19 NMAC. Administration of minimal sedation without registration is a violation of these rules and may result in disciplinary action against the licensee.

C. Education/qualifications: The dentist must have completed a course of training while a student in an accredited school of dentistry or through board approved post graduate training. To administer minimal sedation the dentist must satisfy the following criteria:

(1) training to a level of competency in a minimal sedation consistent with that described in the most current versions of the American dental association "guidelines for the use of sedation and general anesthesia by dentists", and "guidelines for teaching pain control and sedation to dentists and dental students".

(2) courses must include 16 hours of course time plus clinically oriented experiences during which competency in enteral and combined nitrous oxide-ental minimal sedation is demonstrated.

(a) if the training received was pre-doctoral, while in dental school, the applicant should submit proof of course content completed as included in a course description from the dental education program.

(b) if the course of study was postgraduate training, proper course completion forms must be submitted.

(3) Each dentist administering and auxiliary monitoring, minimal sedation shall have current basic life support certification.

D. Facility/records: The facility in which minimal sedation is administered must comply with the following:

(1) have adequate equipment to monitor patient's vital signs;  
(2) the patient's record shall reflect evidence of appropriate monitoring of vital signs, including blood pressure, pulse, pulse oximetry, and respiratory rate during procedures and effect of medication;  
(3) all use of enteral medication shall be under the indirect supervision of a licensed dentist;  
(4) shall verify the patient has other means of transportation to be released from the office;  
(5) administration of enteral anxiolytic medications in doses that do not exceed the normal therapeutic dosage recommended by the manufacturer in published literature and that are within the accepted scope of practice and prescriptive authority of the dentist so as not to produce conscious sedation; does not require the dentist to hold a minimal sedation permit;

(6) a log of drugs used, dosage or amount of drug used and date of administration must be maintained separate from the patient's record;

(7) ASA classification of the patient and informed consent is required.

[16.5.15.13 NMAC - Rp, 16.5.15.13 NMAC, 5/31/2023]

#### **16.5.15.14 ADMINISTRATION OF MODERATE SEDATION (Formerly conscious sedation I and II):**

A. Moderate sedation may be achieved by several methods: The end point of sedation, as in the definition, is the important factor. Drugs used here should have a wide safety margin so as to not allow patients to easily slide to deep sedation or general anesthesia. The dentist should also be aware that titrating an enteral dose of medication is difficult due to onset of action and multiple variables.

(1) moderate enteral sedation (previously conscious sedation I) is achieved by the use of: single enteral drugs in doses as needed up to and above the maximum recommended single dose, or two or more enteral drugs used in combination, or single or multiple enteral drugs combined with nitrous oxide;

(2) moderate parenteral sedation (previously conscious sedation II) is achieved by the use of single or multiple parenteral drugs, with or without nitrous oxide.

B. Registration: Permit required, each licensed dentist who administers or supervises the prescribed administration of drugs to achieve moderate sedation shall be registered with the board. Moderate sedation permits are issued for a specific practice location (facility). An application form will be provided by the board office upon request. Applicant shall follow the permit application procedure as defined in 16.5.15.19 NMAC. Administration of moderate sedation without registration is a violation of these rules and may result in disciplinary action against the licensee.

C. Education/qualifications: To administer moderate sedation by any means the dentist must satisfy one of the following criteria:

[~~(1) training to a level of competency in moderate sedation consistent with that described in the most current versions of the American dental association "guidelines for the use of sedation and general anesthesia by dentists", and "guidelines for teaching pain control and sedation to dentists and dental students". The above involves completion of 60 hours of didactic instruction and administration of moderate sedation for at least 20 individually managed patients in a pre-doctoral program at a CODA accredited school, verifiable by the board, or in a post-doctoral continuing education program acceptable to the board and its anesthesia committee; or~~

~~(2) completion of CODA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage moderate sedation as described in the most current versions of the American dental association "guidelines for the use of sedation and general anesthesia by dentists", and "guidelines for teaching pain control and sedation to dentists and dental students".~~]

**(1)** training to a level of competency in moderate sedation consistent with that described in the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists”, and “guidelines for teaching pain control and sedation to dentists and dental students”. The above involves completion of 60 hours of didactic instruction and administration of moderate sedation for at least 20 individually managed patients in a pre-doctoral or post-doctoral program at a CODA accredited school or residency, verifiable by the board, or in a post-doctoral continuing education program that includes the supervised parenteral delivery of requested parenteral drugs acceptable to the board and its anesthesia committee; or

**(2)** completion of CODA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage moderate sedation with curriculum that includes the supervised parenteral delivery of requested parenteral drugs as described in the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists”, and “guidelines for teaching pain control and sedation to dentists and dental students”.

