

NEVADA STATE BOARD of DENTAL EXAMINERS



Committee on Dental Hygiene & Dental Therapy & Subcommittee Teleconference Meeting

WEDNESDAY, DECEMBER 23, 2020

5:30 P.M.

PUBLIC COMMENT BOOK

Public Comment:

Antonio Ventura, RDH, BSDH



December 22, 2020

To: Committee on Dental Hygiene & Dental Therapy in conjunction with the Public Health

Dental Hygiene & Dental Therapy Subcommittee

From: Nevada Dental Hygienists' Association: Legislative Committee

RE: Agenda 4d (2)

Thank you for holding this meeting and allowing open discussion of these pertinent issues. The NDHA realizes there is existing problematic language within the dental therapy statute. The NDHA would like to encourage the board to examine this problematic language within dental therapy statute and determine a plan of action for a bill draft request to resolve conflicts.

Problematic language identified by NDHA

1. NAC 631.173 for continuing education requirements states 18 per year or 40 biennially.
2. NAC 631.____ (C) (G) (I) Under the scope for practice for Dental therapists: Authorization to perform certain services: This section states "dental hygiene care plan" several times when discussing a dental therapists treatment plan. Would it be more appropriate to use the term "Dental Therapy Care Plan?" This may be important to differentiate the difference between a dental hygiene care plan and the dental therapy care plan/treatment plan. As the dental therapy care plan/treatment plan can include additional treatment respective to a dental therapists' scope of practice and practice agreement.
3. 4) NAC 631.1785 3.(c) Fourth line in the paragraph - "dentist9s)" should be "dentist(s)"
4. NAC 631.____ Dental therapists:....
5. 2. (s) "apthus" should be "aphthous"
6. NAC 631.210 Dental hygienists:....
7. 3.(f) "apthus" should be "aphthous"

We would also encourage the committee to address emerging and existing dental therapy educational programs and dental therapy examinations in the US.

Thank you for your time and consideration.

Respectfully,
Antonio Ventura RDH, BSDH
NDHA Legislative Committee Member

Public Comment:

Annette Lincicome, RDH, BS

From: Annette Lincicome
To: Board of Dental Examiners
Cc: Lancette VanGuilder; Minette Galura; Jessica Woods; Antonio Ventura
Subject: Public Comment for 12-23-20 Committee on Dental Hygiene & Dental Therapy Meeting
Date: Monday, December 21, 2020 11:57:05 PM
Attachments: [Public Comment for 12-23-20.docx](#)
[Dental Immunization.Draft. NDHA with proposed chnages in red \(2\).pdf](#)

Mr. DiMaggio,

Please find the two attached documents. The first is my written public comment for Agenda Item #2 for Wednesday's Committee on Dental Hygiene & Dental Therapy Meeting. The second is supplemental information for the Committee showing specific preferred wording for the immunization NRS.

Please let me know if you have questions regarding the submission of these documents.

Thank you,

Annette Lincicome, BS, RDH

[REDACTED]

[REDACTED]



December 21, 2020

Thank you for allowing public comment prior to discussion of your agenda items this evening. The Nevada Dental Hygienists' Association supports the administration of vaccinations by all licensed dental practitioners as well as the implementation of dental therapists as adopted by the Nevada Legislature in 2019. There are, however, a number of requests and recommendations the NDHA Legislative Committee would like to bring to the Committee on Dental Hygiene & Dental Therapy. Please discuss the following at your meeting on Wednesday, December 23rd, 2020:

With regard to **agenda item 4.b.-**

Appointment to the Public Health Dental Hygiene and Dental Therapy Subcommittee should be reserved for those with expertise and experience in public health dental hygiene and dental therapy. It is crucial to utilize content experts as the NACs for dental therapy in Nevada are being drafted. Other dentists, dental hygienists, and members of the public who may have an interest in these policies, while not recommended for appointment to the subcommittee, still have an avenue for providing input through public comment during workshops, committee meetings, and board meetings. The NDHA requests that appointments to the subcommittee be based on expertise, not interest.

With regard to **agenda item 4.d.(1) –**

- All “Licensed Dental Practitioners” should be allowed to administer vaccines in private practice or public health outreach programs.
- Vaccines administered in public health outreach programs will likely create situations where “patient of record” does not apply, therefore, we recommend removal of “patient of record” wording from NAC 631.2561.

- The NDHA recommends all licensed dental practitioners obtain proper training and an endorsement by the NSBDE prior to being permitted to administer immunizations. All continuing education for the administration of vaccines should be in accordance with NAC 631.173(4), which provides for multiple approved avenues for obtaining proper continuing education.

Please see the attached immunization NRS document with specific NDHA wording amendments made in red ink.

With regard to **agenda item 4.d.(2)**

The intent of the creation of a midlevel dental practitioner, the dental therapist in Nevada, is to improve access to care for those residents most in need in our state. The NDHA encourages the committee to examine problematic language within the dental therapy statute that may create undue restrictions or barriers to the development of dental therapy in Nevada.

- The NDHA does not support high licensure fees.
- The NDHA does not support requirements for malpractice insurance.
- The NDHA does support granting dental therapists the same opportunities to provide volunteer services that qualify as CE credit (NAC 631.175) as dentists and dental hygienists.

Thank you for the opportunity to provide public comment. I will attend your meeting and be available to answer questions if you wish.

Respectfully submitted,

Annette Lincicome, BS, RDH

NDHA Legislative Committee Member

IMMUNIZATIONS BY LICESNED DENTAL PRACTITIONERS

NRS 631.XXX “Licensed Dental Practitioner” defined. Licensed Dental practitioner means a dentist, dental hygienist, dental hygienist with a public health endorsement, or dental therapist who is licensed pursuant to Chapter 631 of NRS. ~~A dental hygienist who holds an active license pursuant to this chapter must work under the direct and immediate supervision of a licensed Nevada dentist. A dental therapist who holds an active license pursuant to this chapter must work under a written agreement with an authorized dentist.~~

NRS 631.XXX “Model Standing Orders” defined. Model standing orders means prewritten orders and specific instructions for administration and frequency of a given medication (vaccines) to a person in clearly defined circumstances by the Board and/or Department of Health and Human Services and/or Board of Health. [Using Standing Orders for Administering Vaccines: What You Should Know \(immunize.org\)](http://immunize.org)

NRS 631.0092-XXX “Vaccines for Children” (VFC) defined. Vaccines for children means a federal program that provides vaccine serums at no cost to providers for clients 0 to 18 years of age.

NRS 631.0093XXX “Immunization” defined. As used in NRS 639.297 to 639.2978, inclusive, unless the context otherwise requires, “immunization” means the act of inducing antibody formation through the introduction of a drug into the human body.

NRS 631.0094 “Vaccine Information Statement” (VIS) defined. Vaccine Information Statement (VIS) means vaccine information statement developed and maintained by the Centers for Disease Control and Prevention. Current versions can be found at: <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

NRS 631.0095 XXX “Immunization Information System” defined. Immunization Information System means the informational collection system administered by the State Board of Health and outlined in NRS 439.265.

NRS 631.0096 XXX “VAERS” defined. The National Childhood Vaccine Injury Act requires an immunizing health care provider (including dental practitioners) to report adverse vaccine events to Vaccine Adverse Event Reporting System (VAERS).

