Minnesota Board of Dentistry
335 Randolph Avenue, Suite 250
St. Paul, MN 55102
Office: (612) 617-2250
MN Relay Service: (800) 627-3529
www.mn.gov/boards/dentistry

Sedation Committee Meeting Minutes

Tuesday, August 5, 2025
4:30 pm
335 Randolph Avenue Room 104
St. Paul, MN 55102
and
Open Webinar/Teleconference Meeting

Call to Order
Mark Roszkowski called the meeting to order at 4:37 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
Brian Cochran, Assistant Director Licensing and Credentialing
Kathy Johnson, Legal Analyst
Mary Luecke, Executive Admin Assistant

Approval of Draft Agenda
The August 5, 2025 agenda was reviewed and approved.

Review and Approval of Past Meeting Minutes
The April 1, 2025 minutes were reviewed and approved as submitted.

Unfinished Business

Revisit Pediatric Sedation Case Requirements
The Committee continued discussion regarding Minnesota Rules Part 3100. The new rules, which are in effect, provide requirements to receive the initial endorsement for pediatric anesthesia for both conscious sedation providers, general anesthesia or deep sedation providers. The Committee decided at the April 1, 2025 meeting, to pursue rule modification to allow initial endorsement approval for licensees who have 12 cases within the 24 months preceding application. Individuals may continue to apply for variances at this time on a case-by-case basis. The Board will consider draft rule change language to consider 12 cases within 12 months of the Board's receipt of initial application.

Some providers have not had enough cases to meet the criteria for 12 pediatric cases in the timeline prior to applying and getting approval for the initial endorsement. The Committee considered requiring attestation for endorsement renewal to allow time to obtain required cases; and then the 12 pediatric cases in 12 months would be required for future renewals.

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Dr. Christopher Viozzi, MD, DDS, Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS) president, reported the organization has been discussing the number of cases they would recommend. MSOMS does not support providing variances for individuals who do not have at least one pediatric case per month over a two-year cycle. The degree of regular practice is needed to demonstrate competency. There are residency programs which provide cases with pediatric patients under eight-years-old. The Mayo Clinic program can provide many pediatric experiences during residency, but not every residency is like Mayo Clinic.

Dr. Daniel Sampson, vice president of MSOMS, reported there is concern that oral surgery residencies could spend most of their time in the operating room and every program is different. Some residents have extensive pediatric training earlier in residency but may not have 12 cases within the last year. An idea would be to consider all pediatric cases throughout a residency and maybe the Board could set a standard for new graduates. Applicants who have been practicing in other states may not have documented cases.

The Committee may continue discussion after reviewing more applications but decided current rule is fair and balanced regulation. Applicants from other states should be aware of Minnesota's requirements. Residents are accountable to know Minnesota's standards and seek to fulfill during residencies.

New Business

Medications Used for Conscious Sedation
Chair Mark Roszkowski opened discussion by sharing the definition of 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."

Mark Roszkowski, DDS, and Patrick Ennen, DDS, Minnesota Board of Dentistry contracted sedation inspector, reported practitioners have been varying out of the standard moderate conscious sedation format of using smaller doses of midazolam and fentanyl. Some medications being used by moderate conscious sedation providers include Precedex (dexmedetomidine hydrochloride), propofol, ketamine, and etomidate. The Committee is seeking input from providers who are familiar with these medications. Other state boards are also indicating more information is needed. A concern with Precedex is it can severely impact cardiovascular

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functions. Precedex does not have a reversal agent if sedation goes beyond moderate conscious sedation.

The Board is exploring if further restrictions need to be in place because different sedation agents are being used. The Board can determine if any changes are needed to moderate sedation or general anesthesia rules. Current rules list outcomes, but not medications. Board procedures focus on evidence-based decisions. Dr. Patrick Ennen supports the idea of creating guidelines for moderate conscious sedation doses. Mayo Clinic has set guidelines for accepted moderate conscious sedation agents.

The Committee discussed use of Precedex and other sedation medications with Dr. Patrick Ennen, Dr. Karl Peterson, Dr. Christopher Viozzi and Dr. Daniel Sampson. A concern is if a patient is not truthful about use of recreational drugs and could already be using a drug that suppresses respiration. Audience moderate sedation providers described training experiences with the medications prior to utilization in practice. Some other states list restrictions for sedation medications. The Committee will continue to research and discuss at future meetings.

Announcements
None

Adjourn
Mark Roszkowski adjourned at 5:30 pm.

Reviewed by: _____ November 18, 2025
Mark Roszkowski, DDS, Committee Chair Date