

NEVADA STATE BOARD
of
DENTAL EXAMINERS



CONTINUING EDUCATION
COMMITTEE MEETING

WEDNESDAY OCTOBER 7, 2020

6:00 P.M.

PUBLIC COMMENT

**Public Comment:
Steven Saxe, DMD**

Nevada State Board of Dental Examiners
Public comment on Agenda item 4 (Old Business)
6010 S. Rainbow Blvd. Ste A-1
Las Vegas, NV 89118
Fax: 702-486-7046

Dear Officers of the Nevada State Board of Dental Examiners,

Thank you for allowing the Nevada State Society of Oral and Maxillofacial Surgeons the opportunity to address the board. We respectfully submit to this board that Oral and Maxillofacial surgeons (OMS) should be exempt from NRS 629.086 for a variety of reasons. OMS, unlike general dentists and other dental specialties, have training and regularly operate on the external aspects of the face in orthognathic surgery, TMJ surgery, facial trauma surgery, surgical correction of congenital deformities and pathology of the face from the frontal sinus down to the mandible. Our training in medicine and surgery is equivalent to that of the medical surgical specialties that operate in the facial region - Otolaryngology (ENT) and Plastic Surgery.

All OMS residents in United States CODA approved programs train from 4 to 6 years, and like their medical surgical colleagues spend the majority of their time in the hospital. Unlike other dental specialists, we are credentialed to admit patients to the hospital and perform history and physicals. Our residency programs include cosmetic training and it is also included on our Board Certifying exam. Additionally, we are credentialed to do the full scope of facial trauma surgery at the level I and II trauma centers in Nevada and at the Sunrise Health system, we do facial trauma surgery to the exclusion ENT and Plastic Surgery.

Therefore, like other surgical specialties that reconstruct the facial region in medicine, we feel our training, experience and current practice exempts us from having to have a separate course for the injection of neuromodulators and soft tissue fillers in the facial region. Thank you again.

Respectfully submitted,

Steven A. Saxe DMD

*President of the Nevada State Society
Of Oral and Maxillofacial Surgeons*

Public Comment:
Maggie Rodriguez, DDS, et al.

Dear members of the Nevada State Board of Dental Examiners,

The following is a list of concerns regarding the NSBDE's recent vote to require live patient exams for licensure using the ADEX pathway. It is a long letter, but it contains valuable information that I feel is absolutely pertinent to making an informed decision on live patient vs manikin exams for licensure. I am writing to you in hopes of providing information that can be used during discussions of WREB's manikin exam, as I understand it is still under review, and am hoping this information will also encourage you to reconsider requiring live patient ADEX exams. I am speaking from the vantage point of a dentist, but feel the following points equally address dental hygiene concerns.

- There is a major concern about paying for the exam twice over. During the NSBDE meeting on 9/15/20, it was argued that we will essentially be paying only for the fraction of the test that is live patient. To that, I offer the following response:
 1. That is an additional fee we were never budgeting for, nor should we have been expected to unless failure of the exam were to occur.
 2. For many graduates, the supposed "saved" or "discounted" amount will be spent and probably doubled by having to pay for travel, hotel, food, rental cars, etc. for both the candidate AND their patients.
 3. What if the patient contracts Covid-19 as a result of travel/clinic exposure? That likely leaves the candidate responsible for medical and possible legal fees associated. Also, flu season is approaching and we will likely see a spike in Covid-19 cases along with the expected increase in flu cases (<https://www.cnet.com/how-to/coronavirus-pandemic-expected-to-get-worse-before-it-gets-better-experts-say/>).
 4. Additionally, using the argument that we will be able to work under a temporary license until then to save money, many of us do not have this option, or are extremely limited by this option, as the temp license requires supervision by a licensed dentist. In my case, this will limit my practice to only one day a week, giving me a monthly income of \$2400 before taxes. The WREB exam fees for the operative and periodontal sections total \$2550.
 5. Finally, I was informed by a representative of WREB that although a live patient exam may be available, it is possible for that exam to be switched to manikin-based should the climate of the Coronavirus pandemic deem it unsafe for live patient exams. If this is the case, candidates are not eligible for refunds, no matter the circumstance, unless the cancellation occurs within the normal allotted cancellation period (which may not be possible unless it is determined at least 6 weeks in advance that an exam format will be switched to manikin-based). Would you, imagining yourself in the position of someone with upwards of \$300,000 in student loan debt and very little, if any, income, be willing to gamble \$2550? Even in a situation where you had no debt and had a substantial income, I must ask if you truly believe this is an acceptable expectation of anyone, especially considering this is an amount we've already paid towards an exam of the same caliber; an exam we have already passed?

6. As of this writing, there are two remaining available ADEX exams in 2020, both of which are wait list only: University of Detroit Mercy, and Nova Southern University (Florida). Below is a breakdown of estimated costs that can be reasonably expected to incur for the candidate and three patients if having to travel for an exam. Keep in mind that the candidate will VERY likely be responsible for this financial burden, as I feel it is unlikely to find a patient willing to pay these expenses in return for a free filling or one free quadrant of scaling and root planing.
- a. Single round trip ticket to Detroit Oct. 23-26 \$331 via Delta Airlines (total for candidate + 3 patients = **\$1324**)
 - b. Single round trip ticket to Fort Lauderdale Nov. 13-16 \$447 via Delta Airlines (total for candidate + 3 patients = **\$1788**)
 - c. Meal budget x4 for 4 days (\$50/person/day x4 people x4 days = **\$800**)
 - d. Rental car x4 for 4 days with “compact” car via Priceline (\$47/car/day x4 cars x4 days = **\$752**)
 - e. Hotel rooms x4 for 3 nights @Holiday Inn via Hotels.com (\$85/room/day x4 rooms x3 nights = **\$1020**)
 - f. Cost of exam, site fee, instrument rental
 - i. ADEX via CDCA website: Patient-based fee \$1080 + *estimated site fee \$600 + *estimated instrument/handpiece rental \$700 = **\$2380**
 1. *these estimates are based on fees charged by Roseman Dental School in Utah
 - ii. WREB via representative = **\$2550**
 - g. Total = **\$6276 - \$6910** (likely to be paid using a credit card with accrued interest – average CC interest rates are about 18%, so you can add another \$1200 to the total)
 - h. Keep in mind this is all to retake an exam that was already passed
 - i. Also, think about the 10s of thousands of dollars in lost income since June/July when we otherwise would’ve been able to start practicing
- When are exams available?
 1. If our temporary license is invalid immediately upon the Governor’s declaration of the end of the state of emergency, we will very likely be put in a position where we are once again unable to practice for an undetermined amount of time, as licensing exams are typically offered only once yearly per dental school.
 2. We will also be faced with the risk of not being able to find open spots at dental schools.
 3. In addition, we are heading into flu season, and therefore it can be expected that patients will be less likely to commit to a filling appointment that requires them to travel with risks surrounding Covid-19.
 - Standardization of manikin vs live patient exam
 1. It is impossible to create a completely (or even remotely) standardized playing field when using live patients to test a students’ competency. No two patients are identical in medical history, dental anxiety levels, dependability to show up to an

- appointment, oral anatomy, etc., not to mention caries extension or periodontal condition.
2. The manikin exam removes the scenario of failure of the exam due to circumstances completely out of the candidate's control. Failure of the exam due to a patient not showing up, a patient's dental anxiety creating a blood pressure reading that exceeds that which is safe to provide dental treatment, an undisclosed medical condition, or any other number of reasons, does not indicate whether or not a candidate is competent in performing dental treatment. It merely opens up the possibility of not rendering treatment. I would also like to challenge every member of the board who is either a dentist or registered dental hygienist to determine whether or not they feel that failure of a patient to show up to an appointment is a direct indication of their competency to perform dental treatment.
- A big concern over basing competency solely on manikin exams was brought up with the argument that the NSBDE serves the public more-so than the members of the dental community. If we are concerned about the safety of the public, then we should not be advocating for members of the public to serve as test subjects to evaluate the competency/incompetency of candidates, particularly if that test requires that the candidate (an unlicensed dentist or hygienist) perform procedures without any supervision.
 - Concern about injection competency using manikin exams
 1. How can a student get through dental school without demonstrating competency in administering injections? This isn't something that the dental school can just "pass off". If the student is not getting their patient's numb, then they're not completing procedures. Finding a patient that would sit through a restorative procedure without adequate anesthesia is nearly unheard of.
 2. How do WREB and ADEX score injection competency? Sometimes patients can wait in the grading line for up to an hour, giving substantial time for anesthesia to wear off. Therefore, it cannot be reasonably expected to evaluate injection competency even on live patients.
 - The vast majority of the United States dental boards have opted to accept manikin-based dental exams as a valid and reliable pathway to licensure for the Class of 2020. The following is information obtained from ADA.org, ADEA.org, CDCAExams.org and individual state dental board websites:
 - Of the 47 US states that accept traditional ADEX, 42 of them (over 89%) accept the alternative manikin exam.
 - Of those 42 states, 17 of them have approved manikin exams for future graduating classes beyond the class of 2020.
 - Of the 38 US states that accept traditional WREB, 28 of them (nearly 74%) accept the alternative manikin exam.

