

NEVADA STATE BOARD  
of  
DENTAL EXAMINERS



LEGISLATIVE, LEGAL & DENTAL  
PRACTICE COMMITTEE MEETING

OCTOBER 5, 2020

6:00 P.M.

**PUBLIC BOOK**

**Proposed Regulation Changes:**

**NAC 631.028 through NAC 631.220**

## LICENSING

**NAC 631.028 Applications for licensure; payment of fees.** ([NRS 631.190](#), [631.220](#), [631.345](#))

1. An application for licensure must be filed with the Executive Director on a form furnished by the Board. The application must be sworn to before a notary public or other officer authorized to administer oaths and accompanied by the fee required pursuant to [NAC 631.029](#).

2. All such fees must be paid with an instrument which is immediately negotiable.

(Added to NAC by Bd. of Dental Exam'rs, eff. 10-21-83; A 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R026-05, 12-29-2005)

**NAC 631.029 Schedule of fees.** ([NRS 631.190](#), [631.240](#), [631.345](#)) The Board will charge and collect the following fees:

Application fee for an initial license to practice dentistry if the applicant has successfully passed a clinical examination administered by the Western Regional Examining Board or a clinical examination approved by the Board and the American Board of Dental Examiners and administered by a regional examination organization other than the Board.....	\$1,200
<i>Application fee for an initial license to practice dental therapy.....</i>	<i>800</i>
Application fee for an initial license to practice dental hygiene.....	600
Application fee for a specialty license by credential.....	1,200
Application fee for a temporary restricted geographical license to practice dentistry.....	600
Application fee for a temporary restricted geographical license to practice dental hygiene.....	150
Application fee for a specialist's license to practice dentistry.....	125
Application fee for a limited license or restricted license to practice dentistry or dental hygiene.....	125
Application and examination fee for a permit to administer general anesthesia, moderate sedation or deep sedation.....	750
Application and examination fee for a site permit to administer general anesthesia, moderate sedation or deep sedation.....	500
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, moderate sedation or deep sedation.....	500
Fee for the inspection of a facility required by the Board to ensure compliance with infection control guidelines.....	250
<i>Fee for second or subsequent re-inspection of a facility required by the Board to ensure compliance with infection control guidelines.....</i>	<i>150</i>
Biennial renewal fee for a permit to administer general anesthesia, moderate sedation or deep sedation.....	200
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, moderate sedation or deep sedation.....	350
Biennial license renewal fee for a general license or specialist's license to practice dentistry.....	600

Biennial license renewal fee for a restricted geographical license to practice dentistry.....	600
Biennial license renewal fee for a restricted geographical license to practice dental hygiene.....	300
Biennial license renewal fee for a general license to practice dental hygiene....	300
Annual license renewal fee for a limited license to practice dentistry or dental hygiene.....	200
Annual license renewal fee for a restricted license to practice dentistry.....	100
Biennial license renewal fee for an inactive dentist.....	200
Biennial license renewal fee for an inactive dental hygienist.....	50
<b><i>Fee for second or subsequent audits to ensure compliance with Continuing Education requirements .....</i></b>	<b>200</b>
Reinstatement fee for a revoked license to practice dentistry or dental hygiene	500
Reinstatement fee to return an inactive or retired dentist or dental hygienist or a dentist or dental hygienist with a disability to active status.....	300
Fee for the certification of a license.....	25
Fee for the certification of a license to administer nitrous oxide or local anesthesia.....	25
Fee for a duplicate wall certificate.....	25
Fee for a duplicate pocket card receipt.....	25
Application fee for converting a temporary license to a permanent license.....	125
Fee for an application packet for an examination.....	25
Fee for an application packet for licensure by credentials.....	25

(Added to NAC by Bd. of Dental Exam'rs by R026-05, eff. 12-29-2005; A by R159-08, 4-23-2009; R066-11, 2-15-2012; R020-14, 6-23-2014; R119-15, 6-28-2016)

**NAC 631.030 Provision of certain information and documentation by applicant for licensure; examination for certain licenses. ([NRS 631.190](#), [631.220](#), [631.255](#), [631.272](#), [631.274](#), [631.290](#), SB 366 (2019))**

1. An applicant for licensure must provide the following information and documentation in his or her application:

- (a) The date and place of his or her birth;
- (b) Certification of graduation from an accredited dental school or college, *from an accredited school or college of dental therapy*, or from an accredited school or college of dental hygiene, whichever is applicable;
- (c) Whether he or she has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his or her application;
- (d) If he or she has practiced dentistry, *dental therapy* or dental hygiene in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each state or territory of the United States or the District of Columbia in which he or she has practiced or is practicing that he or she is in good standing and that there are not any disciplinary proceedings affecting his or her standing pending against him or her in the other state or territory of the United States or the District of Columbia;

(e) Whether he or she has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, the reasons for doing so;

(f) If he or she is not a natural born citizen of the United States, a copy of his or her certificate of naturalization or other document attesting that he or she is legally eligible to reside and work in the United States;

(g) All scores obtained on the examination in which he or she was granted a certificate by the Joint Commission on National Dental Examinations and the date it was issued;

(h) Whether he or she has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of the conviction or plea and the sentence, if any, which was imposed;

(i) Whether he or she has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;

(j) Whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia/or misconduct relating to his or her occupation or profession;

(k) Whether he or she has a history of substance abuse and, if so, any documents relevant to the substance abuse;

(l) Whether he or she has been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia, or any regional testing agency recognized by the Board and, if so, any documents relevant to the refusal;

(m) Whether he or she has been denied licensure by this State, any other state or territory of the United States or the District of Columbia and, if so, any documents relevant to the denial;

(n) Whether he or she has had his or her license to practice dentistry, *dental therapy* or dental hygiene suspended, revoked, *been subject to mandatory supervision*, ~~or~~ placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry, *dental therapy* or dental hygiene, including, without limitation, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the suspension, revocation, *supervision*, probation or other discipline;

(o) A copy of current certification in administering cardiopulmonary resuscitation;

(p) Whether he or she is currently involved in any disciplinary action concerning his or her license to practice dentistry, *dental therapy* or dental hygiene in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the reprimand or disciplinary action;

(q) Two sets of certified fingerprint cards and an authorization form allowing the Board to submit the fingerprint forms to law enforcement agencies for verification of background information

(r) Whether he or she has any claims against him or her or has committed any actions that would constitute unprofessional conduct pursuant to NRS 631.3475, as amended by section 6 of Senate Bill No. 101, chapter 238, Statutes of Nevada 2017, at page 1256, and section 25 of Assembly bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4414, or NAC 631.230;

(s) An application form that he or she has completed and signed which:

(1) Is furnished by the Board; and

(2) Includes, without limitation, a properly executed request to release information;

(t) If applicable, the statement and proof required by subsection 3;

(u) Evidence that he or she is eligible to apply for a license to practice:

