

NEVADA STATE BOARD of DENTAL EXAMINERS



Post Meeting Documents Public Comment

November 20, 2015
Board Meeting

PUBLIC COMMENT From:
L. Scott Brackley, DDS
- 11. 20. 2016 -

Proposed Changes to NRS 631, Dental Practice Act

Instead of just complaining about a problem, it is best to provide solutions. This document provides suggested modifications to the Nevada Dental Practice Act.

These Changes are an effort to make the act kinder and friendlier. If a dentist is accused of wrong doing then he should be judged only on that wrong doing. The idea of a witch hunt because of a complaint simply had created an environment where the dentist agrees to outrageous stipulations and penalties just to avoid the cost of defending a case that has no limits.

When the lawyers have a complaint against them it revolves only around that complaint and their costs are limited to \$1500 if any penalties are imposed. They also can have examiners removed without cause. We should have the same protections.

The employees, independent counsel and other contractors can become oppressive and controlling which is not in the best interests of anyone. Just as the members of the board and legislators have term limits so should all others associated with the board.

The areas immediately below should have non-pharmacologic methods removed from the definition. It is vague and does not produce any sensible safety measure for the public. It is the drugs that are used that cause the problems.

This year the Board decided to start charging renewal fees for approved continuing education courses. This simply drives up the cost of education which later is passed on to the doctors and the patients. If there have been no changes to the courses or the providers then there should be no need to charge for a review. If reviews are required they should be for a longer period than two years. Most information has a life of 5-25 years. Setting more frequent time limits simply increases costs.

Years ago, dentist were able to keep the cost of cleanings at a lower level by having themselves or the dental hygienists clean the tartar from below the gumline and the dental assistants were able to clean above the gumline. Assistants still allowed to clean cement from a tooth above or below the gumline with any instrument except a rotary cutting instrument. Tartar is very similar to cement and it is not illogical to allow them to use the same types of instruments that they already use to remove the tartar above the gumline. This would allow the hygienist or dentist to see more patients and lower the cost of the cleaning.

Instead of paying the investigative costs of these hearings and complaints, the doctors should be given the option of choosing to do that amount of work, based upon their current fee for service fee schedule, either for medicaid or one of the local charities or churches.

NRS 631.025 "Conscious sedation" defined. "Conscious sedation" means a minimally depressed level of consciousness, produced by a pharmacologic method—in which the patient retains the ability independently and continuously to maintain an airway and to respond

appropriately to physical stimulation and verbal commands.

(Added to NRS by 2001, 2691)

NRS 631.027 "Deep sedation" defined. "Deep sedation" means a controlled state of depressed consciousness, produced by a pharmacologic method and accompanied by a partial loss of protective reflexes and the inability to respond purposefully to verbal commands.

(Added to NRS by 2001, 2691)

NRS 631.055 "General anesthesia" defined. "General anesthesia" means a controlled state of unconsciousness, produced by a pharmacologic method and accompanied by partial or complete loss of protective reflexes and the inability independently to maintain an airway and respond purposefully to physical stimulation or verbal commands.

(Added to NRS by 1989, 1739)

NRS 631.130 Qualifications of members; restrictions on participation in examinations.

1. The Governor shall appoint:

(a) Six members who are graduates of accredited dental schools or colleges, are residents of Nevada and have ethically engaged in the practice of dentistry in Nevada for a period of at least 5 years.

(b) One member who has resided in Nevada for at least 5 years and who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care. This member may be licensed under the provisions of this chapter.

(c) Three members who:

(1) Are graduates of accredited schools or colleges of dental hygiene;

(2) Are residents of Nevada; and

(3) Have been actively engaged in the practice of dental hygiene in Nevada for a period of at least 5 years before their appointment to the Board.

(d) One member who is a representative of the general public. This member must not be:

(1) A dentist or a dental hygienist; or

(2) The spouse or the parent or child, by blood, marriage or adoption, of a dentist or a dental hygienist.

2. The members who are dental hygienists may vote on all matters but may not participate in grading any clinical examinations required by NRS 631.240 for the licensing of dentists.

3. If a member is not licensed under the provisions of this chapter, the member shall not participate in grading any examination required by the Board.