- Manikin-based dental board exams have long been a topic of discussion, and while it is clear that Covid-19 jump-started the trend, it has arguably been a change that would inevitably become the standard.
- Not following this trend could put Nevada in a situation in the future where less graduating students are able to apply for licensure in this state, which could limit the number of incoming dentists and therefore put Nevada's communities, particularly those in underserved areas, with very few options for dental care.

I would like to offer a suggestion for an alternative that helps address some of these concerns. It resembles the concepts of a General Practice Residency. For candidates who are eligible for temporary licensure, and will be working on live patients under the supervision of a currently licensed dentist, perhaps there can be a "trial period" of say, six months or X amount of working days, where the candidate must prove competence in their field through positive outcomes and lack of negative outcomes (malpractice, injury to patient, non-ideal handling of an emergency situation, etc), and perhaps a CE requirement can be added to supplement competency. Because the temporary dental license already requires that we work under the supervision of a licensed dentist, at the end of the trial period, that licensed dentist can either recommend or not recommend to the board eligibility for full licensure of the candidate. For example, if a candidate practices for 6 months without "incident", and they have the support of the licensed dentist they've been working under, they should be eligible to apply for full licensure. This solves the injection competency issue, saves the candidate (and patients) the time and expense of taking a live-patient exam, allows for complete standardization (from already having taken manikin exams) while also addressing the concern over patient management, and removes the ethical concern of using live patients as test subjects.

In light of the apparent hesitation and apprehension regarding licensure with a manikin-based exam only, I have reached out to numerous members of the University of Utah School of Dentistry Class of 2020, who were eligible for licensure upon manikin-based ADEX and/or WREB. Most of them have been practicing in the state of Utah since July 2020. Others are practicing with full licenses in other states that accept manikin-based board exams. Attached is a separate word document where you will find testimonials indicating their experience in practice since obtaining full licensure, and how they feel the manikin-based exam has impacted their ability to practice dentistry on live patients safely and competently.

What we are asking is that you take all of this information into complete consideration when voting on a pathway to licensure in Nevada for the Class of 2020. Understand that we did not have a choice between taking a manikin exam and a live patient exam. We were at the mercy of the testing agencies, who made their decisions with the safety of patients, students, examiners, and auxiliary staff in mind. That being said, both WREB and ADEX have developed the manikin exams to ensure competency of the candidates, as has been shown in their research and evaluation of exams administered for the Class of 2020 (these research results were included in the public comment PDF posted at the 8/25/2020 and 10/7/2020 CE Committee meetings). The safety concerns surrounding Covid-19 do not appear to be getting any better, and as mentioned earlier in this letter, are projected to get worse. This could still be

an issue for the Class of 2021. I urge you to consider the proposed alternative pathway to licensure in Nevada.

Thank you for your consideration in this highly controversial and pressing issue.

Maggie Rodriguez, DDS

[REDACTED]
[REDACTED]

To whom it may concern,

Currently, I am a practicing dentist in Utah that was granted a dental license with full privileges after having passed the WREB *manikin* exam in June 2020. I wanted to provide my insight and my experiences with regards to being licensed without having taken a live-patient exam.

First, I truly believe that the manikin exam is more difficult and a better judge of hand skills than the live-patient exam for several reasons. The material used for the teeth is much less forgiving than enamel and dentin. To cut an ideal preparation in the manikin teeth requires much more finesse and control of the handpiece than an actual tooth. Because the plastic teeth are softer, it is also much more difficult to finish and polish a composite restoration in a manikin without severe damage to the plastic.

I have not felt disadvantaged in any way because I did not pass a live-patient exam, and none of my colleagues (doctors or assistants) have made mention that they wished I had passed a live patient exam. I have not encountered any situation with any of my patients where I thought that they would have been better served by a dentist who had passed boards on a live patient. In fact, the dentists that hired me have repeatedly told me that I am delivering better, quicker, and more clinically excellent care than the previous dentist they hired, who passed his board exam on a live patient.

At this point, given the circumstances around Covid-19 and the uncertainty of being able to hold a live-patient exam, I would encourage whoever is responsible to allow a manikin-based licensure exam because there is no evidence to suggest it is not a sound way of determining competency for the newly graduated dentist.

Sincerely,

Matthew Ream, DDS
Spanish Fork Dentistry

[REDACTED]
[REDACTED]
[REDACTED]

Nevada State Board of Dental Examiners,

My name is Romeo Barzegari and I recently graduated from the University of Utah School of dentistry class of 2020. Graduating dental school during COVID-19 pandemic was not easy and it came with a few challenges. The biggest challenge being the national board exam (WREB or ADEX). Our school decided to move forward with a manikin based WREB this year and I cannot be thankful enough. I have been seeing patients since July and I have never felt that I was at a disadvantage treating my patients after taking a board exam on a manikin. If anything, I am glad that I was able to

take my boards sooner before my skills atrophied. I believe any future patient of a new graduate will feel more harm by being treated by a new graduate who has not done dentistry for a long period of time than by a graduate who took and passed their licensing exam on a manikin. A live patient exam during a pandemic introduces challenges that will be hard to navigate. Finding and screening patients will be extremely difficult and it also brings a huge financial burden on new graduates! Please reconsider your decision on dental licensing during these unprecedented times as the benefits of a manikin exam outweigh a live board.

Thank you for your time,

Romeo Barzegari, DDS
Uptown Dental Associates

[REDACTED]
[REDACTED]

Nevada State Board of Dental Examiners

To Whom It May Concern:

I am a general dentist and a recent graduate of the University of Utah School of Dentistry, Class of 2020. I am writing this letter to ask you to reconsider your decision to require live patient exams for licensure. I personally feel that this is an extremely important decision that will undoubtedly effect countless people, but in particular all new dental school graduates from the Class of 2020 that want to practice in the state of Nevada. There are many new graduates that are currently struggling to get their career moving forward in these hard times from the decisions that currently stand with regards to the licensing exam requirements, so I ask you to please consider the following:

Our country is still in a state of emergency with regard to the current COVID-19 pandemic. Bringing in live patients for dental treatment for a licensing exam is putting many people at risk of contracting a virus that we are struggling to control. A manikin exam eliminates the risks to all of the patients that would be participating, and I feel that it would be unethical to hold live patient exams at this time.

I am currently a licensed and practicing dentist in the state of Utah. In April, the Utah State Dental Board decided to accept both the ADEX and the WREB, and decided to allow both tests as administered during the year of 2020, meaning that they would accept any changes to the exams, including the switch to manikin exams, as well as an exemption from the periodontal section. While I was skeptical at first about a manikin-based exam, I found that this did not disadvantage me in practice at all. I do not feel like my ability to practice was changed by not performing a live patient exam, and my associates agree. I have had the privilege of taking both a live-patient MOCK examination, and a manikin-based exam, and I am actually of the opinion that the Manikin-based option is a tougher exam for testing technical/clinical abilities. Of the 6 students in my class that

opted to take the manikin based ADEX examination, only 1 student was able to pass all sections on the first attempt. This statistic would not have been true with a live-patient exam. I believe that this is because the manikin-exam exposes more technical flaws in preparations, and shows more scratching on surfaces of adjacent teeth than will show on actual teeth.