- (1) Dentistry pursuant to NRS 631.230;
- (2) Dental hygiene pursuant to NRS 631.290; *or*
- (3) *Dental therapy pursuant to Senate Bill No. 366 (2019), Section 60.2;*
- (v) The statement required by NRS 425.520; and
- (w) Any other information requested by the Board

~~2.—An applicant for licensure with examination must deliver to the Board, at least 45 days before the examination:~~

- ~~(a) The information and documentation listed in subsection 1;~~
- ~~(b) (x) If applicable, the certified statement and proof required by subsection 3.~~
- ~~(c) (y) A completed and signed application form issued by the Board, including a properly executed request to release information;~~
- ~~(d) (z) A copy of current certification in administering cardiopulmonary resuscitation; and~~
- ~~(e) (aa) A copy of his or her malpractice insurance policy showing the effective dates, which must cover his or her examination dates, and the limits of liability.~~

~~—3.—An applicant for licensure pursuant to NRS 631.272 must deliver to the Board, at least 45 days before the meeting of the Board to consider the applicant for licensure, the documents listed in subsection 2 and proof that the applicant has actively practiced dentistry for the 5 years immediately preceding the date of submission of the application. If the applicant fails to deliver to the Board, at least 45 days before the meeting of the Board to consider the applicant for licensure, any of the documents required pursuant to this subsection, the Executive Director or the Secretary-Treasurer shall reject the application and inform the applicant that he or she is not eligible for consideration for licensure pursuant to NRS 631.272 until the next scheduled meeting of the Board.~~

~~—4.—(bb) Each applicant for licensure must, at least 45 days before the meeting of the Board to consider the applicant for licensure, pass an examination on the contents and interpretation of this chapter and chapter 631 of NRS. The examination will be given on the first Monday of each month. If the first Monday of the month is a legal holiday, the examination will be given on the first Tuesday of the month.~~

~~—5. 3.~~ An applicant for licensure who wishes to use laser radiation in his or her practice of dentistry, *dental therapy* or dental hygiene must provide to the Board:

(a) A statement certifying that each laser that will be used by the licensee in the practice of dentistry, *dental therapy* or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

(b) Proof that he or she has successfully completed a course in laser proficiency that:

(1) Is at least 6 hours in length; and

(2) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to NAC 631.035.

[Bd. of Dental Exam'rs, § III, eff. 7-21-82] — (NAC A 10-21-83; 12-15-87; 4-3-89; 9-6-96; R169-01, 4-5-2002; R139-05, 12-29-2005; R159-08, 4-23-2009)

**NAC 631.033 Use of laser radiation in practice: Documentation required with application for renewal of license. (NRS 631.190, 631.330)** Each licensee who uses or wishes to use laser radiation in his or her practice of dentistry, *dental therapy* or dental hygiene must include with the application for renewal of his or her license:

1. A statement certifying that each laser used by the licensee in his or her practice of dentistry, *dental therapy* or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and
2. Proof that he or she has successfully completed a course in laser proficiency that:
  - (a) Is at least 6 hours in length; and
  - (b) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#).
 (Added to NAC by Bd. of Dental Exam'rs by R139-05, eff. 12-29-2005)

**NAC 631.035 Use of laser radiation in practice: Adoption by reference of *Curriculum Guidelines and Standards for Dental Laser Education*. ([NRS 631.190](#))**

1. The Board hereby adopts by reference the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by the Academy of Laser Dentistry. The *Curriculum Guidelines and Standards for Dental Laser Education* is available, free of charge, from the Academy of Laser Dentistry:

- (a) By mail, at P.O. Box 8667, Coral Springs, Florida 33075;
- (b) By telephone, at (954) 346-3776; or
- (c) At the Internet address

[http://www.laserdentistry.org/prof/edu\\_curriculumguidelines.cfm](http://www.laserdentistry.org/prof/edu_curriculumguidelines.cfm).

2. The Board will periodically review the *Curriculum Guidelines and Standards for Dental Laser Education* and determine within 30 days after the review whether any change made to those guidelines and standards is appropriate for application in this State. If the Board does not disapprove a change to an adopted guideline or standard within 30 days after the review, the change is deemed to be approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs by R139-05, eff. 12-29-2005)

**NAC 631.045 Renewal of license: Certified statement required. ([NRS 631.190](#))** A licensed dentist who owns an office or facility where dental treatments are to be performed in this State must, on the application for renewal of his or her license, execute a certified statement that includes:

1. The location of each office or facility owned by the licensed dentist where dental treatments are to be performed;
2. The name and address of each employee, other than a licensed dentist, *dental therapist* or dental hygienist, who assists at the office or facility in procedures for infection control and the date the employee began to assist in procedures for infection control at the office or facility;
3. A statement that each employee identified in subsection 2:
  - (a) Has received adequate instruction concerning procedures for infection control; and
  - (b) Is qualified to:
    - (1) Operate sterilization equipment and other equipment in compliance with the guidelines adopted by reference in [NAC 631.178](#); and
    - (2) Perform all other applicable activities in compliance with the guidelines adopted by reference in [NAC 631.178](#); and
4. If the licensed dentist is registered to dispense controlled substances with the State Board of Pharmacy pursuant to [chapter 453](#) of NRS, an attestation that the licensed dentist has conducted annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010; A by R020-14, 6-23-2014)

**NAC 631.050 Rejection of application; reconsideration and review.** ([NRS 631.160](#), [631.190](#), [631.230](#), [631.260](#), [631.290](#))

1. If the Executive Director or Secretary-Treasurer finds that:

(a) An application is:

(1) Deficient; *or*

(2) Not in the proper form;

~~(3) Delivered to the Board less than the 45 days required before the examination pursuant to subsection 2 of NAC 631.030 or less than the 45 days required before the meeting of the Board to consider the applicant for licensure pursuant to subsection 3 of NAC 631.030; or~~

(b) The applicant has:

(1) Provided incorrect information;

(2) Not attained the scores required by [chapter 631](#) of NRS; or

(3) Not submitted the required fee,

↪ the Executive Director or Secretary-Treasurer shall reject the application and return it to the applicant with the reasons for its rejection.

2. If the Executive Director or Secretary-Treasurer finds that an applicant has:

(a) A felony conviction;

(b) A misdemeanor conviction;

(c) Been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(d) A history of substance abuse;

(e) Been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia;

(f) Been denied licensure by this State, any other state or territory of the United States or the District of Columbia;

(g) Had his or her license to practice dentistry, *dental therapy* or dental hygiene suspended, revoked, *subject to mandatory supervision*, or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry or dental hygiene, including, without limitation, receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia;

(h) Not actively practiced dentistry, *dental therapy* or dental hygiene, as applicable, for 2 years or more before the date of the application to the Board;

(i) Is currently involved in any disciplinary action concerning his or her license to practice dentistry, *dental therapy* or dental hygiene in this State, another state or territory of the United States or the District of Columbia,

↪ the Executive Director or Secretary-Treasurer may reject the application. If rejected, the application must be returned to the applicant with the reasons for its rejection.