[Part 4:152:1951; A 1953, 363]—(NRS A 1971, 533; 1977, 1250; 1981, 1972; 1983, 1112; 1989, 52; 1995, 275; 2003, 519, 1190; 2005, 271)

4. No member, director, employee, independent contractor or consultant may serve more than six years. There must be a three year interval before they may serve in connection with the Nevada Board of Dental Examiners again.

NRS 631.345 Fees.

1. Except as otherwise provided in NRS 631.2715, the Board shall by regulation establish fees for the performance of the duties imposed upon it by this chapter which must not exceed the

following amounts:

Application fee for an initial license to practice dentistry.....	\$1,500
Application fee for an initial license to practice dental hygiene.....	750
Application fee for a specialist's license to practice dentistry.....	300
Application fee for a limited license or restricted license to practice dentistry or dental hygiene	
300	
Fee for administering a clinical examination in dentistry.....	2,500
Fee for administering a clinical examination in dental hygiene.....	1,500
Application and examination fee for a permit to administer general anesthesia, conscious sedation or deep sedation.	750
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, conscious sedation or deep sedation.....	500
Biennial renewal fee for a permit to administer general anesthesia, conscious sedation or deep sedation	600
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, conscious sedation or deep sedation.....	
350	
Biennial license renewal fee for a general license, specialist's license, temporary license or restricted geographical license to practice dentistry.....	1,000
Annual license renewal fee for a limited license or restricted license to practice dentistry	300
Biennial license renewal fee for a general license, temporary license or restricted geographical license to practice dental hygiene.....	600
Annual license renewal fee for a limited license to practice dental hygiene	300
Biennial license renewal fee for an inactive dentist.....	400
Biennial license renewal fee for a dentist who is retired or has a disability..	100
Biennial license renewal fee for an inactive dental hygienist.....	200
Biennial license renewal fee for a dental hygienist who is retired or has a disability	100
Reinstatement fee for a suspended license to practice dentistry or dental hygiene	500
Reinstatement fee for a revoked license to practice dentistry or dental hygiene	500
Reinstatement fee to return a dentist or dental hygienist who is inactive, retired or has a disability to active status	500
Fee for the certification of a license.....	50

2. Except as otherwise provided in this subsection, the Board shall charge a fee to review a course of continuing education for accreditation. The fee must not exceed \$150 per credit hour of the proposed course. The Board shall not charge a nonprofit organization or an agency of the State or of a political subdivision of the State a fee to review a course of continuing education.

3. All fees prescribed in this section are payable in advance and must not be refunded.

[Part 4:152:1951; A 1953, 363]—(NRS A 1957, 343; 1967, 865; 1971, 533; 1981, 1974; 1983, 278; 1985, 382; 1987, 859; 1989, 1740; 1993, 2743; 1999, 1657, 2849; 2005, 285; 2009, 1528; 2011, 76)

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4. In the event that the board opts to require periodic recertification for previously approved courses, fees may only be charged if there has been a substantial change in the content of the course. Such fees may not exceed \$25 per credit hour and renewals may not be required at periods of less than five years.

NAC 631.220 Dental assistants: Authorization to perform certain services; supervision by dental hygienist for certain purposes. (NRS 631.190, 631.313, 631.317)

1. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision only to do one or more of the following:

- (a) Expose radiographs.
- (b) Retract a patient's cheek, tongue or other tissue during a dental operation.
- (c) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.
- (d) Place or remove a rubber dam and accessories used for its placement.
- (e) Place and secure an orthodontic ligature.
- (f) Remove sutures.
- (g) Place and remove a periodontal pack.
- (h) Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (i) Administer a topical anesthetic in any form except aerosol.
- (j) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (k) Take the following types of impressions:
 - (1) Those used for the preparation of diagnostic models;
 - (2) Those used for the preparation of counter or opposing models;
 - (3) Those used for the fabrication of temporary crowns or bridges; and
 - (4) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (l) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.
- (m) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.
- (n) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.
- (o) Administer a topical fluoride.
- (p) Apply pit and fissure sealant to the dentition for the prevention of decay. This

procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

(q) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental assistant to perform this procedure.