Lastly, I ask you to please consider the situations that the new graduates are currently facing. Students have been out of school since May, unable to work because licensing was delayed and decisions about licensing have been delayed as well. Many students are concerned about finding jobs and making payments on student loans. Most students do not have access to see any patients due to this situation, and would be unable to obtain patients for a live-patient exam. I hope you will take this information and please reconsider allowing manikin-based examinations for licensure. I truly feel that it would be the best interest for all patients, students, and examiners alike.

Thank you for your time

Sincerely,

Campbell Moore, DDS
General Dentist
Platinum Dental Services
[REDACTED]

September 23, 2020

Dear members of the board,

My name is Dr. Kyle Tosie, I am a licensed dentist in St. Louis, Missouri and a graduate of the University of Utah School of Dentistry Class of 2020. I am writing to you in regard to a classmate who is hoping to practice in Nevada. As our educational paths were aligned, I feel that I can speak to the proficiency of our skills and how they translate as a licensed dentist.

Due to the unprecedented times, I can understand your hesitation to license based on a typodont exam. However, being the student during this uncertainty, I can assure you that the greatest difficulty for students striving for a license is the time that goes by without being able to practice our skills at all and not the exam itself. The most trying thing was the time between March and July when I was not able to practice dentistry, the thing I had worked so hard for over the last 4 years. The difference of an exam being on a typodont and a live patient is null, this also opens up to a larger ethical question in the medical profession and all licensing exams. However, the intent of my letter is not that but to share that the longer you make students wait, the more you are hurting them as future practitioners. Since being licensed, I, as well as

my other University of Utah classmates, are excelling from the education we earned and are helping to innovate during Covid-19. Keeping prospective dentists from licensure and helping the patients of Nevada at this time does not stand a testament to their skills as dentists but to the original questionable format of the exam itself.

I urge you to consider the greater ramifications of forcing students to put their lives on hold. I say lives because this is much bigger than a career pause. Students carry so much debt and are only accumulating more when you have the ability to let them practice what they have learned, and earn their place through a typodont licensure exam. This decision to pause their lives is not just professional but emotional and financial. Please consider these things as you reconsider typodont licensure and having empathy for your future colleagues.

Best wishes,

Dr. Kyle Tosie, DDS
Tosie and Tosie Dental

[REDACTED]
[REDACTED]
[REDACTED]

Nevada Dental Board,

I'm writing to advocate for the acceptance of a manikin exam for dental licensure. I took a manikin WREB exam June 25th and 26th earlier this year and have been practicing dentistry full time since then.

My preparedness for private practice was in no way affected by my taking of a manikin exam in lieu of a live patient exam. Live patient exams are remnants of a bygone age that other professionals, such as medical doctors, have done away with. Dentistry has in large part, and should completely, do away with live patient exams.

I can be reached by phone or email to discuss further.

Cory McLeod, DDS

[REDACTED]
[REDACTED]

Dear members of the Nevada State Board of Dental Examiners,

I am currently a fully licensed dentist practicing in rural Alaska with the Indian Health Service. I obtained the skillsets I use on a daily basis through my education at the University of Utah School of Dentistry and passed a mannequin based WREB exam. I wanted to write the Nevada board to show that the current licensing requirements that Nevada has are unfair to the public and new grads in this pandemic.

I have had my license since May of 2020 and was able to begin my career without much hassle thanks to the licensing exams turning typodont based. When schools and clinics were shut down and word of a mannequin exam was announced it didn't make me less nervous to take them, in fact I was more worried about how technique sensitive and tedious working on a typodont is compared to natural tooth. I believe the exam that I took shows much more skill than a live patient exam. I would also like to point out that half of the exam was already typodont based on plastic teeth before COVID.

My skills in my everyday practice continue to grow every day as my speed and confidence builds. As a dentist in the Alaskan Bush I am challenged with very difficult cases. My patients, nor I, have been at any disadvantage having taken a mannequin exam vs. a live patient exam. I realize a board has to have the public interest as first priority. In that though comes with an obligation to provide the public with access to care. Rural areas need dentists bad. Rural areas usually are attractive to new grads more so than a seasoned dentist. This year states that are not accepting typodont based exams are restricting access to care by not allowing new grads to practice in that state. I know for me that if I would have to retake boards and spend thousands of dollars, I would just select a different state to practice in. Luckily, I did not have to do that.

As a dentist we are constantly learning. I walked into my job with the basic skills in which the fundamentals of dentistry were taught. In my first day of work I was presented with a situation where a child with a non-parental guardian had severe facial swelling due to odontogenic origin. I was called into the ER to provide care. Five minutes later I was walking out of the ER having done my first papoose board on a child and eight extractions. The feeling I had walking out was one of sadness and fulfillment in my job. This is something I reflect on because nothing I did in WREB prepared me for that. Licensing exams are not meant to test every facet of dentistry. They are to show basic competence in safely providing care, which can be done on a typodont. No other profession asks unlicensed providers to do surgical, non-reversible, procedures on a live person under no supervision to test competence and non-competence besides dentistry. Now not only are a small number of states requiring a live patient exam for the class of 2020, but now are requesting that a non-supervised surgical procedure be performed on members of the public be taken seven months after graduation. This seems like the public's best interest is not being looked after and could actually cause more problems for a board if a dental candidate is not competent to work on live patients and causes harm to the public. Non-competence should be identified using non-live patients.

Thank you for taking the time to read and listen to my concerns. I ask now that you reflect on them and think about making a change to the live patient requirements your state has regarding dental licensure.

Sincerely,

Cory Johnson, DDS
Yukon Kuskokwim Health Corp
[REDACTED]

September 26th, 2020

Dear Nevada Board of Dentistry,

I hope this letter finds you well and helps assist in coming to a conclusion on licensure by examination during these unforeseen circumstances. My name is Dr. William Richards and I am currently a 1st resident in the Endodontic program at Boston University. I am also a previous resident of the Las Vegas community and a potential future resident.

I am writing you with concerns about students achieving licensure through the manikin based exam that was offered. This year has brought about circumstances that no one could have imagined in many different professions. With live patient exams being cancelled days before they were scheduled, students had no other option but to wait. Many states immediately opted for temporary licensure, which still posed issues with the DEA and future employers, and many states adapted to allow full licensure by taking and passing the required exam as given. Unfortunately few states did not adapt and opted for live-patient exams during

this worldwide pandemic. Those states that made that decision did so early on allowing students to plan accordingly. With a decision this late after graduation it seems like an impossible feat to find a patient, find an exam site, get clinical practice time, and be qualified (licensure, insurance, etc.) to legally complete the exam.

I have nine co-residents from all over the world in my program. Two of us completed the manikin exam and the rest completed live-patient exams in the past. I can confidently say that my co-resident, who took the CDCA manikin exam is competent to practice dentistry. I can also confidently say that all of my co-residents are confident in my co-residents and my own clinical dentistry. Many of the residents had negative things to say about their live-patient exam experience. One of them was halfway through his procedure when the patient told him if he didn't pay him \$1,000 he would leave. Another resident ended up paying \$3,000 to find a qualified patient to fly in. Lastly one of my residents didn't even get to attempt his exam because his patient was late and forgot to take his blood pressure medication. There are too many variables that students cannot control.

Live patient testing is not an adequate way to test one's clinical judgement, skills, or competence. If anything it is asking students to find ethically questionable lesions and pray their patients show up. In the current pandemic it only makes sense to adapt and permit full licensure upon passing the exam that was offered.

