

Dear Senators LODGE, Broadsword & LeFavour, and  
Representatives BLOCK, Nielsen & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed  
rules of the Idaho State Board of Dentistry:

**IDAPA 19.01.01 - Rules of the Idaho State Board of Dentistry (Docket No. 19-0101-1001).**

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by  
the co-chairmen or by two (2) or more members of the subcommittee giving oral or written  
notice to Research and Legislation no later than fourteen (14) days after receipt of the rules'  
analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no  
later than 10-29-10. If a meeting is called, the subcommittee must hold the meeting within forty-  
two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a  
meeting on the enclosed rules is 11-30-10.

The germane joint subcommittee may request a statement of economic impact with  
respect to a proposed rule by notifying Research and Legislation. There is no time limit on  
requesting this statement, and it may be requested whether or not a meeting on the proposed rule  
is called or after a meeting has been held.

To notify Research and Legislation, call 334-4845, or send a written request to the  
address or FAX number indicated on the memorandum attached.



# Legislative Services Office Idaho State Legislature

*Serving Idaho's Citizen Legislature*

**Jeff Youtz**  
Director

## MEMORANDUM

**TO:** Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

**FROM:** Research & Legislation Staff - Paige Alan Parker **PAR**

**DATE:** October 12, 2010

**SUBJECT:** Idaho State Board of Dentistry, IDAPA 19.01.01 - Rules of the Idaho State Board of Dentistry (Docket No. 19-0101-1001) (Proposed)

The Board of Dentistry proposes to amend its rule in Docket No. 19-0101-1001 (hereinafter referred to as "proposed rule"). The Board's description of the proposed rule provides for new editions of documents incorporated by reference and new nomenclature and/or procedure for methods and administrations.

The Board states that the rule change is authorized by section 54-912, Idaho Code. Section 54-912(2) grants the Board the authority to promulgate rules for a fair and wholly impartial method of licensure and examination of applicants to practice dentistry, a dental specialty or dental hygiene.

The Board states that the proposed rule does not involve a fee or charge and there is no anticipated impact to the General Fund greater than \$10,000. According to the Department, negotiated rulemaking was not conducted because of the relatively simple nature of the rule changes. A public hearing is scheduled in Boise on October 21, 2010. Written comments will be received through October 27, 2010.

## ANALYSIS

Generally, a number of terminology changes are made throughout the proposed rule. "Moderate" and/or "minimal" replaces "conscious." References to "nitrous oxide" have been expanded to include "nitrous oxide/oxygen." "Nitrous oxide/oxygen" replaces "nitrous inhalation analgesia." The use of the term "anxiolysis" (the process of diminution or elimination of the patient's anxiety, apprehension or fear by the administration of a pharmacological agent

**Mike Nugent, Manager**  
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Information Technology

that renders the patient relaxed but does not impair the patient's ability to maintain normal mental abilities and vital functions) has been deleted and replaced by "minimal sedation."

Five existing documents incorporated by reference have been updated to more current editions: American Association of Oral and Maxillofacial Surgeons, Office Anesthesia Evaluation Manual, 7<sup>th</sup> Ed., 2006; American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2007; ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists, October 2007; ADA Principles of Ethics, Code of Professional Conduct and Advisory Opinions, January 2009; and ADA Code of Ethics for Dental Hygienists, June 2009. Three new documents have been incorporated by reference: ADA Policy Statement; The Use of Sedation and General Anesthesia by Dentists, October 2007; American Dental Hygienists' Association, Standards for Clinical Dental Hygiene Practice, March 10, 2008; and American Association of Dental Boards, the Dental Patient Record, June 12, 2009. Section 004.

Six new definitions are introduced: "Analgesia" (the diminution or elimination of pain), "moderate sedation" (a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation, with descriptive behaviors); "maximum recommended (MRD)" (maximum FDA-recommended dose of a drug, as printed in FSA-approved labeling for unmonitored home use); "incremental dosing" (administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose); "supplemental dosing during minimal sedation" (a single additional dose of the initial drug that may be necessary for prolonged procedures, with specified limitations); and "transmucosal" (a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual or rectal).

Four definitions have been extensively modified: "minimal sedation" (formerly "conscious sedation," deleting administration process descriptions and providing descriptive behaviors); "deep sedation" (revising descriptive behaviors); "general anesthesia" (revising descriptive behaviors); "titration" (adding cautionary language).

Two definitions have been clarified: "inhalation" and "transdermal." Two definitions have been deleted: "anxiolysis" and "nitrous oxide inhalation analgesia." Section 054.

No additional permit is required for a licensed dentist to administer minimal sedation (formerly "anxiolysis") to adult patients. Limitations on the application of minimal sedation are provided. The proposed rule requires at least one additional person currently certified in Basic Life Support for Healthcare Providers be present, in addition to the dentist. Section 055.

Some specific behaviors to be monitored during the administration of nitrous oxide have been deleted. Section 057.01.b. The nitrous oxide delivery system must be appropriately checked and calibrated and have either a functioning device that prohibits the delivery of less than 30% oxygen or an appropriately calibrated and functioning in-line oxygen analyzer with

audible alarm. Section 057.02.a. An appropriate scavenging system must be available, section 057.02.b, along with a positive-pressure oxygen delivery system suitable for the patient being treated, section 057.02.c. No longer required under the proposed rule are: an operating room sufficiently large to accommodate the patient and allow for delivery of appropriate care in an emergency situation or an appropriately sized measuring device for taking a patient's blood pressure. An assistant currently certified in Basic Life Support for Healthcare Providers must be present during the administration of nitrous oxide/oxygen. Section 057.03.b.