2. A dentist who is licensed in the State of Nevada may authorize a dental hygienist to supervise a dental assistant in the assistance of the hygienist's performance of one or more of the following:

- (a) Expose radiographs.
- (b) Retract a patient's cheek, tongue or other tissue during a dental operation.
- (c) Remove the debris that normally accumulates during or after a cleaning or operation by the dental hygienist by using mouthwash, water, compressed air or suction.
- (d) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(e) Remove calculus or tartar that is above the gumline only, soft plaque and stain from exposed tooth surfaces, utilizing a device that does not have a rotary cutting tip. They may also use an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist or dental hygienist shall determine that the teeth to be polished cleaned by the assistant are free of sub-gingival calculus or other sub-gingival extraneous material.

(f) Administer a topical fluoride.

3. A dental hygienist, who is authorized by the Board to perform the services described in subsection 5 of NAC 631.210, may authorize a dental assistant under his or her supervision to assist the hygienist in the performance of the services described in paragraphs (a) to (f), inclusive, of subsection 2.

[Bd. of Dental Exam'rs, § XXII, eff. 7-21-82]—(NAC A 10-21-83; 10-7-85; 4-3-89; 3-11-96; R051-04, 8-25-2004)

NAC 631.230 Unprofessional conduct. (NRS 631.190, 631.346, 631.347, 631.350)

1. In addition to those specified by statute and subsection 3 of NAC 631.177, the following acts constitute unprofessional conduct:

- (a) The falsification of records of health care or medical records.
- (b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.
- (c) ~~The consistent use of dental procedures, services or treatments which constitute a departure from prevailing standards of acceptable dental practice even though the use does not constitute malpractice or gross malpractice.~~
- (d) The acquisition of any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge.
- (e) Making an unreasonable additional charge for laboratory tests, radiology services or

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other testing services which are ordered by the dentist and performed outside his or her own office.

(f) The failure to report to the Board as required in NAC 631.155 or to sign any affidavit required by the Board.

(g) Employing any person in violation of NAC 631.260 or failing to report to the Board as required by that section.

(h) The failure of a dentist who is administering or directly supervising the administration of general anesthesia, deep sedation or conscious sedation to be physically present while a patient is under general anesthesia, deep sedation or conscious sedation.

(i) Administering conscious sedation to more than one patient at a time, unless each patient is directly supervised by a person authorized by the Board to administer conscious sedation.

(j) Administering general anesthesia or deep sedation to more than one patient at a time.

(k) The failure to have any patient who is undergoing general anesthesia, deep sedation or conscious sedation monitored with a pulse oximeter or similar equipment required by the Board.

(l) Allowing a person who is not certified in basic cardiopulmonary resuscitation to care for any patient who is undergoing general anesthesia, deep sedation or conscious sedation.

(m) The failure to obtain a patient's written, informed consent before administering general anesthesia, deep sedation or conscious sedation to the patient or, if the patient is a minor, the failure to obtain his or her parent's or guardian's consent unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient.

(n) The failure to maintain a record of all written, informed consents given for the administration of general anesthesia, deep sedation or conscious sedation.

(o) The failure to report to the Board, in writing, the death or emergency hospitalization of any patient to whom general anesthesia, deep sedation or conscious sedation was administered. The report must be made within 30 days after the event.

(p) Allowing a person to administer general anesthesia, deep sedation or conscious sedation to a patient if the person does not hold a permit to administer such anesthesia or sedation unless the anesthesia or sedation is administered:

(1) In a facility approved by The Joint Commission; or

(2) By an anesthesiologist in an office for which a certificate of site approval has been issued.

(q) The failure of a dentist who owns a dental practice to provide copies of the records of a patient to a dentist or dental hygienist who provided the services as an employee or independent contractor of the dentist when the records are the basis of a complaint before the Board. Nothing in this paragraph relieves the treating dentist or dental hygienist from the obligation to provide records of the patient to the Board.

(r) The failure of a dentist who owns a dental practice to verify the license of a dentist or dental hygienist before offering employment or contracting for services with the dentist or dental

hygienist as an independent contractor.