**(3)** training which did not take place in a CODA accredited dental school, accredited teaching hospital, or other CODA-accredited based training would be eligible for a restricted Midazolam-Only Moderate Parenteral Sedation permit with approval from the anesthesia committee and board.

**D.** To administer moderate enteral sedation, the dentist must have current certification in basic life support. Moderate enteral sedation does not require ETCO2 capnography monitoring.

**E.** To administer moderate parenteral sedation, the dentist must have current certification in advanced cardiac life support. Moderate parenteral sedation does require ETCO2 capnography or precordial stethoscope monitoring.

**F.** Auxiliary clinical personnel must have current certification in basic life support.

**G.** The dentist must sign an affidavit of compliance. An oral and written examination administered by the anesthesia committee or designee will be required if the anesthesia committee or board determines an application is incomplete or is lacking information to make a final recommendation for approval. This may require travel on the applicant’s part to meet with an examiner. The applicant’s facility may also be subject to inspection and approval by the anesthesia committee or its designated examiner.

**H.** Current permit holder’s sedation education would be grandfathered in by board rules in effect at the time of original issue of their permit. However, safety standards must be updated to the current board and American dental association (ADA) guidelines.

**I.** Facility/records:

**(1)** the dentist must maintain a properly equipped facility for the administration of moderate sedation, staffed with supervised auxiliary personnel capable of handling procedures, problems and emergencies that may arise;

**(2)** the facility along with the dentist providing the sedation will be evaluated. The moderate sedation permit is valid only at the facility approved by the permit;

**(3)** the patients shall be monitored and records shall reflect that the pre-operative patient evaluation, including American society of anesthesiologists (ASA) classification, pre-operative preparation, electrocardiogram (ECG) (for parenteral sedation), pulse oximetry, and blood pressure. ETCO2 capnography or precordial stethoscope monitoring is only required for moderate parenteral sedation. Recovery and discharge also needs to be performed and documented in accordance with the current “ADA guidelines for the use of sedation and general anesthesia by dentists”;

**(4)** a facility permitted for moderate sedation does not allow for the use of deep sedation or general anesthesia in that facility regardless of the licensee providing anesthesia;

**(5)** a log of drugs used, dosage or amount of drugs used and date of administration must be maintained separate from the patient’s record;

**(6)** informed consent is required.

**J.** Restrictions: A dentist with a moderate sedation (formerly conscious sedation II) permit shall not administer or employ any agent(s) which has a narrow margin for maintaining consciousness, or is federally classified as a general anesthetic including, but not limited to:

**(1)** ultra-short acting barbiturates including, but not limited to, sodium methohexitol, thiopental, and thiamylal;

**(2)** alkylphenols-propofol (diprivan) including precursors or derivatives;

**(3)** neuroleptic agents;

**(4)** dissociative agents - i.e. ketamine;

**(5)** etomidate, and similarly acting drugs;

**(6)** volatile inhalational agents; or

(7) any quantity of agent(s) or technique(s), or any combination thereof, that renders a patient deeply sedated or generally anesthetized.

**K.** The drugs/techniques enumerated in Subsection J of 16.5.15.14 NMAC are presumed to produce general anesthesia and may only be used by a licensee holding a valid deep sedation/general anesthesia permit issued by the board, or by a corresponding licensing board if the licensee is not a dentist (eg., MD, CRNA). [16.5.15.14 NMAC - Rp, 16.5.15.14 NMAC, 5/31/2023; A, XX/XX/2026]

**16.5.15.15 ADMINISTRATION OF DEEP SEDATION/GENERAL ANESTHESIA:**

**A.** Registration: Permit required, each licensed dentist who administers or supervises the prescribed administration of drugs to achieve deep sedation or general anesthesia (DS/GA) shall be registered with the board. DS/GA permits are issued for a specific practice location (facility). An application form and affidavit of compliance will be provided by the board office upon request. Applicant shall follow the permit application procedure as defined in 16.5.15.19 NMAC. Administration of DS/GA without registration is a violation of these rules and may result in disciplinary action against the licensee. The dentist must sign an affidavit of compliance. An oral and written examination administered by the anesthesia committee or designee will be required if the anesthesia committee or board determines an application is incomplete or is lacking information to make a final recommendation for approval. This may require travel by the applicant to meet with an examiner. The applicant's facility is also subject to inspection and approval by the anesthesia committee or its designated examiner.

