

This is an amendment to 16.5.15 NMAC, Sections 8 and 14, effective 4/21/2026.

**16.5.15.8 REQUIREMENT TO BE REGISTERED OR CERTIFIED:** Dentists who administer nitrous oxide inhalation analgesia in New Mexico are required to be registered with the board. Dentists who administer minimal sedation, moderate sedation, deep sedation, or general anesthesia in New Mexico are required to obtain an anesthesia permit from the board. Any dentist who fails to comply with these rules may be subject to disciplinary action by the board. Anesthesia permits valid on the effective date of this rule continue to be valid until the expiration date indicated on the permit.

**A. Permit requirements:** (In order of increasing complexity higher level permit includes all lower level permits within the scope of that permit).

(1) Anxiolysis only: No permit necessary (single drug/single dose, within the normal therapeutic dose for anxiolysis).

(2) Nitrous oxide alone: Permit required, no practitioner or facility exam required.

(3) Minimal sedation: Permit required, no exam of practitioner or facility, affidavit of compliance required (single enteral drug, with or without nitrous oxide, below the maximum recommended daily dose).

~~(4) Moderate sedation: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (single enteral drugs above the maximum recommended dose, multiple enteral drugs, enteral drug plus nitrous oxide, any parenteral drugs).~~

~~(5) Deep sedation/general anesthesia: Permit required, affidavit of compliance, practitioner and facility exam required at the discretion of the board or its anesthesia committee.]~~

~~(4) Moderate enteral sedation: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (single enteral drugs above the maximum recommended daily dose, multiple enteral drugs).~~

~~(5) Moderate parenteral sedation – midazolam only: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (parenteral midazolam with no other parenteral drugs or parenteral midazolam in combination with other inhalation or enteral drugs).~~

~~(6) Moderate parenteral sedation: Permit required, affidavit of compliance, oral, written, and facility exam required at the discretion of the board or its anesthesia committee (parenteral drugs limited to sedatives as defined in Section J of 16.5.15.14 NMAC).~~

~~(7) Deep sedation/general anesthesia: Permit required, affidavit of compliance, practitioner and facility exam required at the discretion of the board or its anesthesia committee.~~

**B. Facility limitations:** If the dentist of a facility approved for a sedation permit utilizes a certified registered nurse anesthetist (CRNA) to provide the sedation, the CRNA may only administer sedation up to the permit level of the operating dentist and the facility.

[16.5.15.8 NMAC - Rp, 16.5.15.8 NMAC, 5/31/2023; A, 4/21/2026]

**16.5.15.14 ADMINISTRATION OF MODERATE SEDATION (Formerly conscious sedation I and II):**

**A.** Moderate sedation may be achieved by several methods: The end point of sedation, as in the definition, is the important factor. Drugs used here should have a wide safety margin so as to not allow patients to easily slide to deep sedation or general anesthesia. The dentist should also be aware that titrating an enteral dose of medication is difficult due to onset of action and multiple variables.

(1) moderate enteral sedation (previously conscious sedation I) is achieved by the use of: single enteral drugs in doses as needed up to and above the maximum recommended single dose, or two or more enteral drugs used in combination, or single or multiple enteral drugs combined with nitrous oxide;

(2) moderate parenteral sedation (previously conscious sedation II) is achieved by the use of single or multiple parenteral drugs, with or without nitrous oxide.

**B. Registration:** Permit required, each licensed dentist who administers or supervises the prescribed administration of drugs to achieve moderate sedation shall be registered with the board. Moderate sedation permits are issued for a specific practice location (facility). An application form will be provided by the board office upon request. Applicant shall follow the permit application procedure as defined in 16.5.15.19 NMAC. Administration

of moderate sedation without registration is a violation of these rules and may result in disciplinary action against the licensee.