(s) The failure of a dentist who owns a dental practice and participates in the diagnosis and treatment of any patient to ensure that the services rendered by a dentist or dental hygienist who is an employee or independent contractor of that dentist meet the prevailing standards of acceptable dental practice. If a dentist or dental hygienist who is an employee or independent contractor of the dentist is found by substantial evidence to have provided services below the prevailing standards of acceptable dental practice, the dentist who owns the dental practice may be required to reimburse the patient to whom the services were provided pursuant to paragraph (l) of subsection 1 of NRS 631.350.

(t) The failure of a dentist who owns a dental practice to record the name of the dentist or dental hygienist who provided the services in the records of a patient each time the services are rendered.

(u) The failure of a dentist who is registered to dispense controlled substances with the State Board of Pharmacy pursuant to chapter 453 of NRS to conduct annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

2. For purposes of NRS 631.347, a plan or practice requiring a patient to select a dentist from a specific group does not provide the patient with a reasonable opportunity to select a dentist of his or her own choice, and constitutes unprofessional conduct on the part of any dentist participating in such a plan or practice, unless it, or another plan concurrently available to the patient, allows the patient to:

(a) Have an annual opportunity, lasting for a minimum of 30 days, to select a dentist of his or her own choice for all dental work to be performed during the subsequent 12 months. Any new patient added to the plan or practice must immediately be given an initial opportunity, lasting at least 30 days, to select the coverage supplied by the plan or practice or a dentist of his or her own choice.

(b) Receive the allowance for a procedure performed by a dentist of his or her own choice in substantially the same amount as he or she would if he or she used the services of one of the group of dentists specified by the plan or practice.

[Bd. of Dental Exam'rs, § XXVII, eff. 7-21-82]—(NAC A 10-21-83; 7-30-84; 9-13-85; 9-16-85; 4-3-89; 11-28-90; R005-99, 9-7-2000; R023-06, 9-18-2006; R159-08, 4-23-2009; R020-14, 6-23-2014)

3. A dentist is allowed to utilize any procedure that he deems in the best interest of his patient, that is confined to the oral environment, if he has discussed with the patient the advantages and disadvantages of such treatment. No treatment is ever guaranteed and the failure of any treatment shall not be construed as unprofessional conduct or mal-practice.

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DISCIPLINARY ACTION

NRS 631.350 Disciplinary powers of Board; grounds; delegation of authority to take disciplinary action; deposit of fines; claim for attorney's fees and costs of investigation; private reprimands prohibited; orders imposing discipline deemed public records. Before initiating any disciplinary action, the Board shall first inform the person of the potential of a violation and give them the opportunity to correct said violation. Only if the person refuses to correct the violation shall disciplinary action be instigated.

1. Except as otherwise provided in NRS 631.271, 631.2715 and 631.347, the Board may:
 - (a) Refuse to issue a license to any person;
 - (b) Revoke or suspend the license or renewal certificate issued by it to any person;
 - (c) Fine a person it has licensed;
 - (d) Place a person on probation for a specified period on any conditions the Board may order;
 - (e) Issue a public reprimand to a person;
 - (f) Limit a person's practice to certain branches of dentistry;
 - (g) Require a person to participate in a program to correct alcohol or drug abuse or any other impairment;
 - (h) Require that a person's practice be supervised;
 - (i) Require a person to perform community service without compensation;
 - (j) Require a person to take a physical or mental examination or an examination of his or her competence;
 - (k) Require a person to fulfill certain training or educational requirements, specific to actual complaint;
 - (l) Require a person to reimburse a patient; or
 - (m) Any combination thereof,

upon submission of substantial evidence to the Board that the person has engaged in any of the activities listed in subsection 2.