Regarding moderate sedation (formerly, "conscious sedation"), the term "enteral" replaces "limited" and "parenteral" replaces "comprehensive." References to documents incorporated by reference have been updated. Section 060.

The minimum training for a moderate enteral sedation permit has been increased from 18 to 24 hours of instruction, while the management of adult case experience requirement has been reduced from 20 to ten. The parameters for the adult case experience requirement have been revised. Section 060.01. The process for qualifying for a moderate parenteral sedation permit has been clarified. Section 060.02.

The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue. Section 060.03.a. In addition to the dentist, the personnel required for moderate sedation must include an assistant currently certified in Basic Life Support for Healthcare Providers. Section 060.03.b.ii. The continuing credit hours for a moderate sedation permit may include training in medical/office emergencies. Section 060.03.c.

General anesthesia or ("and" in the existing rule) deep sedation is addressed in section 061. To obtain a permit to use general anesthesia or deep sedation, the dentist must have completed an accredited advanced education program that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with specified guidelines. This requirement replaces more general requirement of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate level. Additional status requirements for the permit have been deleted. Section 061.01.

The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of general anesthesia or deep sedation and providing the equipment, drugs and protocol for patient rescue. Section 061.02. In addition to the dentist, the personnel required for general anesthesia or deep sedation includes two individuals who have current certification in Basic Life Support for the Healthcare Provider. When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one of the appropriately trained team members must be designated for patient monitoring. Section 061.03. Renewal of the permit must include proof of current certification in Advance Cardiac Life Support. Section 061.05.

## SUMMARY

The proposed rule appears to be authorized by section 54-912(2), Idaho Code.

cc: Idaho State Board of Dentistry  
Arthur R. Sacks, Executive Director

# IDAPA 19 - IDAHO STATE BOARD OF DENTISTRY

## 19.01.01 - RULES OF THE STATE BOARD OF DENTISTRY

DOCKET NO. 19-0101-1001

### NOTICE OF RULEMAKING - PROPOSED RULE

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 54-912.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be held as follows:

<b>OCTOBER 21, 2010 10:00 a.m.</b>
<b>Office of the Idaho Board of Dentistry 350 North 9<sup>th</sup> Street, Suite M-100 Boise, ID</b>

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Rule 004: The proposed rule change provides for Rule 004 updates and changes to conform to new editions of documents which are incorporated by reference into the rules of the Board. Certain reference documents have been updated by their writers to reflect new nomenclature and procedures in the fields of administration of anesthesia, as well as including new standards for practice of dentistry and dental hygiene.

Rule 012: The proposed rule change provides for change in nomenclature in anesthesia permits.

Rule 030: The proposed rule change provides for change in nomenclature for administration of nitrous oxide/oxygen.

Rule 031: The proposed rule change provides for a change in the nomenclature for the administration of anesthesia, etc.

Rule 035: The proposed rule change provides for a change in nomenclature for administration of nitrous oxide/oxygen.

Rule 054: The proposed rule change provides for changes to reflect new nomenclature and procedures involved in the methods of anxiety and pain control, sedation terms, and routes of administration.

Rule 055: The proposed rule change provides for changes to reflect new nomenclature and procedures for minimal sedation.

Rule 057: The proposed rule change provides for changes to reflect new nomenclature and procedures for the administration of Nitrous oxide/oxygen.

Rule 060: The proposed rule change provides for changes in the nomenclature and the procedures in the administration of moderate sedation

Rule 061: The proposed rules changes provide for changes in the nomenclature and the procedures of the administration of general anesthesia and deep sedation.

Rule 063: The proposed rule changes provide for changes in nomenclature regarding incident reporting.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased: N/A

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year as a result of this rulemaking: N/A

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because of the relatively simple nature of the rule change.

**INCORPORATION BY REFERENCE:** Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule:

Certain reference documents have been updated by their writers to reflect new nomenclature and procedures in the fields of administration of anesthesia, as well as including new standards for practice of dentistry and dental hygiene.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Arthur R. Sacks, 208-334-2369.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 27, 2010.

DATED this 26th day of August, 2010.

Arthur R. Sacks  
Executive Director  
Idaho State Board of Dentistry  
350 North 9<sup>th</sup> Street, Suite M-100, Boise, ID 83702  
P. O. Box 83720, Boise, ID 83720-0021  
Phone: 208-334-2369  
Fax: 208-334-3247

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**THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 19-0101-1001**

**004. INCORPORATION BY REFERENCE (RULE 4).**

Pursuant to Section 67-5229, Idaho Code, this chapter incorporates by reference the following documents: (7-1-93)

**01. Documents. (7-1-93)**

**a.** American Association of Oral and Maxillofacial Surgeons, Office Anesthesia Evaluation Manual, 6~~7~~<sup>th</sup> Edition, 200~~0~~<sup>6</sup>. (3-15-02)( )