NRS 631.2561—XXX

Authorization; administration of vaccines

1. A person licensed to practice dentistry as outlined in Chapter 631 shall be deemed to be practicing dentistry while participating in the prescription and administration of vaccines.
2. A dental practitioner may administer immunizations by an intranasal, intramuscular or subcutaneous injection ~~to a patient of record.~~
3. A dental practitioner may administer immunizations by an intranasal, intramuscular or subcutaneous injection only if:
 - (a) The dental practitioner has completed a course of training approved by the Board;
 - (b) The vaccines are administered in accordance with the “Model Standing Orders” approved by the Department of Health and Human Services
 - (c) Written policies and procedures for handling and disposal of used or contaminated equipment and supplies are maintained
 - (d) The dental practitioner has immediate access to emergency response equipment, including but not limited to oxygen administration equipment, epinephrine, and other allergic reaction response equipment;
 - (e) The dental practitioner or designated staff has given the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dental practitioner must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dental practitioner administering the vaccine. The VIS given to the patient must be the most current statement.

4. The dental practitioner or designated staff must document in the patient record:
 - (a) The date and site of the administration of the vaccine;
 - (b) The brand name, or national drug code (NDC) number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;
 - (c) The name or identifiable initials of the administering dental practitioner;
 - (d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the Immunization Information System according to NRS 439.265;
 - (e) The date of publication of the VIS; and
 - (f) The date the VIS was provided and the date when the VIS was published.
5. If providing state or federal vaccines, the vaccine eligibility code must be reported to the Immunization Information System.
6. A dental practitioner who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the Immunization Information System within 14 days of administration.
7. The dental practitioner must report adverse events to the state epidemiologist or county health department in compliance with NRS 441A within 10 business days and to the primary care provider as identified by the patient.
8. A dental practitioner who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).
9. Any dental practitioner administering immunizations by an intranasal, intramuscular or subcutaneous injection under this section shall comply with guidelines established by the federal Advisory Committee on Immunization Practices (ACIP) 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.
10. Non-compliance with all sections within NRS 631.2561 may be viewed as unprofessional conduct which is subject to disciplinary action by the Nevada State Board of Dental Examiners.

NRS 631.2562—XXX Training and ~~certification~~ Endorsement to administer immunizations.

1. Before a ~~licensed dental practitioner dentist or dental hygienist with a public health endorsement may administer an immunization, or before a dental hygienist acting under the direct and immediate supervision of a dentist may administer an immunization, or before a dental therapist acting under a written agreement with an authorized dentist may administer an immunization~~ dental, the dental practitioner must be trained and board ~~endorsed~~ ~~certified~~ to administer immunizations by completing a course approved by the Nevada State Board of Dental Examiners that includes:

- (a) Education and practical training, including, without limitation, written study materials regarding techniques for administering immunizations;
- (b) Evaluation of the knowledge and technique of the dental practitioner in administering immunizations;
- (c) Instruction consistent with the current training guidelines of the Centers for Disease Control and Prevention; and
- (d) Except as otherwise provided in subsection 2, instruction and practical training concerning:
 - (1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices;
 - (2) Basic immunology, and vaccine and immunization protection;
 - (3) Diseases that are preventable through vaccination and immunization;
 - (4) Recommended immunization schedules;
 - (5) Vaccine and immunization storage and management;
 - (6) Informed consent;

- (7) Physiology and techniques for administration of immunizations;
- (8) Preimmunization and postimmunization assessment and counseling;
- (9) Information on reporting adverse vaccine events to VAERS and in accordance with NRS 441A
- (10) Immunization reporting and records management; and
- (11) Identification, response, documentation and reporting of adverse events.

2. In lieu of complying with the requirements of paragraph (e) of subsection 1, a **licensed** dental practitioner who administers immunizations consisting exclusively of live attenuated influenza vaccine through the nasal passages of a person may complete a program of instruction which is **accredited-approved** by the Nevada State Board of Dental Examiners and includes instruction relating to:

- (a) The epidemiology of influenza;
- (b) The pathophysiology, clinical presentation, diagnosis, prevention and treatment of influenza;
- (c) The administration, storage and handling of influenza vaccines; and
- (d) The counseling of patients who will be immunized with the vaccine.

NRS 631.2563—XXX ~~Certification in basic cardiac life support~~; continuing education.

~~A dentist or dental hygienist with a public health endorsement who administers immunizations, or a dental hygienist acting under the direct and immediate supervision of a dentist who administers immunizations, or a dental therapist acting under a written agreement with an authorized dentist to administer immunizations,~~ licensed dental practitioner who administers immunizations shall:

- ~~1.—Maintain certification in basic cardiac life support from the American Heart Association; and~~
- 2. On or before June 30 of each **Bi Annual Renewal Cycle year**, complete:
 - (a) At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or
 - (b) A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization; or
 - (c) A training course offered by Immunize Nevada or its successor organization; or
 - (d) Any other course or teaching entity approved by the Board.
 - (e) Any course pursuant to NAC 631.173 (4)**

NRS 631.2564XXX Reporting of certain information concerning immunizations.

~~A dentist or dental hygienist with a public health endorsement who administers immunizations, or a dental hygienist acting under the direct and immediate supervision of a dentist who administers immunizations, or a dental therapist acting under a written agreement with an authorized dentist to administer immunizations,~~ licensed dental practitioner shall report the information required for inclusion in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and the regulations adopted pursuant thereto.

NRS 631.2565 XXX Written consent and medical history of patient required before administration of immunizations.

- 1. Written consent of the patient must be obtained before the administration of immunizations by an intranasal, intramuscular or subcutaneous injection. If the patient is a minor, the consent must be obtained from his or her parent or legal guardian.
- 2. A medical history must be reviewed before the administration of immunizations by an intranasal, intramuscular or subcutaneous injection. A patient should be asked to describe any current medical conditions or treatments, including, without limitation, medications, drug allergies, impending or past operations and pregnancy, and prior adverse reactions to immunizations to give information that may be helpful to the person administering immunizations by an intranasal, intramuscular or subcutaneous injection. The dental practitioner is not

required to make a complete medical examination of the patient and draw medical diagnostic conclusions. If a dental practitioner suspects a medical problem and calls in a physician for an examination and evaluation, he or she may then rely upon that conclusion and diagnosis. Questions asked of and answers received from the patient must be permanently recorded and signed by the patient before the administration of immunizations by an intranasal, intramuscular or subcutaneous injection, and this record must be a permanent part of the patient's record of treatment.

NRS 631.2567 ~~XXX~~ Maintenance of records.

1. Each record required to be made pursuant to NRS 631.009 to NRS 631.0095 and NRS 631.2561 to NRS 631.2568, inclusive, must be kept for at least 2 years by the dental practitioner administering the immunization and the office who possessed the drugs administered. Such records must be available for inspection and copying by the Board or its representative, or any other authorized federal, state or local law enforcement or regulatory agency.
2. Records required pursuant to this section may be maintained in an alternative data retention system, including, without limitation, a computer data processing system or direct imaging system, if:
 - (a) The records maintained in the alternative system contain all the information required for a written record; and
 - (b) The data processing system is capable of producing a printed copy of the record upon the request of the Board, its representative or any other authorized federal, state or local law enforcement or regulatory agency.

NRS 631.2568 ~~XXX~~

~~Confidentiality of records.~~

1. A ~~licensed dental practitioner dentist or dental hygienist with a public health endorsement who administers immunizations, or a dental hygienist acting under the direct and immediate supervision of a dentist who administers immunizations, or a dental therapist acting under a written agreement with an authorized dentist to administer immunizations,~~ shall provide adequate security to prevent unauthorized access to confidential records of immunizations. If confidential health information is not transmitted directly between a dental practitioner and a physician, but is transmitted through a data communication device, the confidential health information must not be viewed or used by the operator of the data communication device unless the operator is specifically authorized to obtain confidential information pursuant to this subsection.