2. The following activities may be punished as provided in subsection 1:
 - (a) Engaging in the illegal practice of dentistry or dental hygiene;
 - (b) Engaging in unprofessional conduct; or
 - (c) Violating any regulations adopted by the Board or the provisions of this chapter.
3. The Board may delegate to a hearing officer or panel its authority to take any disciplinary action pursuant to this chapter, impose and collect fines therefor and deposit the money therefrom in banks, credit unions or savings and loan associations in this State.
4. If a hearing officer or panel is not authorized to take disciplinary action pursuant to subsection 3 and the Board deposits the money collected from the imposition of fines with the State Treasurer for credit to the State General Fund, it may present a claim to the State Board of Examiners for recommendation to the Interim Finance Committee if money is needed to pay attorney's fees or the costs of an investigation, or both.
5. The Board shall not administer a private reprimand.
6. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records. Such record will remain available to the public for three years if they are the result of a stipulation and five years if the result of a full dental board hearing.

[10:152:1951]—(NRS A 1981, 1976; 1983, 1114, 1535, 1546, 1547; 1987, 860; 1999, 1531,

1658, 2849; 2001, 91; 2001 Special Session, 154; 2003, 3438; 2005, 287; 2009, 1529)

NRS 631.363 Appointment of member or agent to conduct investigation and hearing; notice of hearing; report; hearing by Board.

1. The Board may appoint one of its members and any of its employees, investigators or other agents to conduct an investigation and informal hearing concerning only the complaint filed against the person.
2. The investigator designated by the Board to conduct a hearing shall notify the person being investigated at least 10 days before the date set for the hearing. The notice must describe the reasons for the investigation and must be served personally on the person being investigated or by mailing it by registered or certified mail to his or her last known address.
3. If, after the hearing, the investigator determines that the Board should take further action concerning the matter, the investigator shall prepare written findings of fact and conclusions and submit them to the Board. A copy of the report must be sent to the person being investigated.
4. If the Board, after receiving the report of its investigator pursuant to this section, holds its own hearing on the matter pursuant to NRS 631.360, it may consider the investigator's report but is not bound by his or her findings or conclusions. The investigator shall not participate in the hearing conducted by the Board.
5. If the person who was investigated agrees in writing to the findings and conclusions of the investigator, the Board may adopt that report as its final order and take such action as is necessary without conducting its own hearing on the matter.

(Added to NRS by 1983, 1108)

6. Any action taken without a full hearing before the entire board may only be effective for a maximum of three years and must be kept as public record for a period not to exceed three years.
7. Any action taken with a full hearing before the entire board may only be effective for a maximum of five years and must be kept as public record for a period not to exceed five years.
8. No investigator may threaten or intimidate such persons during the investigation or the hearing. If the investigation does not provide sufficient evidence of mal practice, such investigation must be closed and the person will not be responsible for any investigative costs.
9. All finding must be based on the same level of evidence as required in a criminal case. There must be clear and convincing evidence that a violation of the dental practice act has taken place. If there are multiple courses of action available and this was chosen by the dentist, then the finding must be in his favor. If the act does not state that a given action is in violation, then the dentist must be found not guilty.
10. If an investigator is a direct competitor to the individual being invested they may request that the investigator be replaced by someone that is from another city or part of the state.
11. If there is a finding against a person, the maximum amount that he may be charged of Board costs or fines is a total of \$1500.
12. All fines, investigative costs or other penalties assessed by the Board may, at the election of the defendant be paid through community service including providing care for medicaid patients and patients referred by local charities or churches based on the defendant's current fee for service fee schedule which will be provided to the board within 10 days of notice of said findings. Such fee schedule may not have been changed within the preceeding 60 days. If such a change has occurred, the prior fee schedule will be provided and used.

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CHEYENNE ADVANCED DENTAL ARTS

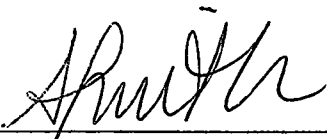
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November 19, 2015

I Andrea Lynne Brooksby hereby authorize Dr. Lyle Scott Brooksby to discuss any matter pertaining to me to the Nevada State Board of Dental Examiners.

Signed 

Date 11/19/15

Place under Agenda item 6(a) - Jonathan White

BONANZA EAST DENTAL
4890 E. BONANZA RD.
LAS VEGAS, NV 89110
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URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Would you please include the following pages as part of the Board's information regarding J.B White's Request for an opinion on Botox And Dermal fillers
Thank you.

STEVE SILL

JB, here you go with some support material.