3. If an application is rejected pursuant to subsection 2, the applicant may furnish additional relevant information to the Executive Director or Secretary-Treasurer, and request that the application be reconsidered. If an application is rejected following reconsideration by the Executive Director or Secretary-Treasurer, the applicant may petition the Board for a review of the application at the next regularly scheduled meeting of the Board.

[Bd. of Dental Exam'rs, § V, eff. 7-21-82] — (NAC A 4-3-89; 9-6-96; R003-99, 4-3-2000; R169-01, 4-5-2002; R158-08, 12-17-2008; R159-08, 4-23-2009)



**NAC 631.070 Reconsideration of application following request for postponement of action.** ([NRS 631.190](#), [631.220](#))

1. If an applicant requests that the Board postpone its action on his or her application for licensure, he or she may later request the Board to reconsider the application. The request for reconsideration must be made on a form furnished by the Board.

2. If an applicant requests the Board to reconsider the application within 1 year after filing the original application for licensure, the Board will not require the applicant to submit another application for licensure unless the information contained in the original application has changed. The applicant must update the information in the original application by furnishing the Board with a supplement when subsequent changes have taken place.

[Bd. of Dental Exam'rs, § XI, eff. 7-21-82] — (NAC A 4-3-89; R169-01, 4-5-2002)

**NAC 631.090 Examination for license to practice dentistry.** ([NRS 631.190](#), [631.240](#))  
Except as otherwise provided in [NRS 622.090](#), in fulfillment of the statutory requirements of paragraph (b) of subsection 1 of [NRS 631.240](#), an applicant taking the clinical examination approved by the Board and the American Board of Dental Examiners or the clinical examination administered by the Western Regional Examining Board must:

1. Pass the Dental Simulated Clinical Examination or a comparable examination administered by the Western Regional Examining Board, as applicable;

2. Demonstrate proficiency in endodontics as the organization administering the clinical examination requires;

3. Demonstrate proficiency in fixed prosthodontics as the organization administering the clinical examination requires;

4. Demonstrate proficiency in restorative dentistry as the organization administering the clinical examination requires;

5. Demonstrate proficiency in periodontics as the organization administering the clinical examination requires; and

6. Perform such other procedures as the Board requires.

[Bd. of Dental Exam'rs, § XII, eff. 7-21-82] — (NAC A 12-15-87; R169-01, 4-5-2002; R159-08, 4-23-2009)

**NAC 631.140 Reexaminations; completion of failed clinical demonstration.** ([NRS 631.190](#), [631.220](#), [631.240](#), [631.280](#), [631.300](#))

1. Except as otherwise provided in [NRS 622.090](#), an applicant who does not pass all sections of the clinical examination approved by the Board and the American Board of Dental Examiners or the clinical examination administered by the Western Regional Examining Board may apply for a reexamination. The application must be made on a form furnished by the Board.

2. An applicant who does not pass the examination may not take another examination without completing such additional professional training as is required by the Board.

3. An applicant who does not pass the examination solely because he or she fails one of the demonstrations required pursuant to [NAC 631.090](#) may, at the next scheduled examination, complete the remaining demonstration. If the applicant does not successfully complete the remaining demonstration at the next scheduled examination or within the timeline approved by the American Board of Dental Examiners or by the Western Regional Examining Board for a person who takes the examination as part of an integrated curriculum, he or she must retake the entire examination.

4. For the purposes of [NRS 631.280](#), an applicant who attempts to complete successfully a demonstration pursuant to subsection 3 shall not be deemed to have failed the examination twice if he or she fails to complete that demonstration successfully.

[Bd. of Dental Exam'rs, § X, eff. 7-21-82] — (NAC A 4-3-89; 9-6-96; R169-01, 4-5-2002; R159-08, 4-23-2009)

**NAC 631.145 Dental hygienists: Renewal of special endorsement of license to practice public health dental hygiene. ([NRS 631.190](#), [631.287](#))**

1. A special endorsement of a license that allows a dental hygienist to practice public health dental hygiene issued by the Board may be renewed biennially in accordance with [NRS 631.287](#).

2. A dental hygienist may apply to renew the special endorsement upon the renewal of his or her license by submitting a report summarizing the services performed by the dental hygienist under the authority of the special endorsement during the immediately preceding biennium.

(Added to NAC by Bd. of Dental Exam'rs by R231-03, eff. 5-25-2004; A by R020-14, 6-23-2014)

**NAC 631.150 Filing of addresses of licensee; notice of change; display of license. ([NRS 631.190](#), [631.350](#))**

1. Each licensee shall file with the Board the addresses of his or her permanent residence and the office or offices where he or she conducts his or her practice, including, without limitation, any electronic mail address for that practice.

2. Within 30 days after any change occurs in any of these addresses, the licensee shall give the Board a written notice of the change. The Board will impose a fine of \$50 if a licensee does not report such a change within 30 days after it occurs.

3. The licensee shall display his or her license and any permit issued by the Board, or a copy thereof, at each place where he or she practices.

[Bd. of Dental Exam'rs, § XVI, eff. 7-21-82] — (NAC A 9-6-96; R066-11, 2-15-2012; R119-15, 6-28-2016)

**NAC 631.155 Licensee to notify Board of certain events. ([NRS 631.190](#))** Each licensee shall, within 30 days after the occurrence of the event, notify the Board in writing by certified mail of:

1. The death of a patient during the performance of any dental procedure;

2. Any unusual incident occurring in his or her dental practice which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient;

3. The suspension or revocation of his or her license to practice dentistry or the imposition of a fine or other disciplinary action against him or her by any agency of another state authorized to regulate the practice of dentistry in that state;

4. The conviction of any felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State or the conviction of any violation of [chapter 631](#) of NRS;

5. *The filing and service upon him or her of any claim or complaint of malpractice; or*

6. Being held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85)

**NAC 631.160 Voluntary surrender of license. ([NRS 631.190](#))**

1. If a licensee desires voluntarily to surrender his or her license, he or she may submit to the Board a sworn written surrender of the license accompanied by delivery to the Board of the certificate of registration previously issued to him or her. The Board may accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable. The Board will notify any agency or person of the surrender as it deems appropriate.

2. The voluntary surrender of a license does not preclude the Board from hearing a complaint for disciplinary action filed against the licensee.

*1. If, following a voluntary surrender of license pursuant to this section, the former licensee wishes to again practice in Nevada, he or she must re-apply for a license pursuant to this chapter and NRS 631, and must meet all criteria required for licensure as of the date of his or her reapplication.*

*2. If a licensee voluntarily surrenders his or her license with discipline or during a pending investigation, the Board may require the dentist or hygienist to complete any terms of discipline or corrective action not completed as a result of the surrender, and/or may require additional terms as a condition of licensure as deemed necessary and appropriate by the Board.*

[Bd. of Dental Exam'rs, § XX, eff. 7-21-82]

**NAC 631.170 Placement of license on inactive, retired or disabled status; reinstatement. ([NRS 631.190](#), [631.335](#))**

1. A licensee may request the Board to place his or her license in an inactive or retired status. Such a request must be made in writing and before the license expires.