**B.** Education/qualifications:

(1) completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the most current version of the American dental association "guidelines for the use of sedation and general anesthesia by dentists";

(2) completion of a CODA accredited post-doctoral training program (e.g. oral and maxillofacial surgery, dental anesthesiology), which affords comprehensive and appropriate training necessary to administer and manage deep sedation/general anesthesia, commensurate with these rules;

**C.** Current permit holders' sedation education would be grandfathered by the New Mexico laws in effect at the time of original issue of their permit. However, safety standards must be updated to current board and ADA guidelines.

**D.** Facility/records:

(1) the dentist maintains a properly equipped facility for the administration of deep sedation or general anesthesia in accordance with the most current version of the American dental association "guidelines for the use of sedation and general anesthesia by dentists";

(2) the office is staffed with supervised clinical auxiliary personnel capable of handling procedures, problems and emergencies incident thereto;

(3) the dentist must have current advanced cardiac life support certification (ACLS) and auxiliary clinical personnel have current basic life support certification;

(4) the patient's record shall reflect that the pre-operative patient evaluation, pre-operative preparation, ASA classification, ECG, pulse oximetry, blood pressure and ETCO<sub>2</sub> capnography monitoring recovery, discharge and documentation was performed in accordance with the most current version of the American dental association "guidelines for the use of sedation and general anesthesia by dentists";

(5) the dentist passes the examination and receives approval after facility inspection, or affidavit acceptance, by the anesthesia committee or designated examiner;

(6) a log of drugs used, dosage or amount of drugs and date of administration must be maintained separate from the patient's record;

(7) informed consent is required;

(8) a dentist administering deep sedation/general anesthesia must document current, successful completion of an advanced cardiac life support (ACLS) course, or an equivalent as approved by the anesthesia committee;

**E.** Anesthesia permit at large: This permit allows the holder to provide sedation and anesthesia services to patients in dental offices on an out-patient basis. The holder of the "anesthesia permit at large" assumes all responsibility for the administration of the sedation or general anesthesia in the dental office.

(1) to hold an "anesthesia permit at large" a dentist must meet the requirements in Section 16.5.15.15 NMAC deep sedation/general anesthesia, and is only available for dentist anesthesiologists and oral and maxillofacial surgeons;

(2) the holder of a "permit at large" may be evaluated and inspected by the anesthesia committee as deemed necessary to assure safety to the public;

(3) the holder of such a permit agrees to have available at all times all monitors, emergency equipment, and other necessary drugs and materials when administering conscious sedation, deep sedation, and general anesthesia;

(4) the permit holder will inform the board of all dental facilities where anesthesia services are to be provided and follow all other procedures as outlined in 16.5.15.15 NMAC, deep sedation/general anesthesia.

[16.5.15.15 NMAC - Rp, 16.5.15.12 NMAC, 5/31/2023]

#### **16.5.15.16 SEDATION/ANESTHESIA PROVIDED BY OUTSIDE PERSONNEL:**

A. Provided by dentists (DDS or DMD) or physicians (MD or DO):

(1) administration of sedation by another duly qualified dentist or physician requires the operating dentist to have completed a course in advanced cardiac life support (no certification necessary) and to have current certification in basic life support;

(2) the operating dentist must ensure that the dentist/physician DS/GA permit holder/provider is responsible for the anesthetic management, adequacy of the facility, and the treatment of emergencies associated with the administration of parenteral sedation, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen. For DS/GA, advanced airway equipment, resuscitation medications and a defibrillator must also be immediately available. Appropriate pharmacologic agents must be immediately available if known triggering agents of malignant hyperthermia are part of the anesthesia plan;

(3) a dental facility utilizing a dentist or physician for deep sedation/general anesthesia, needs to be registered with the board and must submit verifying forms of the residency-trained dentist/physician's general anesthesia training, hospital credentials, and current license and anesthesia permits to practice in the state of New Mexico.

B. Provided by certified registered nurse anesthetists (CRNA):

(1) administration by a qualified certified nurse anesthetist (CRNA) requires the operating dentist to have oversight of the CRNA to perform sedation. If the dentist of a facility approved for sedation utilizes a CRNA to provide the sedation, the CRNA may only administer sedation up to the permit level of the facility and the dentist.

