

Jeffrey A. Elo, DDS, MS, FACS – Testimony

Good afternoon. My name is Jeffrey Elo. I'm the President-Elect of the California Association of Oral and Maxillofacial Surgeons, or (CALAOMS). I'm here on behalf of the 900 Oral and Maxillofacial Surgeon members who practice here in California. Thank you for the opportunity to share my expertise about oral and maxillofacial surgery, or "OMS," based on my academic and professional experience, and to discuss our commitment to patient safety.

I am a Professor of OMS at Western University of Health Sciences in Pomona and Assistant Professor of OMS at Loma Linda University Medical Center. I am also Adjunct Faculty for the Family Practice Medicine Residency and the Urgent Care Fellowship programs at Pomona Valley Regional Medical Center. I currently serve as an examiner for the American Board of Oral and Maxillofacial Surgery, the independent organization that tests and confirms the training of OMSs nationwide; which includes no less than 3 years of general anesthesia training in our 4-6 year OMS residency training programs.

In 2016, both the California Assembly and the Senate, under the guidance of Assemblyman Thurmond and Senator Hill, passed AB 2235 which called for the Dental Board to appoint a special committee to study the safety and effectiveness of office-based anesthesia on pediatric dental patients, compare these to other states, and then offer recommendations based on their findings. Governor Brown signed this bill into statute.

In January 2017, the special committee completed their comprehensive study and has concluded that our anesthesia delivery system is safe, consistent with, and compares favorably with accepted practices across the country. The special committee made various recommendations that it felt could further improve anesthesia safety in the dental office setting. Most of these recommendations are already required for CALAOMS members. We welcome the adoption of our culture of safety for all providers of dental anesthesia in California. However, there was no evidence presented in the special committee's study to support a mandate of a second anesthesia provider for children 7 and under in the OMS Anesthesia Care Team Model.

As OMSs, our mission is to assure the public of safe, comfortable, and optimal care that is affordable and accessible. We have accomplished this with the development and implementation of mandatory standards of practice, which are more robust than what is currently required by law.

CALAOMS believes that a comprehensive evaluation of each physical location where anesthesia is delivered is absolutely essential to assess patient safety equipment. Evaluating a single provider in one office location, though he or she may work in many, does not promote best practices for patient safety.

I'd also like to comment on how potential new regulations could impact access to care.

In all of the University-based clinics where I practice, the majority of patients are on Medi-Cal and Denti-Cal. When I treat patients for surgery and place them under deep sedation/general anesthesia, our reimbursement for 1 hour of anesthesia services is \$104. Even though the

reimbursement is low and often we lose money providing it, we do so because it's important for patients' comfort; not because it's high income producing.

I explored the potential cost of working with medical anesthesia providers. I recently contacted 2 dozen traveling medical and dental anesthesia providers in southern California. I was told there is always a 2-hour minimum, and the lowest fee I was quoted for 1 hour was \$600. That's a significant increase in the cost of care that would threaten access for many patients.

I implore all of you here to consider this before taking any action that will not make our procedures safer, but instead, will create a crisis in access to care for all Californians, but particularly those most vulnerable – the poor, the dental phobic, and our state's kids.

We ask that you as a legislative body hold to the findings of the study as presented by the special committee that you voted for and commissioned.

The Oral and Maxillofacial Surgeons of California are part of the solution still needed in order to make sure *all* children — poor and wealthy, rural, and urban — receive the dental health care they need to survive and thrive.

We thank you all very much for your time.

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