

## **Sedation Committee Meeting Minutes**

February 9, 2026  
4:30 pm  
335 Randolph Avenue Room 106  
St. Paul, MN 55102  
and  
Open Webinar/Teleconference Meeting

### Call to Order

Mark Roszkowski called the meeting to order at 4:45 pm.

### Committee Members Present

Mark Roszkowski, DDS, Committee Chair  
Heidi Donnelly, LDA, Board Member  
Hassan Ismail, DDS, Board Member

### Board Staff Present

Bridgett Anderson, Executive Director  
Kathy Johnson, Legal Analyst  
Mary Luecke, Executive Admin Assistant

### Approval of Draft Agenda

The February 9, 2026 agenda was reviewed and approved.

### Review and Approval of Past Meeting Minutes

The November 18, 2025 minutes were reviewed and approved as submitted.

### Unfinished Business

### **Medications Used for Conscious Sedation**

The Committee, along with audience attendees, continued discussion regarding moderate sedation in current Minnesota Rules 3100.0100 Subp. 14a: "Moderate sedation means a depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients respond purposefully to verbal commands, either alone or accompanied by light tactical stimulation. Moderate sedation is characterized by unaffected cardiovascular functions, no need for intervention to maintain a patent airway for the patient, and adequate spontaneous ventilation. cardiovascular functions."

Chair Mark Roszkowski summarized prior meeting discussions. He referenced survey responses from 15 other state dentistry boards. Most states regulate by level of sedation and not by specific drugs. Many states rely on standard of care and American Dental Association (ADA) guidelines. Discussion included there is no precise line between moderate and deep sedation. Some support was raised for regulating level of sedation achieved rather than by medication

type. Duration of action of certain sedation drugs (e.g. ketamine vs. propofol) significantly impacts risk.

There was consensus regarding the need for appropriate training and patient selection. Patient response can vary based on age and health status. Practitioner preparedness to manage adverse events along use of reversible agents provide a safety margin. Adequate staffing during sedation procedures was emphasized (ideally three individuals: operator, monitor, and assistant). Concerns included dentists administering sedation while simultaneously performing procedures without adequate monitoring support.

Bridgett Anderson reported MN Board of Dentistry inspection data indicates most providers use fentanyl and midazolam in low doses. Adverse reaction reports related to moderate sedation are rare and most reported adverse events involve local anesthetics. She acknowledged the possibility of underreporting. A balance between patient safety and maintaining access to care is a consideration. Moderate sedation providers could be surveyed to gather additional data on medication usage patterns.

Audience stakeholder perspectives included:

- Minnesota's definition of moderate sedation may conflict with the pharmacologic effects of certain agents (propofol, ketamine, dexmedetomidine, etomidate).
- Some shared clinical experience with dexmedetomidine when carefully administered incrementally.
- Some agents can alter cardiopulmonary parameters even at low doses. Many sedatives can alter heart rate and physiology.
- Dosing errors can occur in healthcare settings.
- Medications such as ketamine have varying concentrations and documented administration errors.
- Dose titration is important as well as patient responsiveness.
- Evaluation could be based on patient responsiveness and airway stability rather than medication class alone.
- Moderate sedation providers may not have sufficient training to manage airway emergencies or cardiopulmonary instability associated with non-reversible agents.
- Moderate sedation could be limited to reversible agents (e.g., benzodiazepines and opioids) as a public safety measure.
- The definition of moderate sedation could be revisited if broader drug use is permitted.

The Committee will continue to evaluate regulatory options and consider potential motions for a future full board meeting. The Board will consider whether regulation should remain level-

based; drug lists should be specified; only reversible agents should be permitted; and if additional guidance is warranted.

New Business

**Curriculum Review – IV Sedation for Training Dentists LLC**

Dr. William J. Moorhead and Dr. Darren Greenwell presented and requested Sedation Committee approval for curriculum from *IV Sedation Training for Dentists LLC*. American Dental Association (ADA) guidelines are followed. The program is currently approved in 25 states and teaches moderate sedation for ages 13 and older.

MOTION: Heidi Donnelly made a motion to approve the curriculum from *IV Sedation Training for Dentists LLC*. Hassan Ismail second.

VOTE: For: 3  
Opposed: 0  
RESULT: Motion passed

**Contracted Sedation Inspections**

The full Board discussed contracted sedation inspections and the Committee will draft rule variance language for future consideration if inspections will be discontinued for the CSS certificate holders.

**Facility Requirements**

The Board is not planning to change facility requirements in the rule at this time and future discussions can take place to address concerns of stakeholder groups.

Announcements

None

Adjourn

Mark Roszkowski adjourned at 5:31 pm.

Reviewed by: Mark Roszkowski, DDS  
Mark Roszkowski, DDS, Committee Chair

April 8, 2026  
Date