**b.** American Dental Association, ~~Council on Dental Education~~, Guidelines for Teaching ~~the Comprehensive Control of Pain and Anxiety in Dentistry~~ Pain Control and Sedation to Dentists and Dental Students, October 200~~3~~<sup>7</sup>. (4-11-06)( )

**c.** American Dental Association, ~~Council on Dental Education~~, Guidelines for ~~the Use of Conscious Sedation, Deep Sedation and General Anesthesia for~~ by Dentists, October 200~~3~~<sup>7</sup>. (4-11-06)( )

**d.** American Dental Association Policy Statement: The Use of Sedation and General Anesthesia by

Dentists, October 2007. ( )

**de.** Centers for Disease Control and Prevention, DHHS, Guidelines for Infection Control in Dental Health-Care Settings, 2003. (4-6-05)

**ef.** American Dental Association, Principles of Ethics, Code of Professional Conduct and Advisory Opinions (ADA Code), January 2003~~2~~<sup>9</sup>*(as amended)*. (~~3-20-04~~)( )

**fg.** American Dental Hygienists' Association, Code of Ethics for Dental Hygienists (ADHA Code), ~~1995 June 2009.~~ (4-6-05)( )

**h.** American Dental Hygienists' Association, Standards for Clinical Dental Hygiene Practice, March 10, 2008. ( )

**i.** American Association of Dental Boards, the Dental Patient Record, June 12, 2009. ( )

**02. Availability.** These documents are available for public review at the Idaho State Board of Dentistry, 350 North 9th Street, Suite M-100, Boise, Idaho 83720, or the Idaho State Law Library, Supreme Court Building, 451 W. State Street, Boise, Idaho 83720. (3-15-02)

**(BREAK IN CONTINUITY OF SECTIONS)**

**012. LICENSE AND APPLICATION FEES (RULE 12).**

The license fees and application fees shall be as follows: (3-30-07)

**01. Application Fees for Dentists:** (7-1-91)

**a. General:** (3-18-99)

**i. By examination -- three hundred dollars (\$300).** (3-26-08)

**ii. By credentials -- six hundred dollars (\$600).** (3-18-99)

**b. Specialty:** (7-1-91)

**i. By examination -- three hundred dollars (\$300).** (3-26-08)

**ii. By credentials -- six hundred dollars (\$600).** (3-18-99)

**02. Application Fees for Dental Hygienists:** (7-1-91)

**a. By examination -- one hundred fifty dollars (\$150).** (3-26-08)

**b. By credentials -- one hundred fifty dollars (\$150).** (3-26-08)

**03. Biennial License Fees for Dentists:** (3-30-07)

**a. Active -- three hundred seventy-five dollars (\$375).** (3-26-08)

**b. Inactive -- one hundred sixty dollars (\$160).** (3-26-08)

**c. Specialty -- three hundred seventy-five dollars (\$375).** (3-26-08)

**04. Biennial License Fees for Hygienists:** (3-30-07)

- a. Active -- one hundred seventy-five dollars (\$175). (3-26-08)
- b. Inactive -- eighty-five dollars (\$85). (3-26-08)
- 05. Application Fees for General Anesthesia and ~~Conscious~~ Moderate Sedation Permits:** (~~4-2-03~~)(    )
  - a. Initial Application -- three hundred dollars (\$300). (4-2-03)
  - b. Renewal Application -- three hundred dollars (\$300). (4-2-03)
  - c. Reinstatement Application -- three hundred dollars (\$300). (4-2-03)

**(BREAK IN CONTINUITY OF SECTIONS)**

**030. DENTAL HYGIENISTS - PRACTICE (RULE 30).**

Subject to the provisions of the Dental Practice Act, Chapter 9, Title 54, Idaho Code, dental hygienists are hereby authorized to perform the activities specified below: (4-6-05)

- 01. General Supervision.** A dental hygienist may perform specified duties under general supervision as follows: (4-6-05)
  - a. Oral prophylaxis (including removal of supragingival and subgingival calculus, stains and plaque biofilm from teeth); (4-11-06)
  - b. Medical history assessments and intra-oral and extra-oral assessments (including charting of the oral cavity and surrounding structures, taking case histories and periodontal assessment); (4-11-06)
  - c. Developing patient care plans for prophylaxis, non-surgical periodontal therapy and supportive and evaluative care in accordance with the treatment parameters set by supervising dentist; (4-11-06)
  - d. Root planing; (4-11-06)
  - e. Non-surgical periodontal therapy; (4-11-06)
  - f. Closed subgingival curettage; (4-11-06)
  - g. Administration of local anesthesia; (4-6-05)
  - h. Removal of marginal overhangs (use of high speed handpieces or surgical instruments is prohibited); (4-6-05)
  - i. Application of topical antibiotics or antimicrobials (used in non-surgical periodontal therapy); (4-6-05)
  - j. Instructing patients in techniques of oral hygiene and preventive procedures; (4-6-05)
  - k. Placement of antibiotic treated materials pursuant to written order and site specific; (4-6-05)
  - l. All duties which may be performed by a dental assistant; and (4-11-06)
  - m. Such other duties as approved by the Board. (4-11-06)

**02. Indirect Supervision.** A dental hygienist may perform specified duties under indirect supervision as follows: (4-6-05)