Thank you for taking the time to read my concerns. I hope a decision is made that allows recent graduates to get past this hurdle and move on to doing what we love, helping people. Sincerely,



Will Richards, DDS
Endodontics PGY-1
Boston University Department of Endodontics

Dear Nevada State Board,

My name is Calvin Skinner and I was the class president of the University of Utah Class of 2020 and also the creator of the face book group "Dental School Seniors who need to get licensed during the Corona Virus" which housed 80% of our nationwide graduating class. From this face book group, class presidents around the nation met regularly via zoom meetings to discuss state board decisions across the country. As creator and organizer of the group, I did everything I could do to learn about this interesting ecosystem by organizing interviews with several past presidents of the ADA, deans across the country, presidents and CEOS of testing agencies, and have spoken in several state board meetings across the country advocating for pathways to licensure to open up during the Covid situation. I write to you in support of my friend and classmate Maggie Rodriguez, who still hasn't had a path to licensure open to her in Nevada even though she completed and passed the WREB examination available to her at the University of Utah in June. Due to Covid, testing agencies and state boards across the country have had to make adjustments in the system of testing and issuing licensure to future doctors. Now that the Nevada state board can finally meet together as a quorum, it is necessary that they consider such adjustments.

States have handled this situation very differently. For states like Washington, Oregon, and Colorado; the clinical examination requirement for licensure was by taking a computerized OSCE exam. I obtained my license in Oregon through this method. Other states seemed to make adjustments by accepting a manikin exam in combination with

a computerized exam such as the WREB CTP, CDCA OSCE, or the JCNDE DLOSCE. I personally believe one of these two options will be the future of licensure most states pursue. Even before Covid; the use of live patient exams has been heavily debated for years. ASDA, ADA, and ADEA have all voiced their concerns with the current model due to ethical concerns, portability issues, and a desire to be more responsible stewards of patients that we currently test upon.

The ADA and JCNDE released the DLOSCE this year, signaling their desire to move away from a live patient model (which is similar to what Canada is currently doing). Before Covid, testing agencies had already begun to evolve as evidenced by CDCA's release of a tooth with simulated caries that has been undergoing testing for years. Covid also pushed other testing agencies into adapting, as they have also released different methods of testing via manikin this year and have plans to further enhance their products. Testing agencies reluctance to change their systems and their entangled relationships with state board members have been a major barrier to change in licensure in the past. We are living in a time where testing agencies, states boards, and the voice of the profession as a whole is understanding that adaptability and change during this time will aid us in our mission of protecting the public and improving current systems. It is my hope that the Nevada state board makes a decision that does not create a barrier to entry within the state that discourages caliber applicants such as Maggie (voted by faculty as the best operative dentist in our class) from serving the people of Nevada.

Warm regards and thank you for your time,

Dr. Calvin Skinner

██████████



Kelly M. Frandsen, D.D.S.
General and Family Dentistry

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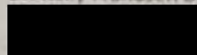
September 25, 2020

To Whom it May Concern:

I am writing in support of my colleagues who graduated from dental school this year during this unprecedented pandemic. This pandemic created much hardship for these graduates that was completely out of their control. Many of the board exams were cancelled. Most state dental boards had to come up with fair and equitable exams to allow these graduates to fulfill jobs that were waiting for them.

I hired one of these graduates who was allowed to take a modified dental board exam on mannequins. I studied and examined very carefully the requirements these students had to meet in order to pass. The exams were fair and the students had to show competency in passing these boards. I definitely know that taking the exams on a live patient would not have demonstrated any more degree of competency than by taking the exams on mannequins. I would not hesitate to hire a graduate who had taken the exams in this manner.

Dr. Kelly Frandsen DDS



Public Comment:
Nevada Dental Association
Mark D. Funke, DDS



Nevada Dental ASSOCIATION

September 28, 2020

Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd. Ste. 1
Las Vegas, NV 89118

Dear Dr. Moore and Board Members:

The Nevada Dental Association is requesting the Nevada State Board of Dental Examiners look at adopting regulations to allow dentists (and dental hygienists) to administer vaccinations in Nevada and would ask to make this an action item at the next Board meeting.

The Board of Pharmacy recently expanded the scope of practice for pharmacy technicians. Pharmaceutical technicians must complete a minimum of one hour training related to vaccines, immunization and their administration from one of the following: Immunize Nevada, ACPE-approved CPE, in service training provided by the owner or managing pharmacist to the pharmaceutical technicians working in or for the pharmacy that ensures the competency of the technicians or other board approved training. In addition, the pharmacy technician must complete one hour of continuing education in a course relating to vaccines, immunization and their administration from one of the resources listed above. By following the Nevada Pharmacy Board platform to receive continuing education in vaccination, dentists (and hygienists) would be able to help access these populations that may not otherwise be vaccinated.

Nevada would not be the first state to allow this and we urge the Board to not only make this an agenda item, but to pass it as soon as possible so dental providers can begin to provide vital resources to our community in this current health emergency we are all facing. We have attached a white paper as well as results from a provider survey on the interest in providing vaccines by dentists to give you more information on this topic.

Kind Regards,

A handwritten signature in black ink, appearing to read "Mark D. Funke".

Mark D. Funke, DDS – Nevada Dental Association (President)

Opportunity for Dentistry to Provide Immunizations as Part of the Disease Prevention Strategy During the COVID-19 Pandemic

Created for the Nevada Oral Health Program

by Dr. Capurro, Nevada State Dental Health Officer and Ms. Bak, Program Intern.

Synopsis

In 2019, Oregon became the first state to allow dentists to provide vaccinations to all patients. Minnesota and Illinois allow dentists to vaccinate against the flu for adults only. Vaccinations are an effective public health tool to reduce the spread of infectious diseases.

According to Immunize Nevada, vaccines save more than 33,000 lives in the U.S., prevent 14 million disease cases, and save \$43.3 billion in healthcare costs (6). Vaccinations play a critical role in keeping individuals healthy and eradicating severe diseases for the entire community. The influenza vaccine will be more critical during the COVID-19 pandemic. However, Nevada is ranked 48th in the nation for annual flu vaccination amongst six months to 17-year-olds (6).

Adopting regulatory language that allows Nevada dentists and dental hygienists to administer vaccinations and provide pandemic vaccination support will increase access to life-saving vaccinations from highly trained practitioners. The Nevada State Board of Dental Examiners (NSBDE) has authority under NRS 631.190 to follow the administrative process outlined in NRS 233B and adopt either emergency or permanent regulations. An inclusion of dentists and dental hygienists into the community of vaccine capable providers will boost Nevada's vaccination rates. Healthcare workforce capacity will be of crucial importance when a COVID-19 vaccination becomes available. Furthermore, clarification and adoption of regulation to permit Nevada's licensed dental professionals to administer vaccinations is not only prudent but also a meaningful component of Nevada's COVID-19 response.

Overview

The coronavirus disease 2019 (COVID-19) is impacting medical and dental communities worldwide. Currently, 95% of dental practices treat patients in their community while taking precautions and practicing safety during the pandemic (1). Oral health is fundamental to general health, and this is illustrated by the fact that more than 31 million people annually visit their dentist, but not their physician (1). If patients could receive influenza or COVID-19 vaccines during their routine dental appointment, the spread of infectious community diseases would be reduced. Dentists and dental hygienists should have the opportunity to provide life-saving vaccinations to their patients and the community to bridge healthcare delivery gaps.

Recently the Nevada Board of Pharmacy expanded the scope of practice for pharmacy technicians. Initial and continuing education was stipulated, and a framework was created that NSBDE can follow to allow Nevada dentists and dental hygienists to administer vaccinations safely. As part of the pharmacy technician expansion, pharmaceutical technicians must complete a minimum of one-hour training related to vaccines, immunization, and their administration from one of the following: Immunize Nevada, ACPE- approved CPE, in-service training provided by the owner or managing pharmacist to the pharmaceutical technicians working in or for the pharmacy that ensures the competency of the technicians or other board-approved training (11). In addition, the pharmacy technician must complete one hour of continuing education in a course relating to vaccines, immunization, and administration from one of the resources listed above (11).