2. The Secretary-Treasurer may reinstate an inactive license upon the written request of an inactive licensee who has maintained an active license and practice outside this State during the time his or her Nevada license was inactive. To reinstate the license, such an inactive licensee must:

- (a) Pay the appropriate renewal fees;
  - (b) Provide a list of his or her employment during the time the license was inactive;
  - (c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;
  - (d) Report whether he or she has *been served with any claim or lawsuit for dental malpractice, or has* been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
  - (e) Report any appearance he or she may have made before a peer review committee;
  - (f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;
  - (g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;
  - (h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and
  - (i) Provide any other information which the Secretary-Treasurer may require,
- before the license may be reinstated. In determining whether the licensee is of good moral character, the Secretary-Treasurer may consider whether the license to practice dentistry in

another state has been suspended or revoked or whether the licensee is currently involved in any disciplinary action concerning the license in that state.

3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:

- (a) Payment of the appropriate renewal fees;
- (b) A written petition for reinstatement that has been signed and notarized;
- (c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and
- (d) A list of his or her employment, if any, during the time the license was on inactive or retired status,

↳ before the license may be reinstated.

4. If a person whose license has been on inactive status for 2 years or more has not maintained an active license or practice outside this State, or if a person's license has been on retired status for 2 years or more, he or she must:

- (a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of subsection 3; and
- (b) Pass such additional examinations for licensure as the Board may prescribe,

↳ before the license may be reinstated.

5. If the license of a person has been placed on disabled status, the person must:

- (a) Satisfy the requirements of paragraphs (a), (b) and (c) of subsection 3;
- (b) Submit to the Board a list of his or her employment, if any, during the time the license was on disabled status;
- (c) Pass such additional examinations for licensure as the Board may prescribe; and
- (d) Submit to the Board a statement signed by a licensed physician setting forth that the person is able, mentally and physically, to practice dentistry,

↳ before the license may be reinstated.

*6. For purposes of the requirement for an examination as the Board may prescribe following two years of inactivity, "inactive" as used in subsections 3 and 4 of this section may refer to voluntary placement of a license on inactive status or to inactivity due to voluntary surrender of a license, and/or suspension or revocation of a license or other order by the Board of this State, another state or territory of the United States or the District of Columbia.*

[Bd. of Dental Exam'rs, § XV, eff. 7-21-82] — (NAC A 4-3-89; 11-28-90; 9-6-96; R004-99, 4-3-2000)

**NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. (NRS 631.190, 631.342, SB366 (2019))**

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.

2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. *Each dental therapist licensed to practice in this State must annually complete at least 18 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental therapist. Hours of instruction may not be transferred or carried over from one licensing period to another.*

4. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist, *dental therapist* and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.

~~4.~~ 5. Any provider of or instructor for a course in continuing education relating to the practice of dentistry, *dental therapy* or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

- (a) The American Dental Association or the societies which are a part of it;
- (b) The American Dental Hygienists' Association or the societies which are a part of it;
- (c) The Academy of General Dentistry;
- (d) Any nationally recognized association of dental or medical specialists;
- (e) Any university, college or community college, whether located in or out of Nevada; or
- (f) Any hospital accredited by The Joint Commission.

~~5-6.~~ To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

~~6.~~ 7. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection ~~5~~ 6 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

~~7.~~ 8. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

~~8.~~ 9. Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

~~9.~~ 10. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R159-08, 4-23-2009; R020-14, 6-23-2014)

**NAC 631.175 Continuing education: Approved subjects; minimum requirements for clinical subjects; maximum credit for certain types of courses and activities. ([NRS 631.190, 631.342, SB 366 \(2019\)](#))**

1. Approved subjects for continuing education in dentistry, *dental therapy* and dental hygiene are:

- (a) Clinical subjects, including, without limitation:
  - (1) Dental and medical health;

- (2) Preventive services;
  - (3) Dental diagnosis and treatment planning; and
  - (4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and
- (b) Nonclinical subjects, including, without limitation:
- (1) Dental practice organization and management;
  - (2) Patient management skills;
  - (3) Methods of health care delivery; and
  - (4) Teaching methodology.

2. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dentist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist.

3. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist.

4. *In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dental therapist must annually complete at least 15 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 30 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental therapist.*

5. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dentist who is registered to dispense controlled substances pursuant to [NRS 453.231](#) must complete at least 2 hours of training relating specifically to the misuse and abuse of controlled substances, the prescribing of opioids or addiction during each period of licensure.

~~5.~~ 6. In completing the hours of continuing education required pursuant to [NAC 631.173](#), a dentist, *dental therapist* or dental hygienist must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in [NAC 631.178](#) or biennially complete at least 4 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in [NAC 631.178](#), as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist, *dental therapist* or dental hygienist.

~~6.~~ 7. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:

- (a) For approved study by a group, 3 hours.
- (b) For attendance at a meeting or convention of a dental, *dental therapy* or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.
- (c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the

number of hours of continuing education required by subsection 1 or 2 of [NAC 631.173](#), as applicable.

(d) For all other courses conducted by an approved instructor, the number of hours completed by the dentist or dental hygienist.

(e) For approved dental, *dental therapy* or dental hygiene services provided in approved nonprofit settings, 6 hours, except that not more than 3 hours will be allowed for any day of volunteer services provided.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R149-06, 9-18-2006; R159-08, 4-23-2009; R201-09, 8-13-2010; R020-14, 6-23-2014)

**NAC 631.177 Continuing education: Renewal or reinstatement of license; records; unprofessional conduct; audits. ([NRS 631.190](#), [631.330](#), [631.335](#), [631.342](#), [SB 366 \(2019\)](#))**

1. When requesting a renewal or reinstatement of his or her license, each:

(a) Dentist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I, ....., hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 20 approved hours of instruction in continuing education during the period July 1, ....., through and including June 30, ..... I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this ..... (day) of ..... (month) of ..... (year)

.....  
Signature of Dentist

(b) Dental hygienist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I, ....., hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 15 approved hours of instruction in continuing education during the period July 1, ....., through and including June 30, ..... I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this ..... (day) of ..... (month) of ..... (year)

.....  
Signature of Dental Hygienist

*(c) Dental therapist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:*

*I, ....., hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 18 approved hours of instruction in continuing education during the*

*period July 1, ....., through and including June 30, ....., I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.*

*Dated this ..... (day) of ..... (month) of ..... (year)*

.....  
*Signature of Dental Therapist*

(d) Dentist, *dental therapist* or dental hygienist shall submit proof of his or her current certification in administering cardiopulmonary resuscitation or other medically acceptable means of maintaining basic bodily functions which support life.