- a. Administration and monitoring of nitrous oxide/oxygen; (~~4-6-05~~)( )
- b. All dental hygienist duties specified under general supervision; and (4-6-05)
- c. Such other duties as approved by the Board. (4-11-06)

**03. Direct Supervision.** A dental hygienist may perform specified duties under direct supervision as follows: (4-6-05)

- a. Use of a laser restricted to gingival curettage and bleaching; (4-6-05)
- b. All dental hygienist duties specified under general and indirect supervision; and (4-6-05)
- c. Such other duties as approved by the Board. (4-11-06)

**031. DENTAL HYGIENISTS - PROHIBITED PRACTICE (RULE 31).**

Subject to the provisions of the Dental Practice Act, Chapter 9, Title 54, Idaho Code, and these rules, a dental hygienist may not perform certain specified duties. (4-6-05)

**01. Prohibited Duties.** A dental hygienist is prohibited from performing the duties specified below: (4-6-05)

- a. Definitive diagnosis and dental treatment planning; (4-6-05)
- b. The operative preparation of teeth for the placement of restorative materials; (4-6-05)
- c. The placement or carving of restorative materials; (4-6-05)
- d. Administration of any general anesthesia, ~~or conscious~~ minimal sedation, or moderate sedation; (~~4-6-05~~)( )
- e. Final placement of any fixed or removable appliances; (4-6-05)
- f. Final removal of any fixed appliance; (4-6-05)
- g. Cutting procedures utilized in the preparation of the coronal or root portion of the tooth; (4-6-05)
- h. Cutting procedures involving the supportive structures of the tooth; (4-6-05)
- i. Placement of the final root canal filling; (4-6-05)
- j. Final impressions of any tissue-bearing area, whether hard or soft tissue; (4-6-05)
- k. Occlusal equilibration procedures for any prosthetic restoration, whether fixed or removable; (4-6-05)
- l. Final placement of prefabricated or cast restorations or crowns; and (4-6-05)
- m. Such other duties as specifically prohibited by the Board. (4-6-05)

**032. -- 034. (RESERVED).**

**035. DENTAL ASSISTANTS - PRACTICE (RULE 35).**

- 01. Direct Supervision.** A dental assistant may perform specified activities under direct supervision as follows: (4-6-05)
- a.** Recording the oral cavity (existing restorations, missing and decayed teeth); (4-6-05)
  - b.** Placement of topical anesthetic agents (prior to administration of a local anesthetic by a dentist or dental hygienist); (4-6-05)
  - c.** Removal of excess bonding material from temporary and permanent restorations and orthodontic appliances (using hand instruments or contra-angle handpieces with disks or polishing wheels only); (4-6-05)
  - d.** Expose and process radiographs; (4-6-05)
  - e.** Take impressions for preparation of diagnostic models, bleach trays, fabrication of night guards, temporary appliances, temporary crowns or bridges; (4-6-05)
  - f.** Record diagnostic bite registration; (4-6-05)
  - g.** Record bite registration for fabrication of restorations; (4-6-05)
  - h.** Provide patient education and instruction in oral hygiene and preventive services; (4-6-05)
  - i.** Placement of cotton pellets and temporary restorative materials into endodontic access openings; (4-6-05)
  - j.** Placement and removal of arch wire; (4-6-05)
  - k.** Placement and removal of orthodontic separators; (4-6-05)
  - l.** Placement and removal of ligature ties; (4-6-05)
  - m.** Cutting arch wires; (4-6-05)
  - n.** Removal of loose orthodontic brackets and bands to provide palliative treatment; (4-6-05)
  - o.** Adjust arch wires; (4-6-05)
  - p.** Etching of teeth prior to placement of restorative materials; (4-6-05)
  - q.** Etching of enamel prior to placement of orthodontic brackets or appliances by a Dentist; (4-6-05)
  - r.** Placement and removal of rubber dam; (4-6-05)
  - s.** Placement and removal of matrices; (4-6-05)
  - t.** Placement and removal of periodontal pack; (4-6-05)
  - u.** Removal of sutures; (4-6-05)
  - v.** Application of cavity liners and bases; (4-6-05)
  - w.** Placement and removal of gingival retraction cord; (4-6-05)
  - x.** Application of topical fluoride agents; and (4-6-05)
  - y.** Performing such other duties as approved by the Board. (4-6-05)

**02. Prohibited Duties.** Subject to other applicable provisions of these rules and of the Act, dental assistants are hereby prohibited from performing any of the activities specified below: (7-1-93)