Like pharmacists, dentists and dental hygienists are considered an essential healthcare provider. As healthcare professionals, they review medical histories, screen for blood pressure and systemic disease, and refer to primary care physicians as needed. Dental professionals are well equipped to provide vaccinations. They routinely provide injections in the head and neck and are trained in anatomy, microbiology, and pharmacology.

There are many cross overs between oral and systemic health. HPV vaccination is linked to oral cancer prevention. Human papillomavirus (HPV) causes 70% of oropharyngeal cancers in the United States (4). The ADA recognizes the HPV vaccine as a means of preventing HPV infections, which are associated with oropharyngeal cancer (2). The HPV vaccine protects against HPV-associated oral cancers (2). The national goal for HPV vaccination is 80%. Nevada's level is well below 60% (6). The HPV vaccination rate could be improved if Nevada's dental professionals were part of the public health vaccination team.

The administration of the influenza vaccine will be essential during the fall period of the COVID-19 pandemic. The influenza vaccination is necessary to protect communities from preventable illnesses and outbreaks and reduce unnecessary burdens to the health care system. Nevada is ranked 48th for annual flu vaccination amongst 6 months to 17-year olds (6). By allowing dentists to administer immunizations, avoidable illness will be curbed by providing convenient vaccinations to patients by their trusted dental team.

Currently, three states have created legislation to allow dentists to administer specific vaccines. Illinois enacted legislation that permits dentists to administer influenza vaccines to adults upon completing state-defined training (3). Minnesota passed legislation in 2014 that allows dentists to provide the influenza vaccine after taking a Board-approved course. And, Oregon passed a bill in 2019 to authorize trained and certified dentists to prescribe and administer vaccines.

Dental Vaccination Statutes

Minnesota

Under the 2019 Minnesota Statutes 150A.055 Administration of Influenza Immunizations

licensed dentists can administer the influenza immunization to patients 19 years of age and older and only by a licensed dentists who have: immediate access to emergency equipment, including but not limited to oxygen administration equipment, epinephrine, and other allergic reaction response equipment, are trained in or have completed a program approved by the Minnesota Board of Dentistry; specifically the administration of immunizations. Any dentist giving influenza vaccinations must comply with guidelines established by the Advisory Committee on Immunization Practices relating to vaccines and immunizations, which includes, but is not limited to, vaccine storage and handling, vaccine administration and documentation, and vaccine contraindications and precautions. Once a qualified dentist has administered an influenza vaccine to a patient, the dentist shall report the administration to the immunization to the Minnesota Immunization Information Connection or notify the patient's primary physician or clinic of the administration of the immunization (9).

Illinois

Under the administrative code for Illinois dental practice act, dentists administering flu vaccines, vaccinations are limited to patients 18 years of age and older who consent to the administration of the vaccine and are administered under a valid prescription or standing order by a physician. Before being issued a vaccine, vaccine information statements must be provided to patients. Training courses include a minimum of four hours of: the recognition of contraindications and how to handle adverse reactions, the appropriate methods of storage, handling and disposal of vaccines and all used supplies or contaminated equipment, and proper administration and maintenance of written policies and procedures. Reporting requirements include any adverse events to be reported to the Vaccine Adverse Events Reporting System (VAERS) and the patient's primary care provider's name. Any dentist who administers the influenza vaccine must enter all patient-level data on the vaccines in the immunization data registry (I-Care) maintained by the Department of Public Health. Within 30 days after administering the vaccine, the dentist must report the administration to the patient's primary care physician (7).

Oregon

The Oregon House Bill 2220 authorizes trained and certified dentists to prescribe and administer vaccines. The Oregon Board of Dentistry states that a certified dentist may prescribe and administer vaccines to a person with whom the dentist has established a patient relationship. The board may issue a vaccination certificate to a dentist who has completed a training course described in the subsection, pays the certification fee, and meets other board requirements. The dentist must report the prescription and administration of vaccines to the immunization registry created by the Oregon Health Authority (10).

Dental Vaccination Precedent

According to the Association of State and Territorial Health Officials (ASTHO), there is a precedent of expanding the scope of practice for dental professionals during public health

emergencies. During the 2009 H1N1 Influenza Pandemic, the following scope of practice expansions occurred(3):

1. Licensed or certified professionals authorized to administer seasonal and H1N1 vaccine as per state health agency instructions and completion of a training program. (I.L.)
2. Commissioner of health authorized to permit dentists to administer seasonal and H1N1 vaccine. (M.A.)
3. Commissioner of health authorized to permit dentists to administer vaccinations if a local board of health requests state assistance to respond to a public health threat. (M.N.)
4. Dentists could administer seasonal and H1N1 vaccinations at places of distribution under limited circumstances. (N.Y.)
5. Dental hygienists could administer seasonal and H1N1 vaccinations at places of distribution under limited circumstances. (N.Y.) (3)

Dentists are routinely called upon during emergencies to lend their skill and expertise to public health disaster relief initiatives. In 2012, New York Governor Andrew Cuomo signed an Executive Order (N.068) that allowed those affected by Hurricane Sandy to receive a tetanus shot from pharmacists, emergency medical technicians, and dentists. Governor Cuomo's Executive Order temporarily expanded the scope of practice of New York dentists during the declaration of a state of emergency.

COVID-19 Related Dental Vaccination Proposals

According to U.S. Public Health Service: Per Dr. Tim Ricks USPHS, Chief Dental Officer, approximately 50% of states are considering using oral health professionals to administer the COVID-19 vaccine.

Maryland: The Maryland Board of Dentistry is proposing legislation to allow dentists to administer vaccinations. The Board of Dentistry petitioned Maryland Governor Hogan to approve an order declaring that during the pandemic COVID-19 testing and vaccinations are within dentistry's scope of practice.

Illinois: Emergency directive adopted. DDS/DMD/RDHs will be involved in a mass vaccination effort to provide influenza and SARS CoV-2 vaccine when available.

Missouri: Attempting to expand the dental practice act to allow dentists to provide vaccines. There has been a request to use dentists for mass emergency vaccinations. Dentists are permitted to volunteer to give vaccines within the local health department.

Wisconsin: Dental board is reviewing COVID-19 scope of practice expansion.

On September 11th, Governor Sisolak signed a regulation enabling pharmacy technicians to administer vaccines. The Nevada Board of Dentistry can follow the Nevada Board of Pharmacy's lead to follow similar legislative guidelines for dentists in Nevada to provide immunizations to their patients. Nevada WebIZ is Nevada's statewide Immunization Information System. The system is a confidential system that stores vaccination histories throughout an individual's lifetime. Nevada dentists and dental hygienists could use this system to make informed vaccination decisions, exchange data electronically with medical doctors, and record vaccinations. The Centers for Disease Control and Prevention (CDC) and the American Immunization Registry Association (AIRA) work together to provide guidance and best practices to Nevada WebIZ (5).

DPBH Survey

The Nevada Division of Public and Behavior Health (DPBH) surveyed licensed Nevada dentists who hold a DEA license regarding their interest in providing immunizations. The questions included the following:

Would you be interested in receiving and administering the COVID-19 vaccine in early 2021?

Do you currently vaccinate with flu?

Would you be interested in vaccinating for flu?

Do you currently have a refrigerator to store vaccines?

What type of refrigerator do you have?

How large is the inside of your refrigerator?

Is your refrigerator located in a secure area?

Do you currently have a freezer to store vaccines?

What type of freezer do you have?

How large is the inside of your freezer?

Is your freezer located in a secure area?

Roughly how many patients would you be able to vaccinate in a month?
patient population

Does your practice currently offer vaccines other than flu to patients in office?

Is your practice currently enrolled in Nevada WEBIZ?

How many of your patients have insurance?

How many staff members within the practice are able/approved to vaccinate?

DPBH Survey Results

The DPBH survey was completed by 141 dentists in Nevada. The counties include Carson City, Churchill, Clark, Douglas, Humboldt, Lyon, Washoe, and White Pine counties. 140 of the 141 dentists stated that they would be interested in receiving and administering the COVID-19 vaccine in early 2021.