2. Except as otherwise provided in NRS 49.245, the confidential records of immunizations are privileged and may be released only to:
 - (a) The patient or the authorized agent of the patient;
 - (b) Physicians, dental practitioner, and pharmacists, when, in the professional judgment of the dental practitioner, such release is necessary to protect the health and well-being of the patient;
 - (c) The Board or other federal, state or local agencies authorized by law to receive such information;
 - (d) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug;
 - (e) A person employed by any state agency that licenses a physician if such a person is engaged in the performance of his or her official duties; or
 - (f) An insurance carrier or other third-party payor authorized by a patient to receive such information.
3. The provisions of this section must not be construed to affect or alter the provisions of NRS 49.215 to 49.245, inclusive, relating to the confidentiality of communications between a doctor and a patient.

Public Comment:

Minette Galura-Boquiren, RDH, BS
NDHA President 2020-2021



December 3, 2020

To: Nevada State Board of Dental Examiners

From: The Nevada Dental Hygienists' Association

RE: Caryn Solie, RDH

Thank you for your diligence in fulfilling your board and committee positions. The NDHA is appreciative of your desire to move forward in getting things done for our state. We share a common goal in that we want to serve our dental community while preserving patient and public safety.

As the New Year approaches and new appointments are being considered for committee positions in 2021, it is with much respect that NDHA continue to formally request that the chair of the Committee on Dental Hygiene and Dental Therapy be a licensed dental hygienist. This is considered a reasonable request as the committee should be chaired by a person with content knowledge and expertise in the areas being discussed. Having a committee chair with vast, broad-based knowledge and experience may assist the committee in navigating the business ahead for the year, including dental therapy implementation. This request is intended to help facilitate meetings with preparation, efficiency and the ultimate goal of protecting the public.

At this time, we would also like to request that Caryn Solie, RDH receive consideration for the chair position based on her vast experience as a board member of the Nevada State Board of Dental Examiners for many years, as a practicing dental hygienist for the last 49 years, and serving on numerous national boards and committees on dental hygiene and dental therapy over the last 20 years.

- Mrs. Solie has served as an officer in professional associations and on numerous boards (local, state and national) over the last 40 years.
- Mrs. Solie has facilitated national leadership training sessions on: leadership building, agenda setting, meeting management, understanding Roberts Rules of Order, conducting meetings, recognizing and understanding the fiduciary duties of Loyalty, Care and Obedience.
- Mrs. Solie served as ADHA President and NDHA Speaker of the House, both of which required her to manage meetings in a civil, inclusive and productive manner.
- Mrs. Solie was the ADHA Board Advisor to the Council on Education 2003-2005. That Council drafted the first ADHA language and curriculum guidelines for the ADHP (Advanced Dental Hygiene Practitioner), which has morphed into the Dental Therapist. The Council spent 2 years developing the definition, roles, duties and scope of practice for the ADHP/Dental Therapist and the recommended educational courses and outcomes.
- Mrs. Solie has been involved in legislative efforts during the Nevada Legislative Sessions for 4 decades and has a deep background in Nevada NAC and NRS, including legislative perspective and intent.

Please feel free to reach out if any additional information is needed. Thank you for your time and consideration.

Respectfully,

Minette Galura-Boquiren

Minette Galura-Boquiren, RDH, BS
President, Nevada Dental Hygienists' Association





December 21, 2020

To: Nevada State Board of Dental Examiners

From: The Nevada Dental Hygienists' Association

RE: Agenda 4d (2) Dental Therapy licensing fees

The dental therapist is intended to serve the public and most vulnerable populations in Nevada. As of October 2020, Nevada has one of the highest unemployment rates in the nation (<https://www.bls.gov/opub/ted/2020/hawaii-and-nevada-have-the-highest-unemployment-rates-in-october-2020.htm>). With no employment, many Nevadans do not have dental benefits. And as online learning continues, many children do not have access to school-based oral health programs where many of their dental needs were identified and addressed. It is now more than ever that Nevada needs dental therapists.

It is our understanding that the dental therapy practitioner must also hold a dental hygiene license. The Nevada hygiene licensing fees are already among the highest across the nation (http://www.adha.org/resources-docs/7512_CE_Requirements_by_State.pdf). Therefore, the NDHA does not support the high licensure fee for dental therapists. These extremely high licensure fees may serve as a deterrent for dental therapists to want to move and practice in Nevada. Our consideration of dental therapy and proposed licensure fees should be based on the need and for what populations they intend to serve.

Please feel free to reach out if any additional information is needed. Thank you for your time and consideration.

Respectfully,

Minette Galura-Boquiren, RDH, BS
President, Nevada Dental Hygienists' Association





December 21, 2020

To: Nevada State Board of Dental Examiners

From: The Nevada Dental Hygienists' Association

RE: Meeting Notification and Committee Chair Nomination

The NDHA would like to request the board to consider giving more notification of future public meetings especially as it pertains to the matters that require all participants to be knowledgeable in regulatory and/or statutory language to be discussed. Allowing more than the minimum 3-day requirement ensures that all participants have time to thoroughly review reading materials and prepare questions and/or comments for the meeting.

Secondly, the NDHA continues to ask the board to consider a dental hygienist to chair the Committee on Dental Hygiene and Dental Therapy. A letter nominating Caryn Solie, RDH to chair the committee was sent to the board on December 3, 2020. A copy of the nomination letter is attached.

Please feel free to reach out if any additional information is needed. Thank you for your time and consideration.

Respectfully,

Minette Galura-Boquiren, RDH, BS
President, Nevada Dental Hygienists' Association



Public Comment:

Lancette VanGuilder, RDH, BS

From: Lancette VanGuilder [REDACTED]
Sent: Monday, December 21, 2020 5:24 PM
To: Frank DiMaggio
Cc: Phil W. Su
Subject: Re: Agenda for the DH/DT Comm. & Public Health Dental Hygiene and Dental Therapy Subcommittee Meeting- 12.23.20

good evening, I will make every attempt I can to attend this . I was wondering if the subcommittee members could get some instructions on how to submit requests for agenda items/ how to properly submit documents for discussion/etc for future meetings and the appropriate timelines. For this coming meeting, I wanted to submit the following documents to help the committee/subcommittee have some background materials that may be helpful as discussions start taking place about the role and implementation of the dental therapist. Please feel free to add to materials if appropriate for this meeting or place on file for a future meeting.

Document#1: NV Legislature: full bill language that was passed by the 2019 Legislature, SB 366

Document #2: American Dental Hygienists Association Workforce Models with state specific information (it is a great recap of dental therapy models that have passed in the US. However, it is important to note that only Minnesota and Maine have regulatory language to license dental therapists and have already been implemented.

Document #3: the 2018 Workforce Brief from the Minnesota Board of Dentistry and the Minnesota Department of Health on safety and statistics after 9 years of history with dental therapy in Minnesota. Minnesota is the only state with a historical perspective of a dental hygiene based mid level and have now had licensed dental therapists for 11 years.

All 3 of these documents were used extensively during the legislative session to show workforce development, safety and practice.

Thank you for any guidance you may have on proper policies and procedures for subcommittee members for future meetings. Have a great night.

Lancette VanGuilder, RDH,BS



Expanding Access to Care through Dental Therapy

The American Dental Hygienists' Association (ADHA) advocates on behalf of the dental hygiene profession to improve the public's oral and overall health.

Dental hygienists are formally educated and licensed by each state and are poised to help prevent oral health diseases. ADHA is committed to working on the development and implementation of new workforce models, nationally referred to as dental therapists.

In a [2018 report](#), the U.S. Departments of Health and Human Services (HHS), Treasury, and Labor in collaboration with the U.S. Federal Trade Commission and White House offices, made policy recommendations on state and federal policies to improve choice and competition in the health care markets. The report says "emerging healthcare occupations, such as dental therapy, can increase access and drive down costs for consumers, while still ensuring safe care. States should be particularly wary of undue statutory and regulatory impediments to the development of such new occupations." Furthermore, the report recommends "States should evaluate emerging healthcare occupations, such as dental therapy, and consider ways in which their licensure and scope of practice can increase access and drive down consumer costs while still ensuring safe, effective care."¹

In 2017, the U.S. Federal Trade Commission wrote a [comment letter](#) to an Ohio state senator stating "workforce modifications expanding the use of mid-level providers, such as dental therapists, can increase the supply of basic services and improve the overall quality and convenience of care. Such measures are viewed as an important strategy to address access and cost challenges."