- a. Definitive diagnosis and treatment planning. (4-6-05)
- b. The placement or carving of permanent restorative materials in any manner. (7-1-93)
- c. Any procedure using lasers. (4-6-05)
- d. The administration of any general anesthetic, infiltration anesthetic or any injectable nerve block procedure. (4-6-05)
- e. Any oral prophylaxis. Oral prophylaxis is defined as the removal of plaque, calculus, and stains from the exposed and unexposed surfaces of the teeth by scaling and polishing. (7-1-93)
- f. Any intra-oral procedure using a high-speed handpiece, except to the extent authorized by a Certificate of Registration or certificate or diploma of course completion issued by an approved teaching entity. (4-6-05)
- g. The following expanded functions, unless authorized by a Certificate of Registration or certificate or diploma of course completion issued by an approved teaching entity and performed under direct supervision: (4-6-05)
  - i. Fabrication and placement of temporary crowns; (4-6-05)
  - ii. Perform the mechanical polishing of restorations; (7-1-93)
  - iii. Initiating, regulating and monitoring the administration of nitrous oxide/oxygen ~~analgesia~~ to a patient; ~~(4-11-06)~~(\_\_\_\_) (4-6-05)
  - iv. Application of pit and fissure sealants; (7-1-93)
  - v. Coronal polishing, unless authorized by a Certificate of Registration; this refers to the technique of removing soft substances from the teeth with pumice or other such abrasive substances with a rubber cup or brush. This in no way authorizes the mechanical removal of calculus nor is it to be considered a complete oral prophylaxis. This technique (coronal polishing) would be applicable only after examination by a dentist and removal of calculus by a dentist or dental hygienist. (7-1-93)
  - vi. Use of a high-speed handpiece restricted to the removal of orthodontic cement or resin. (4-6-05)

**03. Expanded Functions Qualifications.** A dental assistant may be considered Board qualified in expanded functions, authorizing the assistant to perform any or all of the expanded functions described in Subsection 035.02.g. upon satisfactory completion of the following requirements: (4-6-05)

- a. Completion of Board-approved training in each of the expanded functions with verification of completion of the training to be provided to the Board upon request by means of a Certificate of Registration or other certificate evidencing completion of approved training. The required training shall include adequate training in the fundamentals of dental assisting, which may be evidenced by: (4-6-05)
  - i. Current certification by the Dental Assisting National Board; or (7-1-93)
  - ii. Successful completion of a Board-approved course in the fundamentals of dental assisting; or (3-18-99)
  - iii. Successfully challenging the fundamentals course. (7-1-93)

b. Successful completion of a Board-approved competency examination in each of the expanded functions. There are no challenges for expanded functions. (3-18-99)

04. **Course Approval.** Any school, college, institution, university or other teaching entity may apply to the Board to obtain approval of its courses of instruction in expanded functions. Before approving such course, the Board may require satisfactory evidence of the content of the instruction, hours of instruction, content of examinations or faculty credentials. (3-18-99)

05. **Other Credentials.** Assistants, who have completed courses or study programs in expanded functions that have not been previously approved by the Board, may submit evidence of the extent and nature of the training completed, and, if in the opinion of the Board the same is at least equivalent to other Board-approved courses, and demonstrates the applicant's fitness and ability to perform the expanded functions, the Board may consider the assistant qualified to perform any expanded function(s). (3-18-99)

(BREAK IN CONTINUITY OF SECTIONS)

054. **DEFINITIONS (RULE 54).**

For the purposes of these anesthesia rules, the following terms will be used, as defined below: (4-11-06)

01. **Methods of Anxiety and Pain Control.** (4-11-06)

a. Anxiolysis Analgesia shall mean ~~the process of~~ the diminution or elimination of ~~the patient's anxiety, apprehension or fear by the administration of a pharmacological agent that renders the patient relaxed but does not impair the patient's ability to maintain normal mental abilities and vital functions. An oral sedative agent can be administered in the treatment setting or prescribed for patient dosage prior to the appointment~~ pain. (4-11-06)( )

b. Local anesthesia shall mean the elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. ( )

c. Conscious Minimal sedation shall mean a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond ~~appropriately normally~~ to physical tactile stimulation or and verbal command, and that is produced through the enteral or parenteral administration of a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness ~~unlikely~~. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of ~~conscious minimal~~ sedation. ~~Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.~~ (4-11-06)( )

d. Moderate sedation shall mean 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 a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. ( )

e. Deep sedation shall mean a ~~drug-induced state of depressed~~ depression of consciousness ~~accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and that is produced by a pharmacological or non-pharmacological method or a combination thereof during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.~~ (4-11-06)( )

~~d.~~ General anesthesia shall mean ~~an~~ drug-induced state loss of unconsciousness accompanied by a 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, and that is produced by a pharmacological or non-pharmacological method or a combination thereof during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (4-11-06)(    )

~~e.~~ Local anesthesia shall mean the elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. (4-11-06)

~~f.~~ Nitrous oxide inhalation analgesia shall mean an induced controlled state of minimally depressed consciousness, produced solely by the inhalation of a combination of nitrous oxide and oxygen, in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command. (4-11-06)

**02. Sedation Terms.** (4-11-06)

a. Advanced Cardiac Life Support (ACLS) shall mean an advanced cardiac life support course offered by a recognized accrediting organization. (4-11-06)

b. Monitor or monitoring shall mean the direct clinical observation of a patient during the administration of anesthesia by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures. (4-11-06)

c. Operator shall mean the supervising dentist or another person who is authorized by these rules or holds a permit to induce and administer the proper level of anesthesia/sedation. (4-11-06)

d. Titration shall mean the administration of ~~small~~ incremental doses of a drug until a desired ~~clinical~~ effect is ~~observed~~ reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment. (4-11-06)(    )

e. Maximum recommended (MRD) shall mean maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use. (    )

f. Incremental dosing shall mean administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD). (    )

g. Supplemental dosing during minimal sedation shall mean a single additional dose of the initial drug that may be necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed one and one-half times (1.5x) MRD on the day of treatment. (    )