34% of the dentists reported that they currently vaccinate with the flu. This is most likely a misinterpreted question since dental offices are not authorized to administer vaccines, and 140 participants stated that they do not offer the flu vaccine to their patients. The item may have been misinterpreted as to whether the office staff personally receiving a flu vaccine. Of the respondents that stated they did not vaccinate for the flu, 78% said they would be interested in vaccinating for the flu.

83% of the survey participants state that they have a refrigerator to store vaccines. 55% say that they have a secure area where the refrigerator is located (only accessible by medical staff). 38% have a somewhat secure area (close to non-medical and medical staff). 46% of participants state that have a freezer to store vaccines and 19% would be interested in purchasing a freezer to store vaccines. 57% state that they have a secure area for freezer storage (not accessible by medical staff).

27% of survey respondents state they can vaccinate 50 patients a month. 23% state they can vaccinate 100 patients per month. 30% state they can vaccinate more than 100 patients a month, and 20% of respondents said they could vaccinate less than 20 patients per month.

Patient Population Survey Results

54% of the dental offices have patient populations that are healthcare personnel

80% of the dental offices have patient populations is 65+ and older

67% of dental offices have patient populations ages 26-64 with underlying medical conditions

54% of the dental offices have a patient population of pregnant women

22% of the dental offices have infant and toddler populations 6-35 months old

63% of the dental offices have patient populations of children 8-10 years old

79% of the dental offices have patient populations of adolescents 11-18 years old

79% of the dental offices have patient populations of adults ages 19-25

87% of the dental offices have patient populations of adults ages 26-64

68% of the dentists surveyed stated that they are not enrolled in Nevada WEBIZ, 30% were unsure, and 1 was enrolled in Nevada WEBIZ.

Dental Insurance

77% of dental offices reported that over half of their patients have insurance, 12% stated less than half of their patients have insurance. 4 offices reported that all of their patients have insurance, 1 stated that none of their patients have insurance, 11 responded as unknown.

89% of the dental offices stated that less than 5 staff members within the practice are able/approved to vaccinate.

Conclusion

Through immunizations, the Nevada dental community can serve an indispensable role as a public health team member to curb the COVID-19 pandemic. Expansion of Nevada dentists' scope of practice will increase access for patients to receive life-saving vaccinations from highly trained practitioners. Many dental offices see patients who are most at risk for complications due to COVID-19, including the 65 and older population and patients with underlying medical conditions.

Additionally, the inclusion of dental professionals into the community of vaccine capable providers will boost Nevada's low vaccination rates.

Addendum

Example of Statutory and Regulatory Language**Illinois**[Dental Practice Act \(225 ILCS 25/54.3\)](#)

(Section scheduled to be repealed on January 1, 2026)

Sec. 54.3. Vaccinations.

(a) Notwithstanding Section 54.2 of this Act, a dentist may administer vaccinations upon completion of appropriate training set forth by rule and approved by the Department on appropriate vaccine storage, proper administration, and addressing contraindications and adverse reactions. Vaccinations shall be limited to patients 18 years of age and older pursuant to a valid prescription or standing order by a physician licensed to practice medicine in all its branches who, in the course of professional practice, administers vaccines to patients or if it is a general policy or recommendation published by the Centers for Disease Control or the Director of Public Health. Methods of communication shall be established for consultation with the physician in person or by telecommunications.

(b) Vaccinations administered by a dentist shall be limited to influenza (inactivated influenza vaccine and live attenuated influenza intranasal vaccine). Vaccines shall only be administered by the dentist and shall not be delegated to an assistant or any other person. Vaccination of a patient by a dentist shall be documented in the patient's dental record and the record shall be retained in accordance with current dental recordkeeping standards. The dentist shall notify the patient's primary care physician of each dose of vaccine administered to the patient and shall enter all patient level data or update the patient's current record. The dentist may provide this notice to the patient's physician electronically. In addition, the dentist shall enter all patient level data on vaccines administered in the immunization data registry maintained by the Department of Public Health.

(c) A dentist shall only provide vaccinations under this Section if contracted with and credentialed by the patient's health insurance, health maintenance organization, or other health plan to specifically provide the vaccinations allowed under this Section. Persons enrolled in Medicare or Medicaid may only receive the vaccinations allowed for under this Section from dentists who are authorized to do so by the federal Centers for Medicare and Medicaid Services or the Department of Healthcare and Family Services.

(d) The Department shall adopt any rules necessary to implement this Section.

(e) This Section is repealed on January 1, 2026.

(Source: P.A. 101-162, eff. 7-26-19.)

Minnesota**150A.055 Administration of Influenza Immunization****Subdivision 1. Practice of dentistry.**

A person licensed to practice dentistry under sections [150A.01](#) to [150A.14](#) shall be deemed to be practicing dentistry while participating in the administration of an influenza vaccination.

Subd. 2. Qualified dentists.

(a) The influenza immunization shall be administered only to patients 19 years of age and older and only by licensed dentists who:

(1) have immediate access to emergency response equipment, including but not limited to oxygen administration equipment, epinephrine, and other allergic reaction response equipment; and

(2) are trained in or have successfully completed a program approved by the Minnesota Board of Dentistry, specifically for the administration of immunizations. The training or program must include:

(i) educational material on the disease of influenza and vaccination as prevention of the disease;

(ii) contraindications and precautions;

(iii) intramuscular administration;

(iv) communication of risk and benefits of influenza vaccination and legal requirements involved;

(v) reporting of adverse events;

(vi) documentation required by federal law; and

(vii) storage and handling of vaccines.

(b) Any dentist giving influenza vaccinations under this section shall comply with guidelines established by the federal Advisory Committee on Immunization Practices relating to vaccines and immunizations, which includes, but is not limited to, vaccine storage and handling, vaccine administration and documentation, and vaccine contraindications and precautions.

Subd. 3. Coordination of care.

After a dentist qualified under subdivision 2 has administered an influenza vaccine to a patient, the dentist shall report the administration of the immunization to the Minnesota Immunization Information Connection or otherwise notify the patient's primary physician or clinic of the administration of the immunization.

DHS-7121-ENG

10-15

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Immunization Delivery for Dentists Applicant Assurance Statement

PROVIDER NAME	NPI
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This Assurance Statement is an addendum to the MHCP Provider Agreement. By signing this statement, I assure that I meet the requirements for administration of influenza immunizations to individuals age 19 and older as mandated in Minnesota Statutes, section 150A.055.

I attest to the completion of training about the administration of immunizations. This training can be an approved program of the Minnesota Board of Dentistry or equivalent. The training must include:

- Educational material on the disease of influenza and vaccination as prevention of the disease
- Contraindications and precautions
- Intramuscular administration
- Communication of risk and benefits of influenza vaccination and legal requirements involved
- Reporting of adverse events
- Documentation required by federal law
- Storage and handling of vaccines

In addition to the above trainings, I also attest to the following:

- ___ I have immediate access to emergency response equipment, including but not limited to oxygen administration equipment, epinephrine, and other allergic reaction response equipment.
- ___ I comply with guidelines established by the federal Advisory Committee on Immunization Practices relating to vaccines and immunizations, which includes, but is not limited to, vaccine storage and handling, vaccine administration and documentation, and vaccine contraindications and precautions.
- ___ I report the administration of these immunizations to Minnesota Immunization Information Connection (MIIC) or the patient's primary physician or clinic.

By initialing the above requirements and signing below, I, the above-named applicant, attest to the accuracy of all information on this form.

SIGNATURE	DATE
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Legal authority

[Minnesota Statutes, Section 150A.055](#)

Fax the signed Applicant Assurance Statement along with the completed MHCP Provider Enrollment application packet and other required documents to 651-431-7462, or upload via the Minnesota Provider Screening and Enrollment (MPSE) portal.

Oregon: [House Bill 2220](#)

SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 679.

SECTION 2. (1)(a) In accordance with rules adopted by the Oregon Board of Dentistry, a dentist may prescribe and administer vaccines to a person with whom the dentist has established a patient relationship.