Currently, 42 states allow dental hygienists to initiate patient care in a setting outside of the private dental office without the presence of a dentist. These policies enable dental hygienists to practice in community settings and reach a variety of patient populations.

ADHA policies highlight the association's flexibility in considering various workforce models as well as ADHA's commitment to the development of providers who are appropriately educated and committed to deliver safe, quality oral healthcare to those in need.

Arizona, Connecticut, Maine, Michigan, Minnesota, Nevada, New Mexico, and Vermont, as well as tribal lands in Alaska, Idaho, Montana, Oregon and Washington, have moved forward to address their access to care challenges and now recognize dental therapy as a viable model.

ADHA supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- Direct access to patient care

ADHA is committed to advocating in support of new dental hygiene-based models for oral health care for many reasons:

1. The dental hygiene workforce is ready and available; there are currently **185,000+ licensed dental hygienists in the United States.**
2. The **educational infrastructure is developed**; there are over 300 entry-level dental hygiene programs
3. The public will benefit from providers with a **broad range of skills sets which include preventive and specific restorative services.**

¹ U.S. Department of Health and Human Services. (2018). *Reforming America's Healthcare System Through Choice and Competition*. Retrieved from: <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

Dental Therapy is Authorized by State Law

Minnesota: *Advanced Dental Therapist, (Signed into Law, 2009)*

- o May be dually licensed as a RDH and ADT
- o ADT services can be provided under general supervision
- o An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist:
 - o Oral assessment and treatment planning.
 - o Routine, nonsurgical extractions of certain diseased teeth.

Maine: *Dental Hygiene Therapist, (Signed into Law, 2014; Amended, 2019)*

- o Preventive and restorative scope
- o Licensure required, dually licensed as DHT and RDH
- o Direct supervision by a licensed dentist and a written practice agreement is required
- o *Amendment aligned education with CODA standards*

Vermont: *Dental Therapist, (Signed into Law, 2016)*

- o General supervision by a licensed dentist and collaborative agreement is required
- o Preventive and restorative scope
- o Licensure required
- o Must be dually licensed

Washington: *Dental Health Aide Therapist, (Signed into Law, 2017)*

- o Limited to Tribal lands
- o Not CODA Accredited

Arizona: *Dental Therapist, (Signed into Law, 2018)*

- o Preventive and restorative scope
- o Licensure required, must be dually licensed
- o Allows dental therapists to work under direct supervision OR pursuant to a collaborative practice agreement after practicing 1,000 hours under direct supervision
- o Requires that dental therapists perform nonsurgical extractions of permanent teeth only under direct supervision

Michigan: *Dental Therapist, (Signed into Law, 2018)*

- o Preventive and restorative scope
- o Licensure required
- o Allows dental therapists to practice under general supervision of a dentist and through a written agreement after practicing 500 clinical hours under direct supervision

New Mexico: *Dental Therapist, (Signed into Law, 2019)*

- o Preventive and restorative scope
 - o Full scope requires completing a dental therapy post-graduate clinical experience approved by the Board
- o Licensure required, must be dually licensed
- o General supervision by a licensed dentist and dental therapy practice agreement
- o Tribes exempt

Idaho: *Dental Therapist, (Signed into Law, 2019)*

- o Limited to Tribal Lands
- o Must graduate from CODA accredited program
- o Not full scope, supervision to be determined by negotiated rulemaking

Montana: *Community Health Aide Program, (Signed into Law, 2019)*

- o Limited to tribal land
- o Not CODA accredited
- o No extractions or invasive procedures

Nevada: *Dental Therapist (Signed into Law, 2019)*

- o Preventive and restorative scope
- o Licensure required, must be dually licensed
- o Must obtain Public Health Dental Hygiene Endorsement
- o May practice under written practice agreement following completion of 500, 1000 or 1,500 hours of clinical practice, depending on experience

Connecticut: *Dental Therapist (Signed into Law, 2019)*

- o Preventive and restorative scope
- o Licensed as RDH; certified as dental therapist
- o May practice under collaborative agreement after completing 1,000 clinical hours under direct supervision and complete 6 hours of CE related to dental therapy

States Pursuing Dental Therapy

Florida: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Kansas: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Massachusetts: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

New York: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

North Dakota: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Oregon: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Washington: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

Wisconsin: *Dental Therapist*

- o Preventive and restorative scope
- o Licensure required
- o May be dually licensed

On Feb. 6, 2015, the Commission on Dental Accreditation (CODA) adopted the Accreditation Standards for Dental Therapy Education Programs. CODA is the single accrediting body in the United States that accredits all dental schools and dental education programs. Two important highlights are the requirement that education programs include at least three years of academic study and that programs may grant credit for coursework completed prior to entry. A specific academic degree is not identified. These nationally adopted standards are important as they allow for educational institutions the flexibility to work with the specific needs of the state. The standards are [available here](#).



Dental Therapy in Minnesota

ISSUE BRIEF

Background

Dental therapy is a new and emerging profession in the United States. In Minnesota, dental therapists were authorized by the Minnesota Legislature in response to long-standing oral health access challenges. An aging dental workforce, historically low reimbursement rates for oral health services by public programs, and complex administrative and payment structures have resulted in low participation of dentists in Medicaid, leading to reduced access and contributing to acute oral health disparities for Medicaid populations.

- Dental therapists are trained to perform preventive, basic restorative and some intermediate restorative procedures with varying levels of supervision by licensed dentist(s).
- The Minnesota legislature authorized the licensing of dental therapists in 2009 and the Minnesota Board of Dentistry licensed the first dental therapist in 2011.ⁱ
- Minnesota Statutes 150A.105 and 150A.106 require dental therapists to practice in settings that serve low-income and underserved populations. Settings may include, but are not limited to, critical access dental providers, assisted living facilities, federally qualified health centers, VA clinics and hospitals, home-bound patient homes, or mobile dental units. Dental therapists may also work in public or private clinics/settings in which at least 50 percent of the dental therapist's patient base is on public programs, has a chronic condition/disability or is low-income and uninsured.

Education, Certification, Licensure and Practice

- Two schools in Minnesota educate and train dental therapists:
 - Metropolitan State University began its graduate-level dental therapy program in September 2009. The program admits six students per year. A bachelor's degree in dental hygiene is an entrance requirement. Students graduate with a Master of Science degree in Advanced Dental Therapy.
 - The University of Minnesota Dental School also began a dental therapy program in September 2009. It currently admits eight students per year. Initially, students graduated with either a bachelor's or a master's degree in dental therapy. Currently, the program educates all students in both dental hygiene and dental therapy and students graduate with a dual degree: Bachelor of Dental Hygiene/ Master of Dental Therapy.
- In September 2015, the American Dental Association's (ADA) Commission on Dental Accreditation (CODA) approved standards for dental therapy education after extensive

DENTAL THERAPY IN MINNESOTA ISSUE BRIEF, 2018

research and stakeholder input demonstrated that dental therapists can be trained to provide safe, high-quality care, and that there is support for the new profession in the dental community.