C. Education/qualifications: To administer moderate sedation by any means the dentist must satisfy one of the following criteria:

~~\_\_\_\_\_ (1) \_\_\_\_\_ training to a level of competency in moderate sedation consistent with that described in the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists”, and “guidelines for teaching pain control and sedation to dentists and dental students”. The above involves completion of 60 hours of didactic instruction and administration of moderate sedation for at least 20 individually managed patients in a pre-doctoral program at a CODA accredited school, verifiable by the board, or in a post-doctoral continuing education program acceptable to the board and its anesthesia committee; or~~

~~\_\_\_\_\_ (2) \_\_\_\_\_ completion of CODA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage moderate sedation as described in the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists”, and “guidelines for teaching pain control and sedation to dentists and dental students”.]~~

(1) training to a level of competency in moderate sedation consistent with that described in the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists”, and “guidelines for teaching pain control and sedation to dentists and dental students”. The above involves completion of 60 hours of didactic instruction and administration of moderate sedation for at least 20 individually managed patients in a pre-doctoral or post-doctoral program at a CODA accredited school or residency, verifiable by the board, or in a post-doctoral continuing education program that includes the supervised parenteral delivery of requested parenteral drugs acceptable to the board and its anesthesia committee; or

(2) completion of CODA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage moderate sedation with curriculum that includes the supervised parenteral delivery of requested parenteral drugs as described in the most current versions of the American dental association “guidelines for the use of sedation and general anesthesia by dentists”, and “guidelines for teaching pain control and sedation to dentists and dental students”;

(3) training which did not take place in a CODA accredited dental school, accredited teaching hospital, or other CODA-accredited based training would be eligible for a restricted midazolam-Only moderate parenteral sedation permit with approval from the anesthesia committee and board.

D. To administer moderate enteral sedation, the dentist must have current certification in basic life support. Moderate enteral sedation does not require ETCO<sub>2</sub> capnography monitoring.

E. To administer moderate parenteral sedation, the dentist must have current certification in advanced cardiac life support. Moderate parenteral sedation does require ETCO<sub>2</sub> capnography or precordial stethoscope monitoring.

F. Auxiliary clinical personnel must have current certification in basic life support.

G. The dentist must sign an affidavit of compliance. An oral and written examination administered by the anesthesia committee or designee will be required if the anesthesia committee or board determines an application is incomplete or is lacking information to make a final recommendation for approval. This may require travel on the applicant’s part to meet with an examiner. The applicant’s facility may also be subject to inspection and approval by the anesthesia committee or its designated examiner.

H. Current permit holder’s sedation education would be grandfathered in by board rules in effect at the time of original issue of their permit. However, safety standards must be updated to the current board and American dental association (ADA) guidelines.

I. Facility/records:

(1) the dentist must maintain a properly equipped facility for the administration of moderate sedation, staffed with supervised auxiliary personnel capable of handling procedures, problems and emergencies that may arise;

(2) the facility along with the dentist providing the sedation will be evaluated. The moderate sedation permit is valid only at the facility approved by the permit;

(3) the patients shall be monitored and records shall reflect that the pre-operative patient evaluation, including American society of anesthesiologists (ASA) classification, pre-operative preparation, electrocardiogram (ECG) (for parenteral sedation), pulse oximetry, and blood pressure. ETCO<sub>2</sub> capnography or precordial stethoscope monitoring is only required for moderate parenteral sedation. Recovery and discharge also needs to be performed and documented in accordance with the current “ADA guidelines for the use of sedation and general anesthesia by dentists”;

(4) a facility permitted for moderate sedation does not allow for the use of deep sedation or general anesthesia in that facility regardless of the licensee providing anesthesia;

(5) a log of drugs used, dosage or amount of drugs used and date of administration must be maintained separate from the patient's record;

(6) informed consent is required.

**J.** Restrictions: A dentist with a moderate sedation (formerly conscious sedation II) permit shall not administer or employ any agent(s) which has a narrow margin for maintaining consciousness, or is federally classified as a general anesthetic including, but not limited to:

(1) ultra-short acting barbiturates including, but not limited to, sodium methohexital, thiopental, and thiamylal;

(2) alkylphenols-propofol (diprivan) including precursors or derivatives;

(3) neuroleptic agents;

(4) dissociative agents - i.e. ketamine;

(5) etomidate, and similarly acting drugs;

(6) volatile inhalational agents; or

(7) any quantity of agent(s) or technique(s), or any combination thereof, that renders a patient deeply sedated or generally anesthetized.

**K.** The drugs/techniques enumerated in Subsection J of 16.5.15.14 NMAC are presumed to produce general anesthesia and may only be used by a licensee holding a valid deep sedation/general anesthesia permit issued by the board, or by a corresponding licensing board if the licensee is not a dentist (eg., MD, CRNA). [16.5.15.14 NMAC - Rp, 16.5.15.14 NMAC, 5/31/2023; A, 4/21/2026]