(2) the operating dentist shall ensure that the CRNA is duly licensed in New Mexico to provide anesthesia and be a member in good standing of the staff of an accredited New Mexico hospital in the community in which the anesthesia occurs. The operating dentist shall be responsible for notifying the anesthesia committee of the New Mexico board of dental health care of all the anesthetists used.

(3) the operating dentist, working with a CRNA, is responsible for the adequacy of the facility, and aiding in the treatment of emergencies associated with the administration of parenteral sedation, including immediate access to pharmacologic antagonists, if any, and appropriately sized equipment for establishing a patent airway and providing positive pressure ventilation with oxygen. The CRNA is responsible for the sedation administration.

[16.5.15.16 NMAC - Rp, 16.5.15.13 NMAC, 5/31/2023]

#### **16.5.15.17 REPORTING ADVERSE INCIDENTS:**

A. Each licensed dentist must submit a written report to the board within thirty days after any significant morbidity or mortality or other incident which results in temporary or permanent physical or mental injury of a patient during, or as a result of, nitrous oxide inhalation analgesia, conscious sedation administered via oral, rectal, or parenteral routes, deep sedation, or general anesthesia.

B. The report is required regardless of the need for hospitalization after the incident and shall include the following:

- (1) description of the dental procedure;
- (2) description of the pre-operative physical condition of the patient;
- (3) list of drugs and dosage administered and route of administration;
- (4) description in detail of techniques utilized in administering the drugs utilized;
- (5) the names of auxiliary personnel in attendance; and
- (6) description of the adverse occurrence to include the following: detailed description of

symptoms of any incident; treatment initiated on the patient; response of the patient to the treatment; description of the patient's condition on termination of treatment; and copies of the patient record, medical history and operative report.

[16.5.15.17 NMAC - Rp, 16.5.15.14 NMAC, 5/31/2023]

**16.5.15.18 FAILURE TO REPORT:** Failure to comply with the reporting requirements of 16.5.15.17 NMAC of this part shall be grounds for disciplinary action against the licensee. In accordance with the provisions of the Uniform Licensing Act, the board may take any actions enumerated in 16.5.16 NMAC, including revocation of the sedation/anesthesia permit.

[16.5.15.18 NMAC - Rp, 16.5.15.15 NMAC, 5/31/2023]

**16.5.15.19 PERMIT APPLICATION PROCEDURE FOR MINIMAL AND MODERATE SEDATION, AND DEEP SEDATION/GENERAL ANESTHESIA:**

**A.** Applications may be obtained from the board office. The completed application, accompanied by the required permit fee as defined in 16.5.5 NMAC, the application is forwarded to the anesthesia committee for evaluation. After review of the completed application and any other documentation, including a signed affidavit of compliance (if required), the anesthesia committee may recommend a permit for minimal, moderate, or deep sedation/general anesthesia. An oral and written examination of the applicant applying for moderate parenteral sedation or deep sedation/general anesthesia may be required, as described in Subsection B of 16.5.15.19 NMAC.

**B.** Examination/evaluation: The anesthesia committee will require an oral and written examination of emergency protocols and practices from the applicant dentist for moderate parenteral sedation and deep sedation/general anesthesia, if the anesthesia committee or board determines an application is incomplete or is lacking information to make a final recommendation for approval. This may require travel by the applicant dentist to meet with an evaluator. This along with the original application, cases examples supplied, and affidavit of compliance will be used to evaluate the competency of the applicant. If an office inspection is needed, the evaluator may need to schedule a facility inspection with the applicant. The anesthesia committee uses the American association of oral and maxillofacial surgeon's office anesthesia evaluation manual as a guide for the examinations. Incomplete applications will be returned by the anesthesia committee to the board office with a clear indication of the deficient areas.

**C.** After receipt of proper documentation, completion of an affidavit of compliance, and the successful passing of the oral and written examination (if required), the anesthesia committee and the secretary-treasurer of the board may issue a permit to administer the level of sedation for which the applicant was approved. Ratification of this permit will occur at the next regular scheduled meeting, unless substantial subsequent evidence compels the board to deny or delay approval of the permit.

**D.** Final action: after final evaluation of the application and examination results, the anesthesia committee recommends final action on the application to the board. The board makes final determination on approval of the permit. If an application is determined incomplete for failure to meet the requirements of 16.5.15 NMAC, the areas of non-compliance will be identified and the applicant may re-apply when the requirements are met.