(b) The board shall approve a training course on the prescription and administration of vaccines. The board may approve a training course offered by the Centers for Disease Control and Prevention, the American Dental Association or its successor organization or other similar federal agency or professional organization.

(c) The board may adopt other rules as necessary to carry out this section.

(2) The board shall adopt rules relating to the prescription and administration of vaccines by dentists, including rules requiring dentists to:

(a) Report the prescription and administration of vaccines to the immunization registry created by the Oregon Health Authority pursuant to ORS 433.094;

(b) Prior to administering a vaccine, review the patient's vaccination history in the immunization registry described in this subsection;

(c) Comply with protocols established by the authority for the prescription and administration of vaccines under subsection (1) of this section; and

(d) Comply with any applicable rules adopted by the authority related to vaccines.

(3) In consultation with the board, the authority may adopt rules related to vaccines prescribed and administered by dentists.

SECTION 3. ORS 433.095 is amended to read:

433.095. The Oregon Health Authority shall adopt rules requiring dentists and pharmacists to report information about the administration of vaccines to the immunization registry created under ORS 433.094.

SECTION 4. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise: (see link for full text)

SECTION 5. ORS 679.020 is amended to read: (see link for full text)

SECTION 6. (1) Section 2 of this 2019 Act and the amendments to ORS 433.095, 679.010 and 679.020 by sections 3 to 5 of this 2019 Act become operative on January 1, 2020.

(2) The Oregon Board of Dentistry and the Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board and the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board and the authority by section 2 of this 2019 Act and the amendments to ORS 433.095, 679.010 and 679.020 by sections 3 to 5 of this 2019 Act.

SECTION 7. This 2019 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect on its passage.

References

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 11. Proposed Regulation of the Nevada State Board of Pharmacy. (2020). Workshop.

Total Survey Participants: 141**Would you be interested in receiving and administering the COVID-19 Vaccine in early 2021?**

140- yes

1- unsure

Do you currently vaccinate with flu?

48- yes

93- no

Would you be interested in vaccinating for flu?

Of the 93 that responded they do not vaccinate for the flu, 73 are interested in vaccinating, 20 are not interested

Respondents that said they do vaccinate for the flu (48) did not respond to the question if they would be interested in vaccinating for the flu, most likely because they already answered yes to “do you currently vaccinate with flu”

Do you currently have a refrigerator to store vaccines?

117- yes

12- no

12- no, but interested in purchasing one in order to vaccinate

What type of refrigerator do you have?

41- Combo Fridge/ Freezer Unit

67- Standalone Refrigerator Only Unit (household)

5- Other

4- Pharmacy Medical Grade Unit

24- No fridge

How large is the inside of your refrigerator?**41- Combo Fridge/ Freezer Unit**

14-Small (less than or about 2x2 ft)

22-Medium (about 2x4ft)

5-Large (greater than 3x5 ft)

67- Standalone Refrigerator Only Unit (household)

23- Small (less than or about 2x2 ft)

39- medium (about 2x4 ft)

5- large (greater than 3x5 ft)

4- Pharmacy Medical Grade Unit

3- medium (about 3x4 ft)

1-small (less than or about 2x2 ft)

5- Other

2- small

1-medium

2- large

Is your refrigerator located in a secure area?

5- Not secure (near non-medical staff)

64- Secure (only accessible by medical staff)

45- Somewhat secure (close to non-medical and medical staff)

3- Very secure (locked and only accessible by medial staff)

Do you currently have a freezer to store vaccines?

49- No

27- No, but I would be interested in purchasing one in order to vaccinate

65- Yes

What type of freezer do you have?

- 55- Combo fridge/freezer unit
- 9- Standalone freezer only unit (household)
 - 1- Pharmacy/medical grade unit

How large is your freezer?

- 46- small
- 19- medium
- 1- Large

Is your freezer located in a secure area?

- 1- not secure (near non medical staff)
- 37- Secure (only accessible by medical staff)
- 25- Somewhat secure
- 2- very secure
- 1- not specified

Roughly how many patients would you be able to vaccinate in a month?

- 37- 50 patients
- 33- 100 patients
- 42- Greater than 100 patients
- 29- Less than 20 patients

Patient Population

- 76- Healthcare Personnel
- 113- 65+ and older
- 94- People ages 26-64 with underlying medical conditions
- 76- Pregnant Women
- 32- Infants and Toddlers 6-35 months old
- 89- Children (3-10 years old)

112-Adolescents (11-18 years old)

115-Adults ages 19-25

123- Adults ages 26-94

1- RW Patients Adult ages 18-21 dental school patients

Does your practice currently offer vaccines other than flu to patients in office?

140- No

1- no answer

Is your practice currently enrolled in Nevada WEBIZ?

96- No

44- Unsure

1- yes

How many of your patients have insurance?

4- all of my patients have insurance

108- most of my patients have insurance (over half)

1- none of my patients have insurance (uninsured)

17- Some of my patients have insurance (less than half)

11- unknown

How many staff members within the practice are able/approved to vaccinate?

2- Between 11-20

10- Between 6-10

2- Greater than 20

126 -Less than 5

1- no answer

Public Comment:
UNLV School of Dental Medicine
- Charles Buchanan, et al.

Dear Nevada State Board of Dental Examiners,

Each year hundreds of patients in Nevada are used as test subjects in clinical licensing examinations by candidates seeking a dental license. Irreversible surgical procedures are performed on these patients without the same comprehensive supervision they typically receive within an accredited dental school setting to ensure their protection.

The outcomes of these clinical exams never result in a 100 percent pass rate; and these failed procedures left patients with sub-standard dental surgery outcomes and the need to seek follow-up care from a licensed dentist to restore the failed procedures. Despite the best efforts of the dental candidates and those proctoring the examinations, not all test subjects receive follow-up care and could suffer from permanent damage to their teeth.

The use of human subjects in clinical dental licensing examinations began in the early 1900s; and the debate over the validity, reliability and ethical nature of this practice has been widespread within dentistry for more than half a century. Despite the dialogue, hundreds of people in Nevada are still being used each year as test subjects in these examinations.

Alternatives exist, though the state dental board has ignored the glaring reliability, validity and ethical issues that accompany the administration of clinical licensure examinations.

Students of the UNLV School of Dental Medicine—students who are required to perform irreversible surgical procedures on our fellow man—stand firm in our conviction that the practice of using human subjects in clinical licensing examinations is flawed and unethical. Patients should not be put into a situation where there is a possibility they will receive sub-standard treatment that may irreparably harm them.

We stand by the American Dental Association (ADA), the American Dental Education Association (ADEA), the Student Professionalism and Ethics Association in Dentistry (SPEA) and many dental school deans across the country, among others, who believe that to protect the public, maintain the integrity of the profession of dentistry and ensure that only competent dental school graduates can gain a dental license, performing exams on human subjects in a high-stakes, one-shot scenario must end.

With the variables of the patient's oral health condition and personal temperament, the clinical licensure examination is difficult, if not impossible, to standardize. That—combined with the ethical implications of delivering treatment that won't meet the standard of care for patients whose candidates

fail—leaves us with the question of why these clinical licensure examinations continue to subject the population and the candidates to such questionable testing scenarios.

There are four main issues with the current clinical licensure examination: the exam is not valid, the exam is not reliable, the exam does not put the best interests of the patient first, and the exam needlessly places candidates in positions of moral distress.

Validity: According to an ADEA survey, 82% of deans don't believe clinical licensure exams are valid for decision making purposes. Hangorsky (1982) found no positive correlation between scores attained during dental students' final year of instruction (class rank) and their performance on CDCA, formerly NERB. In one school in the study, nearly 1/3 of failures came from the top 1/3 of the class. The bottom 10% of the class all passed the exam.