2. Legible copies of all receipts, records of attendance, certificates and other evidence of attendance by a dentist, *dental therapist* or dental hygienist at an approved course in continuing education must be retained by the dentist, *dental therapist* or dental hygienist and made available to the Board for inspection or copying for 3 years after attendance at the course is submitted to meet the continuing education requirements of the Board. Proof of attendance and completion of the required credit hours of instruction must be complete enough to enable the Board to verify the attendance and completion of the course by the dentist, *dental therapist* or dental hygienist and must include at least the following information:

- (a) The name and location of the course;
- (b) The date of attendance;
- (c) The name, address and telephone number of its instructor;
- (d) A synopsis of its contents; and
- (e) For courses designed for home study, the number assigned to the provider by the Board at the time the course was approved and the name, address and telephone number of the producer or author of the course.

3. The *second* or subsequent failure of a dentist, *dental therapist* ~~and~~ *or* dental hygienist to obtain or file proof of completion of the credit hours of instruction required by this section and [NAC 631.173](#) and [631.175](#) is unprofessional conduct.

4. The Board will conduct random *initial* audits of dentists, *dental therapists*, or dental hygienists, *and additional follow-up audits as necessary* to ensure compliance with the requirements of this section and [NAC 631.173](#) and [631.175](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 4-3-89; 9-6-96; R231-03, 5-25-2004; R159-08, 4-23-2009)

**NAC 631.178 Adoption by reference of certain guidelines; compliance with guidelines required. ([NRS 631.190](#))**

1. Each person who is licensed pursuant to the provisions of [chapter 631](#) of NRS shall comply with:

- (a) The provisions of the *Guidelines for Infection Control in Dental Health-Care Settings-2003* adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>; and



(b) As applicable to the practice of dentistry, the provisions of the *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*, adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address [http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf).

2. The Board will periodically review the guidelines adopted by reference in this section and determine within 30 days after the review whether any change made to the guidelines is appropriate for application in this State. If the Board does not disapprove a change to the guidelines within 30 days after the review, the change is deemed to be approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-6-96; A by R025-05, 11-17-2005; R201-09, 8-13-2010)

**NAC 631.1785 Inspection of office or facility. ([NRS 631.190](#), [631.363](#))**

1. Not later than 30 days after a licensed dentist becomes the owner of an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in [NRS 449.0151](#), the licensed dentist must request in writing that the Board conduct an initial inspection of the office or facility to ensure compliance with the guidelines adopted by reference in [NAC 631.178](#).

2. Not later than 90 days after receiving a written request pursuant to subsection 1:

(a) The Executive Director shall assign *one or more* agent(s) of the Board to conduct the inspection; and

(b) The agent(s) shall conduct the inspection *utilizing the infection control inspection/survey form provided by the Board.*

3. Not later than 30 days after agent(s) of the Board have completed the initial inspection of an office or facility pursuant to subsection 2, the agent(s) shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#). If the report indicates that the office or facility:

(a) Is equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#), the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.

(b) Is not equipped in compliance with the guidelines adopted by reference in [NAC 631.178](#) *and/or has infection control inspection deficiencies as noted on the infection control inspection survey utilized by the Board*, the Executive Director *or other agent of the Board* shall, without any further action by the Board, issue a written notice which identifies *critical* the deficiencies to the licensed dentist who owns the office or facility. *Receipt of a copy of the completed infection control inspection survey form is sufficient to satisfy the requirement for written notice of deficiencies.*

(c) *If the notice pursuant to Subsection (b) notes that there is a finding of one or more critical or "Level 1" deficiencies:*

(i) *No patients may be treated in the office or facility until those deficiencies are corrected, as critical deficiencies indicate a potential danger to the public health, safety or welfare, and requires immediate action.*

(ii) *The owner and any employed or independent contracting dentists may voluntarily agree to suspend patient care and treatment at the office or facility pending confirmation of correction of the critical deficiencies. Once correction has been confirmed and acknowledged by the Board or its agent, pursuant to subsection (iv) of this section, patient care may resume at that office or facility.*

- (iii) If the owner and any employed or independent contracting dentists do not agree to voluntarily suspend patient care and treatment at the office or facility pending confirmation of correction of the critical deficiencies, pursuant to subsection 3 of NRS 233B.127, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 30 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period. Acknowledgement of the correction of critical deficiencies pursuant to subsection (iv) of this section will not reverse, revoke, void or otherwise rescind any summary suspension issued pursuant to this paragraph.*
- (iv) Not later than 72 hours after notification to the Board by the owner and/or any employed or independently contracting dentists of the correction of critical deficiencies, a re-inspection of the office or facility will be conducted to verify that the licensed dentist(s) and the personnel supervised by the dentist(s) have corrected the critical deficiencies. The fees for a first re-inspection are included in the fees charged for the initial inspection. Any subsequent re-inspection(s) will incur additional fees as stated in NAC 631.028.*
- (v) If critical deficiencies remain following two (2) re-inspections after the initial inspection, even if there has been a voluntary cessation of patient care and treatment at the deficient location, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and/or the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.*
- (d) If the notice pursuant to Subsection (b) notes that there is a finding of one or more remedial or "Level 2" deficiencies*
- (i) Not later than 7 business days after issuing a written notice of deficiencies, the Executive Director shall assign an agent(s) of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by*

*the dentist have taken corrective measures. The agent(s) assigned pursuant to this paragraph shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board.*

*(ii) If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.*

*(iii) If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are not in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility. In the event deficiencies are noted pursuant to this section, the President of the Board may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed or independently contracted at the office or facility that any or all of those licensees or personnel must immediately cease and desist from some or all dental treatments at the office or facility until a hearing is held before the Board. An order to cease and desist issued by the President of the Board must contain findings of the circumstances which warrant the issuance of the order. The President of the Board shall not participate in any further proceedings relating to the order. The hearing before the Board must be convened not later than 30 days after the President issues the order to cease and desist.*

*(vi) If Level 2 deficiencies remain following two (2) re-inspections after the initial inspection, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and/or the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action or may request that the Board authorize an investigation as a result of the repeated inspection deficiencies. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.*

*(e) If the notice pursuant to Subsection (b) notes that there is a finding of one or more "Level 3" deficiencies*

(i) *Not later than 30 business days after issuing a written notice of deficiencies, the Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures, and the agents assigned pursuant to this paragraph shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board.*

(ii) *If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agent's findings to the licensed dentist who owns the office or facility.*

(iii) *If the re-inspection pursuant to subsection (i) indicates that the licensed dentist and the personnel supervised by the dentist are not in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection survey as noted on the infection control inspection survey utilized by the Board, the Executive Director shall, without any further action by the Board, issue a written notice of the agent's findings to the licensed dentist who owns the office or facility. In the event deficiencies are noted pursuant to this section, the President of the Board may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed or independently contracted at the office or facility that any or all of those licensees or personnel must immediately cease and desist from some or all dental treatments at the office or facility until a hearing is held before the Board. An order to cease and desist issued by the President of the Board must contain findings of the circumstances which warrant the issuance of the order. The President of the Board shall not participate in any further proceedings relating to the order. The hearing before the Board must be convened not later than 30 days after the President issues the order to cease and desist.*