**03. Routes of Administration.** (4-11-06)

a. Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sublingual). (4-11-06)

b. Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the ~~pulmonary tree~~ lungs and whose primary effect is due to absorption through the ~~pulmonary bed~~ gas/blood interface. (4-11-06)(    )

c. Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract (i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), ~~intraocular~~

intraosseous (IO)]. (4-11-06)( )

**d.** Transdermal/~~transmucosal~~. A technique of administration in which the drug is administered by patch or iontophoresis through skin. (4-11-06)( )

**e.** Transmucosal. A technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal. ( )

**055. ANXIOLYSIS MINIMAL SEDATION (RULE 55).**

Persons licensed to practice dentistry in accordance with the Idaho Dental Practice Act and these rules ~~may~~ are not required to obtain a permit to administer medication to patients for the purpose of relieving anxiety so long as the medication is given in a dosage that is within the current guidelines set forth for anxiolytic dosage on the manufacturer's package insert or other recognized drug reference and does not induce a state of depressed consciousness to the level of general anesthesia, deep sedation, or conscious sedation in the patient minimal sedation to adult patients. When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. (4-11-06)( )

**01. Patient Safety.** The administration of ~~anxiolytics by means of titration or in combination with nitrous oxide inhalation analgesia~~ minimal sedation is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of ~~conscious~~ moderate sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of ~~conscious~~ moderate sedation, deep sedation or general anesthesia. Nitrous oxide/oxygen inhalation analgesia ~~shall not~~ may be used in combination with ~~anxiolytic medication except during the limited period of time required to administer a local anesthetic~~ a single enteral drug in minimal sedation. Notwithstanding any other provision in these rules, a dentist shall initiate and regulate the administration of nitrous oxide/oxygen inhalation analgesia when used in combination with ~~anxiolysis~~ minimal sedation. (4-11-06)( )

**02. Personnel.** ~~A patient sedated for anxiolytic purposes in the dental office shall be monitored by an assistant trained in basic life support to observe appropriate physiologic parameters and assist in any support or resuscitation measures required.~~ At least one (1) additional person currently certified in Basic Life Support for Healthcare Providers must be present in addition to the dentist. (4-11-06)( )

**(BREAK IN CONTINUITY OF SECTIONS)**

**057. NITROUS OXIDE/OXYGEN INHALATION ANALGESIA (RULE 57).**

Persons licensed to practice dentistry and dental hygiene and dental assistants certified in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer nitrous oxide/oxygen inhalation analgesia to patients. Nitrous oxide/oxygen inhalation analgesia when used in combination with other sedative agents may produce an alteration of the state of consciousness in a patient to the level of ~~conscious~~ moderate sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of ~~conscious~~ moderate sedation, deep sedation or general anesthesia. (4-11-06)( )

**01. Patient Safety.** In connection with the administration of nitrous oxide/oxygen inhalation analgesia, a dentist shall: (4-11-06)( )

**a.** Evaluate the patient to insure that the patient is an appropriate candidate for nitrous/oxygen inhalation analgesia; and (4-11-06)( )

**b.** Insure that any patient under nitrous/oxygen inhalation analgesia shall be continually monitored ~~for such matters as response to verbal stimulation, oral mucosal color and vital signs~~; and (4-11-06)( )

**c.** Insure that a second person shall be on the office premises who can immediately respond to any

request from the person administering the nitrous/oxygen inhalation analgesia; and. (4-11-06)( )

~~d.~~ *Insure that a qualified person is continuously monitoring the patient.* (4-11-06)

**02. Required Facilities and Equipment.** Dental offices in which nitrous oxide/oxygen sedation is administered to patients shall, at a minimum and in addition to emergency medications, maintain appropriate facilities and have equipment on site for immediate use as follows: (4-11-06)( )

**a.** A nitrous oxide delivery system with a fail-safe mechanism system that ~~will insure appropriate continuous oxygen delivery and a scavenger system~~ is appropriately checked and calibrated. The equipment must also have either: ( )

**i.** A functioning device that prohibits the delivery of less than thirty percent (30%) oxygen; or ( )

**ii.** An appropriately calibrated and functioning in-line oxygen analyzer with audible alarm; and (4-11-06)( )

**b.** ~~An operating room sufficiently large to accommodate the patient and allow for delivery of appropriate care in an emergency situation~~ appropriate scavenging system must be available; and (4-11-06)( )

~~e.~~ *Suction equipment capable of aspirating gastric contents from the mouth and pharynx;* (4-11-06)

~~d.c.~~ *A portable positive-pressure oxygen delivery system including full face masks and a bag valve mask device capable of delivering positive pressure, oxygen-enriched ventilation to the patient; and suitable for the patient being treated.* (4-11-06)( )

~~e.~~ *An appropriately sized measuring device for taking a patient's blood pressure.* (4-11-06)

**03. Personnel.** For nitrous oxide/oxygen administration, personnel shall include: (4-11-06)( )

**a.** An operator; and (4-11-06)

**b.** An assistant ~~trained currently certified in basic life support to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required (the operator and the assistant may be the same person)~~ Basic Life Support for Healthcare Providers. (4-11-06)( )

**c.** Auxiliary personnel must have documented training in Basic Life Support for Healthcare Providers, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The ~~practitioner~~ dentist and all office personnel must participate in periodic reviews of office emergency protocol. (4-11-06)( )

