Early Childhood Caries (ECC), is a severe, aggressive form of dental decay that affects 1 in 5 children in the United States.\(^1\) Pain and infection related to dental carries results in the loss of 51 million school hours each year.\(^2\) Children living in poverty are at least 1.8 times more likely to be afflicted with this disease.\(^3\) The treatment of ECC often calls for advanced management modalities, including deep sedation and general anesthesia.\(^4\)

When deep sedation or general anesthesia is required for the treatment of a child with ECC, pediatric dentists typically have three possible venues for treatment: the hospital operating room, an ambulatory surgery center, or the pediatric dental office. All three options can be performed safely by qualified anesthesia providers,\(^5\) however there are significant differences between the three options in regard to cost and efficiency. Office-based anesthesia is clearly the most efficient and least costly mode of anesthesia delivery. A recent comparison of the office-based and hospital venues for the treatment of ECC found anesthesia administered in a hospital to be over thirteen times more costly than office-based anesthesia.\(^6\) This finding is consistent with findings reported by the PEW Children’s Dental Campaign.\(^7\)

Dentist Anesthesiologists are dentists that have undergone two to three years of advanced hospital-based anesthesia training in a CODA accredited residency program. The residency includes training to proficiency in all major forms of anesthesia including extensive training in office-based anesthesia. A 2010 survey of the American Society of Dentist Anesthesiologists showed pediatric dentistry accounted for more than 60% of the average dentist anesthesiologist’s practice.\(^8\) Pediatric dentists support this trend and would prefer to work with dentist anesthesiologists, if available.\(^9\)

Unfortunately, several current policies by state dental boards and state Medicaid programs severely hinder the ability of dentist anesthesiologists to advertise and practice. This is due, large part, to the failure of the American Dental Association (ADA) to recognize dental anesthesiology as a specialty, despite the fact that dentist anesthesiologists are recognized as unique dental specialty providers by the National Uniform Claim Committee (NUCC)\(^10\) and require a separate permit to practice in all 50 states.\(^11\)

Removing the links between ADA specialty certification, state dental boards and Medicaid program requirements will significantly increase access to care for the millions of children with ECC.

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1. [http://www.cdc.gov/nchs/data/databriefs/db96.htm](http://www.cdc.gov/nchs/data/databriefs/db96.htm)
3. Personal communication with Burton Edelstein DDS, MPH, President of the Childrens Dental Health Project May 2012. More information about CDHC, dental carries, and it’s implications for state Medicaid policies can be found at [http://www.cdhp.org/resource_types/briefs](http://www.cdhp.org/resource_types/briefs)
5. [http://www.aapd.org/media/policies_guidelines/p_sedation.pdf](http://www.aapd.org/media/policies_guidelines/p_sedation.pdf)
8. See [www.asdahq.org](http://www.asdahq.org) for detailed information about Dentists Anesthesiologists.