[16.5.15.19 NMAC - Rp, 16.5.15.16 NMAC, 5/31/2023]

**16.5.15.20 PERMIT EXPIRATION AND RENEWAL:**

**A.** Expiration: Sedation/anesthesia permits are issued for six years from the last day of the month in which the initial permit was issued. Nitrous oxide analgesia permits do not expire.

**B.** Renewal: Renewal applications will not be sent to each dentist prior to the expiration date of the sedation/anesthesia permit. It is the responsibility of the permit holder to start the renewal process within six months prior to the expiration date. The completed application, along with the required fee must be returned to the board office prior to permit expiration. The permit renewal application will be forwarded to the anesthesia committee, which will renew the permit holder's affidavits for administration and facility or examine the permit holder as required. The anesthesia committee may require the applicant applying for a renewal permit to pass another oral examination and the facility used by the dentist may be subject to another inspection. This decision will be based on credentials of the applicant or past experience with sedation treatments.

**C.** Education requirements:

**(1)** minimal sedation - holders of permits in minimal sedation must have a minimum of eight hours of continuing education every six-year renewal period in medical emergencies, air way management, pharmacology, or anesthesia related topics;

**(2)** moderate sedation (formerly conscious sedation I and II), deep sedation and general anesthesia - holders of permits for moderate sedation, deep sedation or general anesthesia must have a minimum of

16 hours of continuing education every six-year renewal period in medical emergencies, airway management, pharmacology, or anesthesia related topics.

**D.** New facility evaluation: a dentist who holds a moderate sedation, deep sedation or general anesthesia permit and who relocates his practice requires a new facility permit based on re-examination, or affidavit of compliance. A new permit fee will be charged.

**E.** Re-examination/evaluation: The board may require a re-examination or a re-evaluation of the credentials, facilities, equipment, personnel, and procedures of a permit holder to determine if the dentist is currently qualified to administer anesthesia. The board or its agents shall notify the dentist to be re-examined or re-evaluated 180 days in advance of permit expiration. The notification will indicate the content and format of the examination/evaluation.

**F.** Permit expiration: Failure of a dentist to renew his license and permit, or to schedule a required office re-evaluation within thirty days of receipt of the notification, or failure on the part of the licensee to successfully complete the examination/evaluation, will cause the permit to expire.

**G.** Verification of continuing education: The board requires verification of continuing education credits for sedation. The records identified in Subsection F of 16.5.1.15 NMAC are considered acceptable forms of documentation. Continuing education records must be maintained for 6 years following the renewal cycle in which they are earned. Additionally, and at renewal time, holders of any permit level may be requested to demonstrate competency in maintenance of airway patency to the anesthesia committee, it's designated examiner or the board either on a "board approved" simulator, or other device as may be acceptable to the board. There may be an announced audit of any permit holder by the anesthesia committee or by the board designated examiner during the permitted time for the purpose of demonstrating airway management and airway competency, either on the board designated model or other device approved by the board.

[16.5.15.20 NMAC - Rp, 16.5.15.17 NMAC, 5/31/2023]

#### **HISTORY OF 16.5.15 NMAC:**

##### **Pre NMAC History:**

Material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

Article XIV, Administration Of Nitrous Oxide Inhalation Analgesia, Conscious Sedation, Deep Sedation, And General Anesthesia, filed 09/04/1986;

BOD Rule 13, Administration Of Nitrous Oxide Inhalation Analgesia, Conscious Sedation, Deep Sedation, And General Anesthesia, filed 02/09/1989;

BODHC Rule DS 8-95, Dentists, Analgesia Administration, filed 07/31/1995.

##### **History of Repealed Material:** 85-1, Repealer, filed 10/29/1985.

16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, filed 2/15/2005- Repealed effective 3/18/2018.

16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, filed 2/16/2018- Repealed effective 5/31/2023.

##### **NMAC History:**

16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, (filed 2/15/2005) was replaced by 16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, effective 3/18/2018.

##### **Other History:**

BODHC Rule DS 8-95, Dentists, Analgesia Administration (filed 07/31/1995); renumbered, reformatted and replaced by 16 NMAC 5.15, Dentists, Analgesia Administration, effective 09/30/1996;

16 NMAC 5.15, Dentists, Analgesia Administration (filed 09/17/1996), replaced by 16.5.15 NMAC, Dentists, Analgesia Administration, effective 05/31/2002.

16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, (filed 2/15/2005) was replaced by 16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, effective 3/18/2018.

16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, (filed 2/16/2018) was replaced by 16.5.15 NMAC, Dentists, Anesthesia/Sedation Administration, effective 5/31/2023.