**058. -- 059. (RESERVED).**

**060. ADMINISTRATION OF CONSCIOUS MODERATE SEDATION (RULE 60).**

Dentists licensed in the state of Idaho cannot ~~use conscious~~ administer moderate sedation in the practice of dentistry unless they have obtained the proper ~~conscious moderate~~ sedation permit from the Idaho State Board of Dentistry. A ~~conscious moderate~~ sedation permit may be either ~~limited enteral~~ or ~~comprehensive parenteral~~. A ~~limited-conscious moderate enteral~~ sedation permit authorizes dentists to administer ~~conscious moderate~~ sedation by either enteral or combination inhalation-ental routes of administration. A ~~comprehensive-conscious moderate parenteral~~ sedation permit authorizes a dentist to administer ~~conscious moderate~~ sedation by ~~ental, combination inhalation enteral or parenteral~~ any routes of administration. A dentist shall not administer ~~conscious moderate~~ sedation to children under eighteen (18) years of age unless they have qualified for and been issued a ~~comprehensive-conscious moderate parenteral~~ sedation permit. (4-11-06)(\_\_\_\_)

**01. Requirements for a ~~Limited-Conscious Moderate Enteral~~ Sedation Permit.** To qualify for a ~~limited-conscious moderate enteral~~ sedation permit, a dentist applying for a permit ~~must~~ shall provide proof that the dentist has completed training in the ~~use and~~ administration of ~~conscious moderate sedation drugs~~ to a level consistent with that prescribed in ~~Part I and Part III of~~ the American Dental Association's "ADA Guidelines for Teaching ~~the Comprehensive Control of Pain Control and Anxiety in Dentistry~~ Sedation to Dentists and Dental Students," as incorporated in Section 004 in these rules. The five (5) year requirement regarding the required training for a ~~limited-conscious moderate enteral~~ sedation permit shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. To obtain a ~~limited-conscious moderate enteral~~ sedation permit, a dentist must provide certification of the following: (4-11-06)(\_\_\_\_)

**a.** Completion of an American Dental Association accredited or Board of Dentistry approved post-doctoral training program within five (5) years of the date of application for a ~~limited-conscious moderate enteral~~ sedation permit that included documented training of a minimum of ~~eighteen twenty-four (1824)~~ hours of ~~didactic education instruction plus management of at least twenty ten (210) clinically-oriented adult case experiences which provided competency in enteral and combination inhalation-ental conscious sedation. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-ental conscious sedation~~ by the enteral and/or enteral-nitrous oxide/oxygen route. These ~~ten (10) cases must include at least three live clinical dental experiences managed by participants in groups no larger than five (5). The remaining cases may include simulations and/or video presentations, but must include one experience in returning a patient from deep to moderate sedation; or and~~ (4-11-06)(\_\_\_\_)

**b.** ~~Completion of a Board of Dentistry approved course of instruction within five (5) years of the date of application for a limited-conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education plus twenty (20) clinically-oriented experiences which provided competency in enteral and combination inhalation-ental conscious sedation. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-ental conscious sedation; and~~ (4-11-06)

**eb.** Proof of ~~completion and~~ current certification of Advanced Cardiac Life Support ~~training~~ or its equivalent. (4-11-06)(\_\_\_\_)

**02. Requirements for a ~~Comprehensive-Conscious Moderate Parenteral~~ Sedation Permit.** A To qualify for a moderate parenteral sedation permit, a dentist applying for a permit ~~to administer comprehensive conscious sedation~~ shall provide proof that the dentist has ~~received formal~~ completed training and certification in the ~~use~~ administration of ~~conscious moderate parenteral sedation drugs~~ as ~~described~~ prescribed in the American Dental Association's "Guidelines for Teaching ~~the Comprehensive Pain Control of Pain and Anxiety in Dentistry and Sedation to Dentists and Dental Students,~~" published by the American Dental Association and as incorporated by reference into Section 004 of these rules within the five (5) year period immediately prior to the date of application for a ~~comprehensive-conscious moderate parenteral~~ sedation permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application. The ~~formal~~ training program shall: (4-11-06)(\_\_\_\_)

**a.** Be sponsored by or affiliated with a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or a teaching hospital or facility approved by the Board of

Dentistry; and (4-5-00)

b. Consist of a minimum of sixty (60) hours ~~didactic education and of instruction, plus management of at least twenty (20) hours patients contact by the intravenous route. Patient contact includes the administration of the intravenous (IV) sedation and management by the participant from induction through emergence;~~ and (3-18-99)(\_\_\_\_)

c. Include the issuance of a certificate of successful completion that indicates the type, number of hours, and length of training received. (3-18-99)

d. In addition, the dentist must ~~show proof of~~ maintain current certification ~~of in~~ Advanced Cardiac Life Support ~~training~~ or its equivalent. (3-15-02)(\_\_\_\_)