- Both Minnesota programs were models for CODA and meet the recently developed CODA standards for dental therapy programs. Since Minnesota's dental therapy programs were established prior to the CODA accreditation standards, the education programs are operating under approval and authority of the Minnesota Board of Dentistry.
- Dental therapists are licensed by the Minnesota Board of Dentistry. To obtain a license, dental therapists must pass the same clinical competency exams as dentists for the services they are authorized to provide. (They do not take written board exams like dentists.)
- Dental therapists with a master's degree can become certified as advanced dental therapists (ADT) after completing 2,000 hours of supervised practice and passing a certification exam. ADTs can work more independently and have an expanded scope of practice.
- All dental therapists are required to practice under the supervision of a Minnesota-licensed dentist. The supervising dentist has the discretion to specify services, procedures and practice conditions.
- ADTs are able to provide all dental therapy services under general supervision of a dentist, as authorized by the supervising dentist. General supervision means the supervising dentist does not need to be on-site where the dental therapist is providing services.
- The supervising dentist has the discretion to decide which ADTs are authorized to practice without the dentist onsite, and to specify services, procedures and practice conditions. After a period of on-site supervision of an ADT, most supervising dentists have determined that the ADT was fully qualified to provide safe, high quality care under general supervision and have removed most restrictions on the ADT's authority to practice under general supervision.
- Since licensing the first dental therapist in 2011, the Minnesota Board of Dentistry has not disciplined or required corrective actions on any licensed dental therapist due to quality or safety concerns.ⁱⁱ

Access to Care

- A growing body of evidence documents increases in access to oral health care that are attributable to the integration of dental therapists in clinic settings and dental practices.
 - A 2014 evaluation by the Minnesota Department of Health and the Minnesota Board of Dentistry determined that dental therapists improve access for underserved patients, resulting in reduced wait times and travel distances.ⁱⁱⁱ
 - The Wilder Foundation's case studies note that the addition of a dental therapist at one study clinic decreased wait time from three or four weeks to one week, and increased the volume of patients with public insurance at two rural dental clinics.^{iv,v}

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- The Pew Foundation's 2017 case studies with Apple Tree Dental concluded that an ADT at a veteran's home increased the number of diagnostic and restorative services provided at the home^{vi}.

In addition, the Minnesota Department of Health has catalogued 35 reports, peer-reviewed journal articles and studies documenting the growth and impact of these providers on oral health access in the state.

Financial Viability

- Case studies have documented that dental practices employing dental therapists report increased productivity and earnings.
 - Apple Tree Dental reported \$52,000 in savings from using an ADT at a Minnesota Veteran's Home.^{vi}
 - Midwest Dental reported an estimated average monthly increase in revenues of \$10,042.^v
- The financial benefit and financial viability of dental therapist is further confirmed by the steady growth of the profession and high rates of employment of dental therapists in a variety of different types of dental practices.
- General supervision of ADTs has made it economically viable for dental clinics to provide routine dental care in schools, rural communities, Head Start programs, nursing homes, and other community settings. It also makes it possible for a dental clinic to provide services at times when a dentist is not on site.
- Providers are paid the same reimbursement rate for a particular service regardless of whether it was provided by a dental therapist or a dentist; the state Medicaid agency, the Minnesota Department of Human Services, took this action in an effort to address the serious gaps in access and the low utilization of dental services by Medicaid recipients.
 - This reimbursement policy has a differing impact on costs to clinics and the state:
 - Overall clinic costs are lower since dental therapists' wages are lower than that of a dentist, but no short-term savings accrue to Medicaid.
 - It is anticipated that improved access to routine and preventive services and early treatment of emerging dental disease will produce a long-term net savings by reducing future need for higher cost dental treatment and emergency room use.
- The State of Minnesota does not provide on-going funding or subsidies for dental therapists or clinics hiring them; a small number of clinics received state grants and technical assistance to help with the initial hiring of dental therapists in areas with critical access problems. Minnesota's two dental therapy education institutions are public institutions but did not receive any additional funding to develop or operate their programs.
- Dental therapists working in rural areas can apply for the state's loan forgiveness programs, similar to other health professions.
- Liability insurers in Minnesota report that there is no additional cost for professional liability coverage for employment of a dental therapist compared to the employment of another dental assistant or hygienist.

DENTAL THERAPY IN MINNESOTA ISSUE BRIEF, 2018

Facts of Interest

- As of April 2018, there were 86 licensed dental therapists in Minnesota who work at 54 different sites.
 - 34 (39%) are dually licensed in both dental hygiene and dental therapy.
 - 48 (55%) have achieved certification as ADTs.^{vii}
- Minnesota dental therapists are relatively young, with 55 percent age 34 and younger.^{viii}
- Dental therapists are more diverse than other oral health professions in Minnesota; 12% of dental therapists are Asian, 3% are Hispanic, 2% are American Indian, and 9 percent are of multiple races.^{viii}
- Dental therapists are geographically distributed in proportion to the state's population:
 - 55% of the state's population lives in the 7-county Greater Twin Cities metro area, where 59% of working dental therapists are employed.
 - 45% of Minnesotans live outside the Metro area, where 41% of working dental therapists are employed.^{viii}
- The primary practice setting for 49% of dental therapists in 2017 was a dental clinic; 47% work in community-based nonprofit organizations, Community Health Centers (CHC), Federally Qualified health Centers (FQHCs), hospitals, and schools, and mobile clinics. The remaining 4 percent reported working in academic settings.^{viii}
- Dental therapists also provide services in community and rural settings at more than 370 mobile dental sites throughout the state in schools, Head Start programs, community centers, VA facilities and nursing homes.^{ix}
- Dental therapists report a high levels of career satisfaction—98% indicate career satisfaction in the last 12 months, and 96 percent are satisfied with their careers overall; 84% plan to practice for 10 years or more.^{viii}
- In 2017, 93% of licensed dental therapists reported being employed as compared to 74% in 2014. This increase indicates greater integration of these providers in Minnesota.^{viii}

This fact sheet was developed by the Minnesota Department of Health in partnership with Minnesota Board of Dentistry and the Minnesota Dental Therapy Research Stakeholder Group.

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06/12/2018

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References

Apple Tree Dental and Pew Charitable Trusts. (2017). “An Advanced Dental Therapist in Long-Term Care: Heather Luebben’s Case Study.”

<http://www.appletreedental.org/wp-content/uploads/2017/09/ADT-in-LTC-Heather-Luebben-Case-Study-022018.pdf>

Apple Tree Dental and Pew Charitable Trusts. (2018, March). “An Advanced Dental Therapist in Rural Minnesota: Jodi Hager’s Case Study.”

<http://www.appletreedental.org/wp-content/uploads/2018/02/ADT-Rural-Jodi-Hagers-Case-Study-022118.pdf>

American Dental Association. Commission on Dental Accreditation, Accreditation Standards for Dental Therapy Education Programs. (2016, February).

<http://www.ada.org/~media/CODA/Files/dt.pdf>

Anderson, B. Executive Director, Minnesota Board of Dentistry. (2018, March).

Minnesota Board of Dentistry.

<https://mn.gov/boards/dentistry/onlineservices/onlinelicenseverification.jsp>

<https://mn.gov/boards/dentistry/currentlicensees/processingandapplications/dental-therapists.jsp>

Minnesota Department of Health, Dental Therapy Employer Toolkit (2017, March).

<http://www.health.state.mn.us/divs/orhpc/workforce/emerging/dt/2017dttool.pdf>

Minnesota Department of Health, Early Impacts of Dental Therapists in Minnesota (2014, February).

<http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>

Minnesota Department of Health. (2017, July). Minnesota’s Dental Therapist Workforce, 2016.

<http://www.health.state.mn.us/divs/orhpc/workforce/oral/2016dtb.pdf>

Minnesota State Demographic Center. (2016, July).