Reliability: Clinical exams are impossible to standardize. No two humans are anatomically, physiologically, pathologically and psychologically identical, and therefore each clinical licensure examination is different

Patient's Best Interest: Candidates may perform the following questionable practices in order to meet the requirements of having a qualified board patient: Complete multiple x-rays of individuals who will not become patients or be given comprehensive care, purposefully create a lesion for the exam, save a board lesion for the exam rather than treat it in the appropriate sequence of care, recommend an irreversible procedure for a tooth when remineralization could be the more appropriate treatment, treat lesion first for board exam prior to addressing more urgent dental care needs, and each time a candidate fails a clinical licensure exam on a patient, the patient is potentially left with a restoration or periodontal condition that is below the standard of care. Failures in restorative procedures typically mean that the patient has had irreversible harm rendered to them.

Candidates Distress: Paying patients or offering bonuses to ensure their patient arrives for their appointment on exam day. Candidates whose patients who do not show up on exam day will fail their exam. With the addition of COVID-19 affecting how exams are offered, candidates are placed under even more distress.

There are currently alternatives available to test competence that do not require the use of human subjects in a live clinical testing scenario in the state of Nevada.

ADEX™ CompeDont™ tooth

- Has enamel the same hardness and character of a natural tooth, caries which are variable, transitioning from infected dentin to affected dentin to sclerotic dentin, and propagates along the DEJ as in a natural tooth.

- Anterior restorative pass rate of 95%, Posterior restorative pass rate of 93%

ADEX™ selected typodont for use in the dental periodontal scaling challenge

- Used in calculus detection, calculus removal, and periodontal probing exercises

WREB Comprehensive Treatment Planning exam

- An authentic simulated clinical examination which requires the candidate to construct open-ended responses. The exam reveals candidate thinking and requires candidates to perform tasks that dentists perform to make decisions that dentists make.

WREB COVID 19 Alternative Performance-based Simulation

- Each candidate is required to successfully perform both preparation and finish of a conventional Class II restoration on a molar and a Class III restoration on a central incisor. All procedures are performed in full simulation and with rubber dam isolation.

Dental Licensure Objective Structured Clinical Examination (DLOSCE)

- A high-stakes licensure examination which requires candidates to use their clinical skills to successfully complete one or more dental problem solving tasks.

As students of the UNLV School of Dental Medicine, we urge you to change initial licensure requirements to allow for the above mentioned exams to be accepted as new alternatives to current licensure requirements.

- Adapted from the American Student Dental Association white paper “Use of Human Subjects in Clinical Licensure Examinations”

Charles Buchanan, c/o 2021
Colby Patton, 2023
Olivia Rhines c/o 2021
Raquel Markie Ross, 2022
Amelia O’Keefe Class of 2022
Sepideh Pourmonajemzadeh, Class of 2021
Timothy Dang (Class of 2023)

Juliette Nganje 2023
Andrew Bowers 2022
Alison Defilippi 2022
JANIKA ROSS - 2022
Milena Arakelyan 2022
Lillian Azzam; Class of 2022
Syed M Ahmed DS4
Jonathan Thor, Class of 2022
Cynthia Le 2022
Alan Estrada DS3
Philip Son 2021
Ronald J. Laux, D.D.S.
Kyla Freund SDM Class of 2022
Tanner Gamble Class of 2023
Taylor Florence
Hailee Wilson Class of 2021
Taylor Florence, UNLV SDM 2023
Garrett Berry class of 2021
Kristofer Luu
Christoffer Devantier Class of 2023
Corey Foulk UNLV SDM c/o2022
Corey Foulk UNLV SDM c/o 2022
Dennez Avendano, Class of 2022
Deaudre LeCato Class of 2021
Lesley Chen, Class of 2023
Jin-Hao Chang, UNLV School of Dental Medicine Class of 2021
Michael Rafferty, Class of 2022
Kriztine Uy Class of 2021
Braden Harris 2023
Andrew Berhold Class of 2021
Martin Torres - Class of 2021
Bowen Ressler, Class of 2023
Ha Vy Le, CO2022

Taylor Anderson Class of 2022
Sabrina Lin DS3
Eric Ochoa, Class of 2022
Kathryn Mueller '23
Logan Harmon, 2022
Julian Phan, Class of 2022
Casey Sanders, class of 2021
Philip Son 2021
Matthew A. Hobbs c/o 2022
Matthew Shaff, Class of 2023
Jason Emett, 2021
Briana Galati UNLV Class of 2021
Judy Chau 2022
Tram Thuy Phan, Class of 2023
Clayson Jorgensen 2023
Brennan Truman, 2023
Matthew Rucker - 2021
Jim Tran, 2021
Taylor Rucker 2021
Po Jui Chen Class of 2022
Poonam Patel 2021
Alex Shin Class of 2022
Vanessa Acevedo c/o 2022
Ryan Fong, Class of 2021
Alexa Krauss, 2022
Joseph Brown, 2021
Sangyoon Jee (2022)
Casey Sanders, class of 2021
Sonia Santoyo class of 2022
Tommy Le and Class of 2023
Danyalle Chun 2023
Andrew J. Orr 2021
Taylor Florence, UNLV SDM 2023

Trexton Davis UNLV SDM class of 2023
Eunbee Kim, Class of 2022
Kevin Major 2022
Alexandru Chireu, Class of 2022
Nathan Anderson Class of 2021
Natalie Kwok, Class of 2021
Jacob Ozuna, class of 2021
Rolanda Chung, c/o 2021
Taylor Florence, UNLV SDM 2023
Kevin Dreesen, Class of 2023
Vivian Liu 2023
Casey Sanders, class of 2021
Cassidy Yunjing Huang, Class of 2023
Alysa George Class of 2021
Anthony Fusco, c/o 2021
Alexander Hicks Class of 2023
Scott Parker, Class of 2022
Tatiana Alhwayek Class of 2022
Shikha Nandal, 2021
Davey Truong, c/o 2021
Audrey Morris, Class of 2021
Praneeti Sodhi 2021
Katie Marie Flynn, Class of 2021
Alysa George Class of 2021
Catherine Vukelich Class of 2021
Justin Denney C/o 2021
Allicia Lucich DS4
Roberto Garcia, class of 2021
Charles Clawson 2022
Aimee Abittan, UNLV 2016
Michael Britting, UNLV 2016
Beanca Jhanine M. Samiano, Class of 2023
Garrett Berry 2021

Ameer Hassan 2023
Austin Taylor Class of 2023
Victoria Quizon 2023
Hannah Swift Class of 2023
Lesley Chen, Class of 2023
Devin Norton, 2023
Gabriel El-Awik, Class of 2023
Amanda Kaufman, 2023
Cory John Lange Class of 2023
Sabrina Lin 2022
Jennifer Cheng Class of 2022
Noel Berry, 2021
Shikha Nandal, 2021
Vincent Wang 2021
Brandon Richards Class of 2023
Jared Link 2021
Paul Paik 2023
Robert Cyrus Bingaman Class of 2022
Nicole Biangela Romero, 2022
May Ma, Class of 2022
Matthew Marrujo class of 2023
Olivia Tsang 2022
Mac Roy Jackson III, 2023
Rachel Warner Class of 2023
Patricia Lee, 2021
Sabrina Lin 2022
Patricia Grabowski, 2021
Jeremy James, Class of 2021
Chauncey Hensley, 2021
Arvin Alexander, 2021
Allison Lundgren Class of 2024
Tim Phanle, 2024
Wendy Mejia 2021

Derek Bouvier Class if 2024
Simon Guan Class 2024
Derek Stutz C/O 2021
James Brigham Clawson Class of 2024
Nathalie Cany, 2024
Jai-inder Ghotra C/O 2024
Kaiko Perkins CO 2024
Justin Simpson 2024
Ryan Hunter, 2024
Andrew Graves Class of 2021
Mitchell Fisher, 2024
Maximiliano Torres - DS1
Eric Boman, 2021
Carly Saxe, 2021
Bridget Elizan, class of 2021
Tyler Pisciotta, Class of 2024
Russell Diehl, 2021
Jacob Crist, class of 2024
Dallin Ringger Class of 2024
Wing Fung - C/O 2024
Joanna Viernes, 2021
Christine Azar Class of 2024
Sandy Hong, 2024
Anjali Sorathia 2024
James Chon, 2021