Here you go, here are some facts:

The University of Washington School of Dentistry now teaches Botox to senior dental students

The AAFE has given its Botox for esthetics and therapeutics training course at the ADA annual session the last few years including two weeks ago – see recent ADA News article

I gave a live patient education in the round course at the ADA in 2013 for both esthetics and therapeutics – see attached

See attached pdf of dental education facial injectable courses to see where Botox and dermal fillers continuing education has occurred in the last few years in dentistry including at many dental universities, major dental meetings, regional, state and local.

At this point, Botox and dermal fillers are allowed for use by dentists in most states with appropriate training and education which the AAFE 16 hour live patient course is the standard for Botox and dermal fillers.

The AAFE spoke last year at the American Association of Dental Boards meeting. The attendees who are state dental board representatives were asked if any cases involving Botox and dermal fillers harming patients have come in front of the board and not a single board member had ever seen a case. The same can't be said for any other dental treatment which speaks to dentists track record of patient safety in this area.

The AAFE has 9000 dental members and have trained thousands of dental professionals over the past few years.

Most states do not have a specific policy on the use of Botox and dermal fillers as they are covered just like any other treatment or pharmaceutical as long as they are used within the dental scope of practice.

To that end, the AAFE specifically trains dentists to use these pharmaceuticals within the scope of dental practice with proper documentation and ICD-10 diagnostic codes. Please see the copyrighted AAFE treatment sheets that we use at our courses which contain the ICD-10 diagnostic dental codes (which are available from the ADA and other places) which allow dentists to properly document these cases as part of a dental treatment plan.

I have numerous articles I can send you which I believe I have sent you in the past.

Hope that helps, let me know how it comes out. As soon as there is a green light, the AAFE can get a course in Nevada quickly. Please let me know if there is anything the AAFE would need to do for CE approval or if the AGD PACE and ADA CERP certification is enough to put a course on in Nevada.

Good luck!

Dr. Louis Malcmacher

2120 South Green Road Beachwood, Ohio 44121

News 3 found:

- A medical license is required to purchase the product, but in Nevada the injection can be delegated to a non-licensed assistant regardless of the person's medical background.
- Nevada law also doesn't require cosmetic injectable training, also known as Continuing Medical Education credit, or CME. If someone chooses the optional certification, it can be done in a weekend course.

Lousiana—

The board does not issue permits for the administration of Botox or dermal fillers. The board does not regulate dental materials of any type. However, due to the rising utilization of these materials by dentists, the board sets forth the following requirements.

Before administering Botox or dermal fillers, a dentist must have either received satisfactory training in a dental institution accredited by the Commission on Dental Accreditation of the American Dental Association or successfully completed a continuing education course of instruction that includes at a minimum the following:

1. patient assessment and consultation for Botox and dermal fillers;
2. indications and contraindications for these techniques;
3. safety and risk issues for botulinum
4. proper preparation and delivery techniques for desired outcomes;
5. enhancing and finishing esthetic dentistry cases with dermal fillers;
6. botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;
7. knowledge of adverse reactions and management and treatment of possible complications;
8. patient evaluation for best esthetic and therapeutic outcomes;
9. integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans;
10. live patient hands-on training including diagnosis, treatment planning, and proper dosing and delivery of Botox and dermal fillers.

Continuing education courses shall be approved or sponsored by one or more of the entities set forth in LAC

Arkansas

Permits are not issued by the board for botulinum toxins or dermal fillers, and dental materials of all kinds are unregulated. Because dentists are offering the treatments more often, the board has outlines some requirements for their use. In order to administer Botox or dermal fillers, dentists must complete a course of training from either a dental institution approved by the Commission on Dental Accreditation of the American Dental Association or a continuing education course that includes instruction on:

- Consulting with and assessing patients for the use of Botox and dermal fillers;
- Uses and contraindications for these treatments;
- Safety and risks associated with botulinum toxins and injectable dermal filler treatments;
- How to prepare and administer the products for the best results;
- How to use dermal fillers to augment and conclude esthetic dental treatment;
- Using botulinum toxin to treat disorders of the temporomandibular joint and teeth grinding;
- How to recognize and manage adverse reactions and treat potential complications;
- How to evaluate the patient for the best outcomes, both therapeutic and esthetic;
- How to incorporate Botox and dermal fillers into dental and esthetic treatment plans;
- Hands on training on live patients, including diagnosing, planning treatments, dosing and administering Botox and dermal fillers;

The administration of Botox and dermal fillers is allowed only in dental offices observing universal precautions set forth by the Federal Centers for Disease Control. The treatments may only be administered by dentists, dental staff are prohibited.