(iv) *If Level 3 deficiencies remain following two (2) re-inspections after the initial inspection, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and/or the licenses of any or all of the other licensees employed or independently contracted at the office or facility pending proceedings for revocation or other action or may request that the Board authorize an investigation as a result of the repeated inspection deficiencies. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. The owner and any employed or independent contracting dentists will not be permitted to resume patient care and treatment pending further proceedings mandated pursuant to this section and NRS 233B.127(3), which must be instituted and determined within 45 days after the date of the order unless the agency and the licensee mutually agree in writing to a longer period.*

*(v) The fees for a first re-inspection are included in the fees charged for the initial inspection. Any subsequent re-inspection(s) will incur additional fees as stated in NAC 631.028.*

~~4. Not later than 72 hours after issuing a written notice of deficiencies pursuant to paragraph (b) of subsection 3~~

~~— (a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and~~

~~— (b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:~~

~~— (1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.~~

~~— (2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.~~

~~— 5. Not later than 72 hours after receiving material evidencing critical deficiencies by a licensed dentist who owns an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in NRS 449.0151, the Executive Director may assign agents of the Board to conduct an inspection of an office or facility to ensure that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. An inspection conducted pursuant to this subsection may be conducted during normal business hours with notice to the licensed dentist who owns the office or facility.~~

~~— 6. Not later than 3 days after a dentist receives a written notice pursuant to subsection 5:~~

~~— (a) The Executive Director shall assign agents of the Board to conduct the inspection; and~~

~~— (b) The agents shall conduct the inspection.~~

~~— 7. Not later than 72 hours after agents of the Board have completed the inspection of an office or facility pursuant to subsection 6, the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:~~

~~— (a) Is equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.~~

~~— (b) Is not equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies all critical deficiencies to the licensed dentist who owns the office or facility.~~

~~— 8. Not later than 72 hours after issuing a written notice of deficiencies pursuant to paragraph (b) of subsection 7~~

~~— (a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and~~

~~— (b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:~~

~~— (1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.~~

~~— (2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.~~

9. Pursuant to *Nothing in* subsection 3 *of this section shall prevent the President of the Board, pursuant to* [NRS 233B.127](#), ~~if an initial inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may~~, without any further action by the Board, *from* issuing an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action *if any inspection pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action*. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

*10. Nothing in this section shall prohibit the Board from investigating a verified complaint or authorizing an investigation pursuant to this chapter concerning allegations of infection control violations by a licensee or office or facility owned by a licensee or from initiating disciplinary or other action against the licensee for infection control violations.*

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010; A by R020-14, 6-23-2014; R119-15, 6-28-2016)

**NAC 631.179 Random inspection of office or facility; subsequent action by Executive Director. (NRS 631.190, 631.363)**

1. The Executive Director may assign agents of the Board to conduct a random inspection of an office or facility in this State where dental treatments are to be performed to ensure that the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection guidelines pursuant to the Infection Control Inspection/Survey Form utilized by the Board. Random inspections conducted pursuant to this subsection may be conducted during normal business hours without notice to the licensed dentist who owns the office or facility to be inspected.

2. *The inspection and re-inspection procedures and regulations applicable to initial inspections pursuant to NAC 631.1785, are incorporated herein by reference and shall apply equally to random inspections pursuant to this section.*

3. *Nothing in this section shall prohibit the Board from investigating a verified complaint or authorizing an investigation pursuant to this chapter concerning allegations of infection control violations by a licensee or office or facility owned by a licensee or from initiating disciplinary or other action against the licensee for infection control violations.*

~~Not later than 30 days after agents of the Board have completed a random inspection of an office or facility in this State where dental treatments are to be performed to ensure compliance with the guidelines adopted by reference in NAC 631.178, the agents shall issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:~~

~~—(a) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.~~

~~—(b) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility.~~

~~—3. Not later than 72 hours after a licensed dentist receives a written notice of deficiencies issued pursuant to paragraph (b) of subsection 2:~~

~~—(a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and~~

~~—(b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:~~

~~—(1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.~~

~~—(2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or facility that any or all of those licensees or personnel must immediately cease and desist from~~

~~performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.~~

4. ~~Pursuant~~ *Nothing in this section shall prevent the President of the Board, pursuant to subsection 3 of NRS 233B.127, if a random inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may*, without any further action by the Board, *from* issuing an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action *if any inspection pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action*. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010)

*NAC 631.\_\_\_\_ Inspection of office or facility during investigation; subsequent action by Executive Director. (NRS 631.190, 631.360, 631.363)*

1. *During the investigation of a verified or authorized complaint pursuant to NRS 631.360 and/or 631.363, at the request of the investigator or Review Panel, the Executive Director may assign an agent(s) of the Board to conduct an inspection of an office or facility in this State where dental treatments are performed or are to be performed to ensure that the licensed dentist(s) and the personnel supervised by the dentist(s) are in compliance with the guidelines adopted by reference in NAC 631.178 and/or the infection control inspection guidelines pursuant to the Infection Control Inspection/Survey Form utilized by the Board. Inspections conducted pursuant to this subsection may be conducted during normal business hours with notice to the licensed dentist who owns the office or facility to be inspected.*

2. *The inspection and re-inspection procedures and regulations applicable to initial inspections pursuant to NAC 631.1785, are incorporated herein by reference and shall apply equally to inspections pursuant to this section.*

3. *Pursuant to subsection 3 of NRS 233B.127, if an inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.*

*NAC 631.\_\_\_\_ Inspection of Records*

1. *During the investigation of a verified or authorized complaint pursuant to NRS 631.360 and/or NRS 631.363, if the licensee under investigation fails to provide a copy of records requested pertaining to the investigation, or at the request of the investigator or Review Panel, the Executive Director, the investigator, and/or an agent(s) of the Board*



*assigned by the Executive Director, may appear at the office at which the records are located to inspect and copy the requested records pursuant to NRS 629.061. Inspection of records pursuant to this section shall take place during normal business hours and the licensee and/or custodian of records shall be given notice in accordance with NRS 629.061.*

**NAC 631.1795 Provisions governing inspections do not preclude Board from initiating disciplinary proceedings.** (NRS 631.190) Nothing in NAC 631.1785, ~~and 631.179~~ *and/or NAC 631. \_\_\_* prevents the Board from initiating disciplinary proceedings or additional disciplinary proceedings against a licensed dentist who owns an office or facility in this State where dental treatments are to be performed or against other licensees or personnel of the office or facility for failure to comply with the guidelines adopted by reference in NAC 631.178, *and/or the infection control inspection guidelines pursuant to the Infection Control Inspection/Survey Form*

(Added to NAC by Bd. of Dental Exam'rs by R201-09, eff. 8-13-2010)

**NAC 631.190 Specialties.** (NRS 631.190, 631.250, 631.255) The only specialties for which the Board will issue licenses are:

1. Oral and maxillofacial pathology;
2. Oral and maxillofacial surgery;
3. Orthodontia;
4. Periodontia;
5. Prosthodontia;
6. Pediatric dentistry;
7. Endodontia;
8. Public health; ~~and~~
9. Oral and maxillofacial radiology; ~~and,~~
10. *Dental Anesthesiology.*

[Bd. of Dental Exam'rs, § XXI, eff. 7-21-82] — (NAC A 10-7-85; R158-08, 12-17-2008)

**NAC 631.200 Delegation of duty to supervise dental hygienists and dental assistants.** (NRS 631.190, 631.313) The supervisory duties prescribed in NRS 631.313 may be delegated by one licensed dentist to another.