<https://mn.gov/admin/demography/data-by-topic/population-data/our-estimates/>

Minnesota Statute sections 150A.105 and 150A.106

<https://www.revisor.mn.gov/statutes/?id=150a.105>

<https://www.revisor.mn.gov/statutes/?id=150a.106>

Minnesota Department of Health, Letter to Wisconsin Legislators. (2018, January).

Wilder Research and Delta Dental Foundation of Minnesota (2017, May), “Grand Marais Family Dentistry: Dental Therapist Case Study.”

DENTAL THERAPY IN MINNESOTA ISSUE BRIEF, 2018

<https://www.wilder.org/Wilder-Research/Publications/Studies/Delta%20Dental%20of%20Minnesota/Grand%20Marais%20Family%20Dentistry%20-%20Dental%20Therapist%20Case%20Study.pdf>

Wilder Research and Delta Dental Foundation of Minnesota (2017, May), “Midwest Dental: Dental Therapist Case Study.”

<https://www.wilder.org/Wilder-Research/Publications/Studies/Delta%20Dental%20of%20Minnesota/Midwest%20Dental%20-%20Dental%20Therapist%20Case%20Study.pdf>

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T12HP30311, Grants to States to Support Oral Health Workforce Activities, \$1,000,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Notes

ⁱ <https://www.revisor.mn.gov/statutes/?id=150A.105>

ⁱⁱ Minnesota Board of Dentistry. (March, 2018).

ⁱⁱⁱ Minnesota Department of Health. (2014, February). Early Impacts of Dental Therapists in Minnesota.

^{iv} Wilder Research and Delta Dental Foundation of Minnesota (2017, May), “Grand Marais Family Dentistry: Dental Therapist Case Study.”

^v Wilder Research and Delta Dental Foundation of Minnesota (2017, May), “Midwest Dental: Dental Therapist Case Study.”

^{vi} Apple Tree Dental and Pew Charitable Trusts. (2017). “An Advanced Dental Therapist in Long-Term Care: An Apple Tree Dental Case Study.” And Apple Tree Dental and Pew Charitable Trusts. (2018, March). “An Advanced Dental Therapist in Rural Minnesota: Jodi Hager’s Case Study.”

^{vii} Minnesota Board of Dentistry, 2018

^{viii} Based on data collected by Minnesota Department of Health’s annual dental therapist workforce survey. Data references dental therapists that were licensed and practicing in 2017.

^{ix} Calculation based on one time survey of select dental therapy employers that offer mobile dental services throughout Minnesota.

Senate Bill No. 366–Senator Ratti

CHAPTER.....

AN ACT relating to dental care; establishing the profession of dental therapy governed by the Board of Dental Examiners of Nevada; revising provisions relating to dentistry and dental hygiene; providing penalties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law contains provisions relating to dental hygienists and the practice of dental hygiene within chapter 631 of NRS, which relates to dentistry.

Sections 58-68 of this bill establish the profession and practice of dental therapy in chapter 631 of NRS. **Sections 69.5-96** of this bill revise various provisions of NRS to account for the addition of the profession of dental therapists and the practice of dental therapy.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Sections 1-57. (Deleted by amendment.)

Sec. 58. Chapter 631 of NRS is hereby amended by adding thereto the provisions set forth as sections 59 to 68, inclusive, of this act.

Sec. 59. *“Dental therapist” means any person who practices the profession of dental therapy and is licensed pursuant to this chapter.*

Sec. 60. *“Dental therapy” means the performance of educational, preventative, therapeutic, palliative and restorative or surgical treatment of intraoral or extraoral procedures.*

Sec. 60.2. 1. *Any person is eligible to apply for a license to practice dental therapy in this State who:*

(a) Is of good moral character;

(b) Is over 18 years of age;

(c) Is a graduate of a program of dental therapy from an institution which is accredited by a regional educational accrediting organization that is recognized by the United States Department of Education. The program of dental therapy must:

(1) Be accredited by the Commission on Dental Accreditation of the American Dental Association or its successor specialty accrediting organization; and



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(2) *Include a curriculum of not less than 2 years of academic instruction in dental therapy or its academic equivalent; and*

(d) *Is in possession of a current special endorsement of his or her license pursuant to NRS 631.287 to practice public health dental hygiene.*

2. *To determine whether a person has good moral character, the Board may consider whether his or her license to practice dental therapy or dental hygiene in another state has been suspended or revoked or whether he or she is currently involved in any disciplinary action concerning his or her license in that state.*

Sec. 60.4. 1. *Any person desiring to obtain a license to practice dental therapy, after having complied with section 60.2 of this act and the regulations of the Board to determine eligibility:*

(a) *Except as otherwise provided in NRS 622.090, must pass a written examination given by the Board upon such subjects as the Board deems necessary for the practice of dental therapy or must present a certificate granted by the Joint Commission on National Dental Examinations which contains a notation that the applicant has passed the applicable national examination with a score of at least 75; and*

(b) *Except as otherwise provided in this chapter, must:*

(1) *Successfully pass a clinical examination approved by the Board and the American Board of Dental Examiners; or*

(2) *Present to the Board a certificate granted by the Western Regional Examining Board which contains a notation that the applicant has passed a clinical examination administered by the Western Regional Examining Board.*

2. *The Board shall examine each applicant in writing on the contents and interpretation of this chapter and the regulations of the Board.*

3. *All persons who have satisfied the requirements for licensure as a dental therapist must be registered as licensed dental therapists on the board register, as provided in this chapter, and are entitled to receive a certificate of registration, signed by all members of the Board.*

Sec. 61. 1. *The holder of a license or renewal certificate to practice dental therapy may practice only in the settings provided in subsection 3, under the authorization of a dentist meeting the requirements of subsection 4 and in accordance with a written practice agreement signed by the dental therapist and the authorizing dentist. A dental therapist may provide only the services that are within his or her scope of practice, the scope of*



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practice of the dentist, are authorized by the dentist, and are provided according to written protocols or standing orders established by the authorizing dentist. A dental therapist may not provide any services that are outside the scope of practice of the authorizing dentist. A dental therapist shall provide such services only under the direct supervision of the authorizing dentist until such time as the dental therapist has obtained the following hours of clinical practice as a dental therapist:

(a) Not less than 500 hours, if the dental therapist has a license to practice dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Not less than 1,000 hours, if the dental therapist has practiced dental hygiene pursuant to the laws of this State, another state or territory of the United States, or the District of Columbia, for 5 years or more; or

(c) Not less than 1,500 hours, if paragraphs (a) and (b) are not applicable.

2. A dental therapist may provide services to a patient who has not first seen a dentist for an examination if the authorizing dentist has given the dental therapist written authorization and standing protocols for the services and reviews the patient records as provided by the written practice agreement. The standing protocols may require the authorizing dentist to personally examine patients either face-to-face or by the use of electronic means.

3. The holder of a license or renewal certificate to practice dental therapy may practice only in the following settings:

(a) A hospital, as defined in NRS 449.012.

(b) A rural health clinic, as defined in 42 U.S.C. § 1395x(aa)(2).

(c) A health facility or agency, other than a hospital, that is reimbursed as a federally qualified health center as defined in 42 U.S.C. § 1395x(aa)(4) or that has been determined by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to meet the requirements to receive funding under section 330 of the Public Health Service Act, 42 U.S.C. § 254b, as amended.

(d) A federally qualified health center, as defined in 42 U.S.C. § 1395x(aa)(4), that is licensed as a health facility or agency by the Department of Health and Human Services.



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(e) An outpatient health program or facility operated by a tribe or tribal organization under subchapter I of the Indian Self-Determination and Education Assistance Act, 25 U.S.C. §§ 5321 to 5332, inclusive, as amended, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act, 25 U.S.C. §§ 1651 to 1660h, inclusive, as amended.

(f) A school-based health center as defined in NRS 41.495.