Idaho Who can administer Botox in Idaho? The Board of Dentistry has ruled that the laws regarding dental practice are broad enough to permit dentists to administer Botox and dermal fillers as part of their dental practice. They have also ruled that dentists have a duty to obtain adequate training to ensure competence in any procedure they would like to perform.

WHAT ABOUT ADVERSE REACTIONS?

People always ask me about adverse reactions to Botox and dermal fillers. The long-termed safety of Botox has become very well established clinically, with millions of injections delivered every single year. Botox treatments are the most commonly performed cosmetic procedures in the United States and would not be so if there were common adverse reactions. The most common dermal fillers used are made of hyaluronic acid which, as we mentioned, are naturally occurring substances in the body. When the effects of Botox and dermal fillers are gone, they are gone completely with no residue or after effects present.

I always tell dentists who are worried about adverse reactions to pick up the pharmacology sheet that comes with your local anesthetic. You will find far more adverse reactions that can go wrong with the use of common local anesthetics that can have significant effects on the cardiovascular system, nervous system and muscular system. That sheet describes far worse reactions than with Botox and dermal fillers, yet we are comfortable using these every single day. The reason is because we are knowledgeable about the use of local anesthetic, we have studied what it can and cannot do, and we have been trained in how to deal with any complications. The same will be true once you are properly trained with Botox and dermal fillers.

Before agreeing to your dentist injecting you with Botox, make sure he or she:

- Has been certified by his/her state board of dentistry in oral and maxillofacial surgery, or
- Has completed at least eight (8) hours of training in how to administer botulinum toxins and/or derma fillers. This training should include additional instruction in head and neck anatomy, patient selection, neurophysiology, pharmacologic effects and contraindications, informed consent, management of complications and hands-on training in administering the Botox toxin and the derma filler.
- Received this training from a continuing education provider that has been approved by the American Dental Association's (ADA) Continuing Education Recognition Program.

In New Jersey, new regulations that will take effect in December may limit the ability of dentists to provide Botox injections. They mandate that dentists are only allowed to administer Botox and filler injections to the "perio-oral area and associated tissue," which might prevent them from injecting the drug into the forehead area, where most people want to wipe out wrinkles. But the general counsel of the New Jersey Dental Association argued that the term "associated tissue" cannot be clearly defined.

From a Reno Office==

Susan Danton

Susan is an Aesthetic Nurse Specialist and Expert Injector with McCormack Plastic Surgery. She graduated from Loma Linda University with a B.S. in nursing and continued her education with First Assistant training from UCLA. She has over 16 years experience as a plastic surgery nurse. Susan's experience also includes certifications as a Clinical Plastic Surgical Nurse and many years as a surgical nurse.

Years of experience within the field of plastic surgery have refined her ability to meet patient requests with state of the art techniques, providing patients with aesthetically pleasing outcomes. She loves what she does and works hard to incorporate current techniques through up-to-date training, courses and seminars. As an Expert Injector, she is extensively trained in the use of BOTOX® Cosmetic and dermal fillers such as Restylane®, Perlane®, Juvederm™, Juvederm Voluma™ and Belotero Balance®. Additionally, she is a trainer for Sculptra® Aesthetic.

When administering injectables, Susan often utilizes micro cannulas instead of traditional needles, which is an advanced technique that can help minimize any potential discomfort, bruising and/or other side effects of treatment. Having trained under world-renowned dermatologist Rebecca Fitzgerald, MD, she is highly proficient in this innovative approach and can use it to achieve exceptional, natural-looking results.

Susan emphasizes patient education to produce natural results in line with patient expectations and desired outcomes. She looks forward to serving new and existing patients and making your facial rejuvenation experience both personable and pleasant.