[Bd. of Dental Exam'rs, § XXIV, eff. 7-21-82] — (NAC A 12-15-87)

***NAC 631. \_\_\_ Dental therapists: Authorization to perform certain services; inspection of office or facility during investigation; subsequent action by Executive Director.*** (NRS 631.190, 631.3122, 631.3123, 631.3124, 631.3125; 631.3126; 631.3127)

1. *A dentist who is licensed in this State may enter into a written practice agreement with a dental therapist who is licensed in this State, pursuant to NRS 631.3122. In accordance with the written practice agreement required pursuant to NRS 631.3122, a dental therapist may perform the following acts:*

(a) *Expose radiographs.*

(b) *Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.*

(c) *After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.*

- (d) Take the following types of impressions:
- (1) Those used for the preparation of diagnostic models;
  - (2) Those used for the fabrication of temporary crowns or bridges; and
  - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (e) Remove stains, deposits and accretions, including dental calculus.
- (f) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.
- (g) Provide dental hygiene care that includes:
- (1) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients pursuant to paragraph (c).
  - (2) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (1) in order to identify the subsequent treatment, continued care and referral needs of the patient.
- (h) Perform subgingival curettage.
- (i) Remove sutures.
- (j) Place and remove a periodontal pack.
- (k) Remove excess cement from cemented restorations and orthodontic appliances. A dental therapist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (l) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (m) Recement and repair temporary crowns and bridges.
- (n) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (o) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (p) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
- (1) Antimicrobial agents;
  - (2) Fluoride preparations;
  - (3) Topical antibiotics;
  - (4) Topical anesthetics; and
  - (5) Topical desensitizing agents.
- (q) Apply pit and fissure sealant to the dentition for the prevention of decay.
- ➔ After performing any of the services set forth in subsection 1, the dental therapist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental therapist is not authorized to perform.
2. In accordance with the written practice agreement, a dental therapist may provide any of the following additional care or services:
- (a) Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals to such persons.
  - (b) Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.

*(c) Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional.*

*(d) Pulp and vitality testing.*

*(e) Applying desensitizing medication or resin.*

*(f) Fabricating mouth guards*

*(g) Changing periodontal dressings.*

*(h) Simple extraction of erupted primary teeth.*

*(i) Emergency palliative treatment of dental pain related to a care or service described in this section.*

*(j) Preparation and placement of direct restoration in primary and permanent teeth.*

*(k) Fabrication and placement of single tooth temporary crowns.*

*(l) Preparation and placement of preformed crowns on primary teeth.*

*(m) Indirect and direct pulp capping on permanent teeth.*

*(n) Suturing and suture removal.*

*(o) Minor adjustments and repairs on removable prostheses.*

*(p) Placement and removal of space maintainers.*

*(q) Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal.*

*(r) Performing other related services and functions authorized and for which the dental therapist is trained.*

*(s) Administer vaccinations pursuant to NAC 652.\_\_\_\_.*

*3. A dental therapist shall not prescribe a controlled substance that is included in schedules II, III, IV or V of the Uniform Controlled Substances Act.*

*4. A dental therapist may supervise dental assistants and dental hygienists to the extent permitted in a written practice agreement.*

**NAC 631.210 Dental hygienists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes. ([NRS 631.190](#), [631.310](#), [631.313](#), [631.317](#))**

1. A dentist who is licensed in this State may authorize a dental hygienist in his or her employ and under his or her supervision to:

(a) Place and secure orthodontic ligatures.

(b) Fabricate and place temporary crowns and bridges.

(c) 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 hygienist to perform this procedure.

(d) Perform nonsurgical cytologic testing.

(e) Apply and activate agents for bleaching teeth with a light source.

(f) Use a laser that has been cleared by the Food and Drug Administration to perform intrasulcular periodontal procedures or tooth whitening procedures if:

(1) The use of such a laser for those purposes is within the scope of the education, experience and training of the dental hygienist;

(2) Before operating the laser, the dental hygienist has provided proof to the supervising dentist that the dental hygienist has successfully completed a course in laser proficiency that:

(I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#); and

(3) The supervising dentist has successfully completed a course in laser proficiency that:

(I) Is at least 6 hours in length; and

(II) Is based on the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by reference pursuant to [NAC 631.035](#).

*(g) Administer vaccinations pursuant to NAC 652.\_\_\_\_.*

↪ The dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services authorized pursuant to this subsection are to be performed.

4. If a dentist who is licensed in this State has in his or her employ and under his or her supervision a dental hygienist who has:

(a) Successfully completed a course of continuing education in the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, which has been approved by the Board; or

(b) Graduated from an accredited program of dental hygiene which includes the administering of local anesthetics or nitrous oxide-oxygen analgesia, or both, in its curriculum,

↪ the dentist may authorize the dental hygienist to administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if the dental hygienist has received from the Board a certificate or permit certifying the hygienist for this level of administration. The dental hygienist must obtain the authorization from the licensed dentist of the patient on whom the services are to be performed.

5. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 4, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

(a) Obtains written authorization from the licensed dentist of the patient to whom the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are to be administered; and

(b) Submits to the Secretary-Treasurer a written confirmation from the director of the health care facility that the facility has licensed medical personnel and necessary emergency supplies and equipment that will be available when the local anesthetics, nitrous oxide-oxygen analgesia or local intraoral chemotherapeutic agents are administered.

6. The Board may authorize a dental hygienist to perform the services set forth in subsection 1 and paragraphs (a) to (n), inclusive, of subsection 2 without supervision by a dentist and without authorization from the licensed dentist of the patient on whom the services are to be performed, at a health facility, a school or a place in this State approved by the Board after the Board:

(a) Issues a special endorsement of the dental hygienist's license.

(b) Approves the treatment protocol submitted by the dental hygienist which includes an explanation of the methods that the dental hygienist will use to:

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

(III) Any service that the dental hygienist is not authorized to perform.

7. The Board may revoke the authorization described in subsection 6 if the:

(a) Dental hygienist fails to renew his or her license or it is cancelled, suspended or revoked;

- (b) Board receives a complaint filed against the dental hygienist;
  - (c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or
  - (d) Dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.
- ↳ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 6 if the Board revokes the authorization pursuant to this subsection.

8. As used in this section:

- (a) “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).
- (b) “Health facility” has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).
- (c) “School” means an elementary, secondary or postsecondary educational facility, public or private, in this State.