(g) Any other clinic or practice setting, including, without limitation, a mobile dental unit, in which at least 50 percent of the total patient base of the dental therapist will consist of patients who:

(1) Are enrolled in a health care program administered by the Department of Health and Human Services;

(2) Have a medical disability or chronic condition that creates a significant barrier to receiving dental care; or

(3) Do not have dental health coverage through a public health care program or private insurance and have a household income which is less than 200 percent of the federally designated level signifying poverty as provided in the most recent federal poverty guidelines published in the Federal Register by the United States Department of Health and Human Services.

4. The holder of a license or renewal certificate to practice dental therapy may practice only under the authorization of a dentist who:

(a) Holds an active license to practice dentistry in this State;

(b) Maintains a location from which to practice dentistry; and

(c) Actively practices dentistry in this State by treating patients.

Sec. 62. *The written practice agreement required pursuant to section 61 of this act between the authorizing dentist and a dental therapist must include:*

1. The services and procedures and the practice settings for those services and procedures that the dental therapist may provide, together with any limitations on those services and procedures.

2. Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency.

3. Procedures to be used with patients treated by the dental therapist for informed consent and creating and maintaining dental records.

4. A plan for the monthly review of patient records by the authorizing dentist and dental therapist.



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5. *A plan for managing medical emergencies in each practice setting in which the dental therapist provides care.*

6. *A quality assurance plan for monitoring care, including patient care review, referral follow-up, and a quality assurance and chart review.*

7. *Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed.*

8. *Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation before initiating care.*

9. *Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the dental therapist's capabilities or the scope of practice as a dental therapist.*

10. *A requirement that when an appointment is made for a patient, it must be disclosed to the patient whether the patient is scheduled to see the dentist or a dental therapist.*

Sec. 62.5. *An authorizing dentist may not simultaneously maintain written practice agreements required pursuant to section 61 of this act with more than four full-time or full-time equivalent dental therapists.*

Sec. 63. *In accordance with the written practice agreement required pursuant to section 61 of this act:*

1. *The authorizing dentist shall arrange for another dentist or specialist to provide any services needed by a patient of a dental therapist that exceed the dental therapist's capabilities or the authorized scope of practice of the dental therapist and that the authorizing dentist is unable to provide; and*

2. *A dental therapist shall refer patients to another qualified dental or health care professional to receive needed services that exceed the scope of practice of the dental therapist.*

Sec. 64. 1. *In accordance with the written practice agreement required pursuant to section 61 of this act, 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.*



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- (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;*



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- (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.*

2. *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.*

Sec. 65. *In accordance with the written practice agreement, a dental therapist may provide any of the following additional care or services:*

1. *Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals to such persons.*

2. *Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.*

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

4. *Pulp and vitality testing.*

5. *Applying desensitizing medication or resin.*

6. *Fabricating mouth guards*

7. *Changing periodontal dressings.*

8. *Simple extraction of erupted primary teeth.*

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

10. *Preparation and placement of direct restoration in primary and permanent teeth.*

11. *Fabrication and placement of single tooth temporary crowns.*

12. *Preparation and placement of preformed crowns on primary teeth.*

13. *Indirect and direct pulp capping on permanent teeth.*

14. *Suturing and suture removal.*

15. *Minor adjustments and repairs on removable prostheses.*

16. *Placement and removal of space maintainers.*

17. *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.*



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18. Performing other related services and functions authorized and for which the dental therapist is trained.

Sec. 66. (Deleted by amendment.)

Sec. 67. 1. *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.*

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

Sec. 68. *A 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 over from one licensing period to another.*

Sec. 69. (Deleted by amendment.)

Sec. 69.5. NRS 631.005 is hereby amended to read as follows:

631.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 631.015 to 631.105, inclusive, *and sections 59 and 60 of this act* have the meanings ascribed to them in those sections.

Sec. 70. NRS 631.130 is hereby amended to read as follows:

631.130 1. The Governor shall appoint:

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

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

(c) Three members who:

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

(2) Are residents of Nevada; and

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

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

(1) A dentist , *dental therapist* or ~~fa~~ dental hygienist; or



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

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

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

Sec. 71. NRS 631.140 is hereby amended to read as follows:

631.140 1. The six members of the Board who are dentists, the member of the Board who represents the interests of persons or agencies that regularly provide health care to patients who are indigent, uninsured or unable to afford health care, and the member of the Board who is a representative of the general public must be appointed from areas of the State as follows:

(a) Three of those members must be from Carson City, Douglas County or Washoe County.

(b) Four of those members must be from Clark County.

(c) One of those members may be from any county of the State.

2. The three members of the Board who are *dental therapists or* dental hygienists must be appointed from areas of the State as follows:

(a) One of those members must be from Carson City, Douglas County or Washoe County.

(b) One of those members must be from Clark County.

(c) One of those members may be from any county of the State.

Sec. 72. NRS 631.170 is hereby amended to read as follows:

631.170 1. The Board shall meet whenever necessary to examine applicants. The dates of the examinations must be fixed by the Board. The Board may conduct examinations outside this State, and for this purpose may use the facilities of dental colleges.

2. The Board may also meet at such other times and places and for such other purposes as it may deem proper.

3. A quorum consists of five members who are dentists and two members who are *dental therapists or* dental hygienists.

Sec. 73. NRS 631.190 is hereby amended to read as follows:

631.190 In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.

2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other



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professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.

3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry ~~and~~, *dental therapy or* dental hygiene.

4. Examine applicants for licenses to practice dentistry, *dental therapy* and dental hygiene.

5. Collect and apply fees as provided in this chapter.

6. Keep a register of all dentists, *dental therapists* and dental hygienists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.

7. Have and use a common seal.

8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in NRS 631.368, the records must be open to public inspection.

9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.

10. Have discretion to examine work authorizations in dental offices or dental laboratories.

Sec. 73.5. NRS 631.205 is hereby amended to read as follows:

631.205 1. The Committee on Dental Hygiene *and Dental Therapy* is hereby created.

2. The Committee consists of:

(a) The members of the Board who are *dental therapists or* dental hygienists; and

(b) One dentist who is a member of the Board and who has supervised a *dental therapist or* dental hygienist for at least 3 years immediately preceding his or her appointment to the Committee by the Board.

3. The Committee:

(a) May accept recommendations from *dental therapists*, dental hygienists, dentists and the general public and may meet to review such recommendations.

(b) May make recommendations to the Board concerning:

(1) The practice of *dental therapy and* dental hygiene; and

(2) The licensing of *dental therapists and* dental hygienists, including, without limitation, requirements relating to the education, examination and discipline of *dental therapists and* dental hygienists.

(c) Shall carry out any duties the Board may assign to the Committee.



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Sec. 74. NRS 631.215 is hereby amended to read as follows:

631.215 1. Any person shall be deemed to be practicing dentistry who:

(a) Uses words or any letters or title in connection with his or her name which in any way represents the person as engaged in the practice of dentistry, or any branch thereof;

(b) Advertises or permits to be advertised by any medium that the person can or will attempt to perform dental operations of any kind;

(c) Evaluates or diagnoses, professes to evaluate or diagnose or treats or professes to treat, surgically or nonsurgically, any of the diseases, disorders, conditions or lesions of the oral cavity, maxillofacial area or the adjacent and associated structures and their impact on the human body;

(d) Extracts teeth;

(e) Corrects malpositions of the teeth or jaws;

(f) Takes impressions of the teeth, mouth or gums, unless the person is authorized by the regulations of the Board to engage in such activities without being a licensed dentist;

(g) Examines a person for, or supplies artificial teeth as substitutes for natural teeth;

(h) Places in the mouth and adjusts or alters artificial teeth;

(i) Does any practice included in the clinical dental curricula of accredited dental colleges or a residency program for those colleges;

(j) Administers or prescribes such remedies, medicinal or otherwise, as are needed in the treatment of dental or oral diseases;

(k) Uses X-ray radiation or laser radiation for dental treatment or dental diagnostic purposes, unless the person is authorized by the regulations of the Board to engage in such activities without being a licensed dentist;

(l) Determines:

(1) Whether a particular treatment is necessary or advisable;
or

(2) Which particular treatment is necessary or advisable; or

(m) Dispenses tooth whitening agents or undertakes to whiten or bleach teeth by any means or method, unless the person is:

(1) Dispensing or using a product that may be purchased over the counter for a person's own use; or

(2) Authorized by the regulations of the Board to engage in such activities without being a licensed dentist.