**03. General Requirements for Limited Moderate Enteral and ~~Comprehensive Conscious Moderate Parenteral~~ Sedation Permits.** (4-11-06)(\_\_\_\_)

a. **Facility Requirements.** The dentist must have a properly equipped facility for the administration of ~~conscious moderate~~ sedation ~~staffed with a dentist supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto.~~ The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the anesthesia team. (3-18-99)(\_\_\_\_)

b. **Personnel.** For ~~conscious moderate~~ sedation, the minimum number of personnel shall be two (2) including: (10-1-87)(\_\_\_\_)

i. The operator; and (10-1-87)

ii. An assistant ~~trained to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required~~ currently certified in Basic Life Support for Healthcare Providers. (10-1-87)(\_\_\_\_)

iii. Auxiliary personnel must have documented training in basic life support for healthcare providers, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The practitioner and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction. (3-18-99)(\_\_\_\_)

c. **Permit Renewal.** Renewal of the permit will be required every five (5) years ~~in conjunction with the routine dental licensure renewal.~~ Proof of a minimum of twenty-five (25) credit hours continuing education in ~~conscious moderate~~ sedation which may include training in medical/office emergencies will be required to renew a permit. A fee shall be assessed to cover administrative costs. (4-2-03)(\_\_\_\_)

d. **Reinstatement.** A dentist may make application for the reinstatement of an expired or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's expiration or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in ~~conscious moderate~~ sedation ~~techniques~~ for each year subsequent to the date upon which the permit expired or was surrendered. A fee for reinstatement shall be assessed to cover administrative costs. (4-2-03)(\_\_\_\_)

**061. GENERAL ANESTHESIA AND DEEP SEDATION (RULE 61).**

Dentists licensed in the state of Idaho cannot use general anesthesia or deep sedation ~~techniques~~ in the practice of dentistry unless they have obtained the proper permit from the Idaho State Board of Dentistry by conforming with the following conditions: (10-1-87)(\_\_\_\_)

**01. General Requirements.** A dentist applying for a permit to administer general anesthesia ~~and or~~

deep sedation shall provide proof that the dentist: (10-1-87)( )

**a.** Has completed an ~~minimum of one (1) year of advance training in anesthesiology and related academic subjects beyond the undergraduate dental school level~~ advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of the American Dental Association's "Guidelines for the Use of Sedation and General Anesthesia by Dentists," within the five (5) year period immediately prior to the date of application for a permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application. ~~This training is described in Part II of the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as incorporated by reference in Section 004 of these rules;~~  
~~or and~~ (4-11-06)( )

**b.** ~~Is a diplomate of the American Board of Oral and Maxillofacial Surgery;~~ (10-1-87)

**c.** ~~Is a member of the American Association of Oral and Maxillofacial Surgeons;~~ (10-1-87)

**d.** ~~Is a Fellow of the American Dental Society of Anesthesiology;~~ (4-5-00)

**e.** ~~Has e~~Current Certification of in Advanced Cardiac Life Support ~~Training~~ or its equivalent; and (3-15-02)( )

**f.** Has an established protocol or admission to a recognized hospital. (3-18-99)

**02. Facility Requirements.** The dentist must have a properly equipped facility for the administration of general anesthesia, ~~staffed with a dentist supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto~~ or deep sedation. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of general anesthesia or deep sedation and providing the equipment, drugs and protocol for patient rescue. Adequacy of the facility and competence of the anesthesia team will be determined by eEvaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the anesthesia team. The Board adopts the standards incorporated by reference in Section 004 of these rules, ~~regarding approval of equipment within the facility~~ as set forth by the American Association of Oral and Maxillofacial Surgeons in their office anesthesia evaluation manual. (4-11-06)( )

**03. Personnel.** For general anesthesia ~~and or~~ deep sedation ~~techniques~~, the minimum number of personnel shall be three (3) including: (10-1-87)( )

**a.** A qualified ~~person~~ operator to direct the sedation as specified in Section 061 of this rule; and (4-11-06)( )

**b.** ~~A qualified person whose primary responsibilities are observation and monitoring of the patient and who has documented current CPR certification;~~ Two (2) additional individuals who have current certification in Basic Life Support for the Healthcare Provider. (3-18-99)( )

**c.** ~~An assistant for the operator who has documented current CPR certification.~~ When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one (1) of the additional appropriately trained team members must be designated for patient monitoring. (3-18-99)( )

**04. Conscious Moderate Sedation.** A dentist holding a permit to administer general anesthesia ~~or deep sedation~~ under this rule may also administer conscious moderate sedation. (3-18-99)( )

**05. Permit Renewal.** Renewal of the permit will be required every five (5) years ~~in conjunction with the routine dental licensure renewal.~~ Proof of a minimum of twenty-five (25) credit hours of continuing education in general anesthesia ~~and or~~ deep sedation ~~techniques~~ and proof of current certification in Advance Cardiac Life Support will be required to renew a permit. A fee shall be assessed to cover administrative costs. (4-2-03)( )

**06. Reinstatement.** A dentist may make application for the reinstatement of an expired or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's expiration or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in general anesthesia ~~and or~~ deep sedation ~~techniques~~ for each year subsequent to the date upon which the permit expired or was surrendered. A fee for reinstatement shall be assessed to cover administrative costs. ~~(4-2-03)~~(\_\_\_\_)

**(BREAK IN CONTINUITY OF SECTIONS)**

**063. INCIDENT REPORTING (RULE 63).**

~~Any anesthesia permit holder~~ Dentists shall report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom ~~conscious~~ sedation ~~or general anesthesia~~ was administered. ~~(3-18-00)~~(\_\_\_\_)