*1. To the extent that a dental hygienist with a special health endorsement pursuant subsection 6 of this section includes placement of silver diamine and glass ionomer in his or her treatment protocol pursuant to subsection 6(b), the dental hygienist must obtain \_\_\_ hours of education from the Nevada Division of Public and Behavioral Health, Oral Health Program prior to use of this treatment protocol regarding the proper placement of silver diamine and glass ionomer and must follow the Nevada Policy for the Application of Silver Diamine Fluoride by Licensed Public Health Endorsed Dental Hygienists, including the use of the informed consent contained therein, prepared by the Nevada Division of Public and Behavioral Health, Oral Health Program.*

[Bd. of Dental Exam’rs, § XXIII, eff. 7-21-82] — (NAC A 7-30-84; 4-3-89; 3-11-96; R154-97, 1-14-98; R217-99, 4-3-2000; R231-03, 5-25-2004; R139-05, 12-29-2005; R066-11, 2-15-2012; R119-15, 6-28-2016)

**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 to perform the following procedures before the patient is examined by the dentist:

- (a) Expose radiographs; and
- (b) Take impressions for the preparation of diagnostic models.

2. 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 procedures after the patient has been examined by the dentist:

- (a) Retract a patient’s cheek, tongue or other tissue during a dental operation.
- (b) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.
- (c) Place or remove a rubber dam and accessories used for its placement.
- (d) Place and secure an orthodontic ligature.
- (e) Remove sutures.
- (f) Place and remove a periodontal pack.
- (g) 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.
- (h) Administer a topical anesthetic in any form except aerosol.
- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

- (j) Take the following types of impressions:
- (1) Those used for the preparation of counter or opposing models;
  - (2) Those used for the fabrication of temporary crowns or bridges; and
  - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (k) 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.
- (l) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.
- (m) 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.
- (n) Administer a topical fluoride.
- (o) 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.
- (p) 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.
3. 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) Retract a patient's cheek, tongue or other tissue during a dental operation.
  - (b) 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.
  - (c) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
  - (d) 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.
  - (e) Administer a topical fluoride.
4. A dental hygienist, who is authorized by the Board to perform the services described in subsection 6 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 (e), inclusive, of subsection 3.
- [Bd. of Dental Exam'rs, § XXII, eff. 7-21-82] — (NAC A 10-21-83; 10-7-85;

**Agenda Item (4)(b):**

**DPBH Request for Vaccine  
Regulation**

STEVE SISOLAK  
Governor

LISA SHERYCH  
Administrator



RICHARD WHITLEY, MS  
Director

IHSAN AZZAM, Ph.D., M.D.  
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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Dear Nevada State Board of Dental Examiners,

The practice of dental medicine has evolved as research established the relationship between oral health and systemic well-being. Dental professionals serve a fundamental role in providing health care, medical education, and public health improvement programs. During the current pandemic, all healthcare professionals are being called upon to practice at the top of their license to increase access to care.

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<sup>1</sup>. Oral health is fundamental to general health, and this is illustrated by the fact that 9% of Americans annually visit their dentist but not their physician<sup>1</sup>. If patients could receive influenza and COVID-19 vaccines during their routine dental appointment, the spread of infectious communicable diseases could 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.

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<sup>2</sup>. 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<sup>2</sup>.

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 a regulation to permit Nevada's licensed dental professionals to administer vaccinations are prudent and a potentially significant component of Nevada's COVID-19 response.

Items for consideration:

- The Centers for Disease Control and Prevention has notified Nevada that a coronavirus vaccine may be available in late October or early November 2020 for healthcare workers and high-risk populations. Since there will be a phased approach for vaccine administration, the vaccination may be available for public inoculation by pharmacists and dental professionals (if scope of practice is expanded) in late January/early February 2021.



- NRS 233B.0395-061 outlines the adoption of proposed permanent or temporary regulations. For the 2020 calendar year, the deadline for proposed regulations was June 30<sup>th</sup>. The Legislative Counsel Bureau (LCB) will begin reviewing proposed permanent regulations after July 1<sup>st</sup> of 2021. Any regulations created now will be temporary as LCB review is not possible until 2021.
- NRS 233B.0613 outlines the process for the creation of emergency regulation. Emergency regulation is active for 120 days from adoption and is not typically renewed after the expiration date.
- [Model standing orders](#), as created by the Oregon Health Authority and outlined in [Oregon's dental vaccination regulation](#), could be recreated for Nevada dental professionals. [Model standing orders](#) are prewritten orders and specific instructions for administration and frequency of a given vaccine. These orders provide a level of clarification and a foundation of immunization knowledge that protects the public's health and safety. It is recommended that NSBDE consider allowing the Division to create these informational guides.
- NSBDE has an unprecedented opportunity to protect, promote, and improve Nevadans' public health by permitting dental professionals to administer vaccines. Oral health professionals can and should be part of Nevada's vaccine distribution task force.

Additionally, NSBDE's review and ruling of advisory opinions submitted by Dr. Capurro, DPBH State Dental Health Officer, are requested. Advisory opinions on the inclusion of dental professionals into NAC 652.397 for in-office waive testing, and fluoride varnish distribution and application as part of the Nevada Action Network have been submitted.

We urge NSBDE to consider adopting a scope of practice expansion for dental professionals to prescribe and administer vaccines as part of a safe and effective disease prevention strategy. Dental professionals can positively impact vaccination rates, improve population health, and encourage dental-medical integration. The Division of Public and Behavioral Health is available to assist NSBDE during the regulatory process.

Thank you for your prompt attention to this matter.

Respectfully,



Lisa Sherych  
Administrator,  
Division of Public and Behavioral Health



Ihsan Azzam, MD, PhD  
Chief Medical Officer,  
Division of Public and  
Behavioral Health



Antonina Capurro, DMD, MPH, MBA  
State Dental Health Officer,  
Division of Public and Behavioral  
Health

CC: Michele White, Chief of Staff, Office of the Governor  
Nevada Dental Association  
Nevada Dental Hygienists' Association

Enclosure:

- a. White paper: Opportunity for Dentistry to Provide Immunizations as Part of the Disease Prevention Strategy During the COVID-19 Pandemic

# **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. Gomez, Program Intern.**

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## *Synopsis*

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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 48<sup>th</sup> 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 potentially significant component of Nevada's COVID-19 response.

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## *Overview*

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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 communicable diseases could 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. Human papillomavirus (HPV) vaccination is linked to oral cancer prevention. HPV causes 70% of oropharyngeal cancers in the United States (4). The American Dental Association (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 48<sup>th</sup> for annual flu vaccination amongst 6 months to 17-year olds (6). By allowing dentists to administer immunizations, avoidable illness could 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.

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### *Dental Vaccination Statutes*

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#### **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).

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### *Dental Vaccination Precedent*

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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.

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### *COVID-19 Vaccination Expansion in Nevada*

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On September 11<sup>th</sup>, Governor Sisolak signed a regulation enabling pharmacy technicians to administer vaccines. The Nevada Board of Dental Examiners 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).

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### *DPBH Survey*

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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?

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.

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### *Conclusion*

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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 and dental hygienists' 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.



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*Addendum*

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**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.

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.

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