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2019-2021
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Dear TSBDE board members and staff:

Thank you for opportunity to be a part of this stakeholder meeting. The Board has requested input on benzodiazepine dosing and what is acceptable for in office and out of office administration, as well as input on how those medications fit into existing provisions of the dental practice act and board rules. The Texas Society of Periodontists (TSP) would like to provide our input for your consideration.

Benzodiazepines have a long history of use in dentistry for sedation and anxiolysis with a high therapeutic index and wide margin of safety. The prescribing and dosing information for these drugs is regulated by the federal Food and Drug Administration (FDA), and Texas State Board Rules reference these FDA dosing guidelines in Chapter 110 - Sedation and Anesthesia. These MRDs are clearly defined as maximum dosages for unmonitored home use and should be the basis for acceptable dosages. Providers should modify dosing up to the MRD based on the needs of individual patients. Additionally, any dosage exceeding the MRD should only be administered in the office by sedation permit holders, and there are already Board rules related to this topic. Rule §110.4(b)(2) states that dentists shall "maintain under continuous direct supervision auxiliary personnel who shall be capable of reasonably assisting in procedures, problems, and emergencies incident to the use of minimal sedation." Thus, when a patient has been given sedative dosages, it is implied per existing Rule §110.4 that the patient is in the office under continuous direct supervision and under continuous monitoring.

According to TSBDE staff in the most recent anesthesia committee meeting (Sept. 10, 2020), there have not been a significant number of reports related to patient safety using benzodiazepines. Any additional mandates by the board to micro-manage this subject will only risk creating unintended consequences. Additional regulations will not improve public safety because the rules allowing for prudent use of sedation techniques already exist. If anything, it will only limit the ability of safe providers to use their own clinical judgment for each individual patient. Accordingly, the TSP feels there is no need to consider a rule change related to this subject.

Sincerely,

Steven Britain, DDS
President - Texas Society of Periodontists