2. Nothing in this section:

(a) Prevents a dental assistant, *dental therapist*, dental hygienist or qualified technician from making radiograms or X-ray exposures



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~~[for using X-ray radiation or laser radiation]~~ for dental treatment or dental diagnostic purposes upon the direction of a licensed dentist.

(b) *Prevents a dental therapist or dental hygienist from administering local anesthesia for pain management during treatment or using X-ray radiation or laser radiation for dental treatment or dental diagnostic purposes, upon authorization of a licensed dentist.*

(c) Prohibits the performance of mechanical work, on inanimate objects only, by any person employed in or operating a dental laboratory upon the written work authorization of a licensed dentist.

~~[(e)]~~ (d) Prevents students from performing dental procedures that are part of the curricula of an accredited dental school or college or an accredited school of dental hygiene *or an accredited school of dental therapy* or an accredited school of dental assisting.

~~[(d)]~~ (e) Prevents a licensed dentist or dental hygienist from another state or country from appearing as a clinician for demonstrating certain methods of technical procedures before a dental society or organization, convention or dental college or an accredited school of dental hygiene or an accredited school of dental assisting.

~~[(e)]~~ (f) Prohibits the manufacturing of artificial teeth upon receipt of a written authorization from a licensed dentist if the manufacturing does not require direct contact with the patient.

~~[(f)]~~ (g) Prohibits the following entities from owning or operating a dental office or clinic if the entity complies with the provisions of NRS 631.3452:

(1) A nonprofit corporation organized pursuant to the provisions of chapter 82 of NRS to provide dental services to rural areas and medically underserved populations of migrant or homeless persons or persons in rural communities pursuant to the provisions of 42 U.S.C. § 254b or 254c.

(2) A federally-qualified health center as defined in 42 U.S.C. § 1396d(1)(2)(B) operating in compliance with other applicable state and federal law.

(3) A nonprofit charitable corporation as described in section 501(c)(3) of the Internal Revenue Code and determined by the Board to be providing dental services by volunteer licensed dentists at no charge or at a substantially reduced charge to populations with limited access to dental care.

~~[(g)]~~ (h) Prevents a person who is actively licensed as a dentist in another jurisdiction from treating a patient if:

(1) The patient has previously been treated by the dentist in the jurisdiction in which the dentist is licensed;



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(2) The dentist treats the patient only during a course of continuing education involving live patients which:

(I) Is conducted at an institute or organization with a permanent facility registered with the Board for the sole purpose of providing postgraduate continuing education in dentistry; and

(II) Meets all applicable requirements for approval as a course of continuing education; and

(3) The dentist treats the patient only under the supervision of a person licensed pursuant to NRS 631.2715.

~~(b)~~ (i) Prohibits a person from providing goods or services for the support of the business of a dental practice, office or clinic owned or operated by a licensed dentist or any entity not prohibited from owning or operating a dental practice, office or clinic if the person does not:

(1) Provide such goods or services in exchange for payments based on a percentage or share of revenues or profits of the dental practice, office or clinic; or

(2) Exercise any authority or control over the clinical practice of dentistry.

3. The Board shall adopt regulations identifying activities that constitute the exercise of authority or control over the clinical practice of dentistry, including, without limitation, activities which:

(a) Exert authority or control over the clinical judgment of a licensed dentist; or

(b) Relieve a licensed dentist of responsibility for the clinical aspects of the dental practice.

➤ Such regulations must not prohibit or regulate aspects of the business relationship, other than the clinical practice of dentistry, between a licensed dentist or professional entity organized pursuant to the provisions of chapter 89 of NRS and the person or entity providing goods or services for the support of the business of a dental practice, office or clinic owned or operated by the licensed dentist or professional entity.

Sec. 75. NRS 631.220 is hereby amended to read as follows:

631.220 1. Every applicant for a license to practice dental hygiene, *dental therapy* or dentistry, or any of its special branches, must:

(a) File an application with the Board.

(b) Accompany the application with a recent photograph of the applicant together with the required fee and such other documentation as the Board may require by regulation.

(c) Submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the



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fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(d) If the applicant is required to take an examination pursuant to NRS 631.240 or 631.300, submit with the application proof satisfactory that the applicant passed the examination.

2. An application must include all information required to complete the application.

3. The Secretary-Treasurer may, in accordance with regulations adopted by the Board and if the Secretary-Treasurer determines that an application is:

(a) Sufficient, advise the Executive Director of the sufficiency of the application. Upon the advice of the Secretary-Treasurer, the Executive Director may issue a license to the applicant without further review by the Board.

(b) Insufficient, reject the application by sending written notice of the rejection to the applicant.

Sec. 76. NRS 631.225 is hereby amended to read as follows:

631.225 1. In addition to any other requirements set forth in this chapter:

(a) An applicant for the issuance of a license to practice dentistry , ~~for~~ dental hygiene *or dental therapy* shall include the social security number of the applicant in the application submitted to the Board.

(b) An applicant for the issuance or renewal of a license to practice dentistry , ~~for~~ dental hygiene *or dental therapy* shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.

3. A license to practice dentistry , ~~for~~ dental hygiene *or dental therapy* may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by



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the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Sec. 77. NRS 631.260 is hereby amended to read as follows:

631.260 Except as otherwise provided in subsection 3 of NRS 631.220, as soon as possible after the examination has been given, the Board, under rules and regulations adopted by it, shall determine the qualifications of the applicant and shall issue to each person found by the Board to have the qualifications therefor a license which will entitle the person to practice dental hygiene , *dental therapy* or dentistry, or any special branch of dentistry, as in such license defined, subject to the provisions of this chapter.

Sec. 78. NRS 631.271 is hereby amended to read as follows:

631.271 1. The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to practice dentistry , ~~or~~ dental hygiene *or dental therapy* to a person who:

(a) Is qualified for a license to practice dentistry , ~~or~~ dental hygiene *or dental therapy* in this State;

(b) Pays the required application fee;

(c) Has entered into a contract with:

(1) The Nevada System of Higher Education to provide services as a dental intern, dental resident or instructor of dentistry , ~~or~~ dental hygiene *or dental therapy* at an educational or outpatient clinic, hospital or other facility of the Nevada System of Higher Education; or

(2) An accredited program of dentistry , ~~or~~ dental hygiene *or dental therapy* of an institution which is accredited by a regional educational accrediting organization that is recognized by the United States Department of Education to provide services as a dental intern, dental resident or instructor of dentistry , ~~or~~ dental hygiene *or dental therapy* at an educational or outpatient clinic, hospital or other facility of the institution and accredited by the Commission on Dental Accreditation of the American Dental Association or its successor specialty accrediting organization;



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(d) Satisfies the requirements of NRS 631.230 or 631.290, as appropriate; and

(e) Satisfies at least one of the following requirements:

(1) Has a license to practice dentistry, ~~for~~ dental hygiene *or dental therapy* issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(2) Presents to the Board a certificate granted by the Western Regional Examining Board which contains a notation that the person has passed, within the 5 years immediately preceding the date of the application, a clinical examination administered by the Western Regional Examining Board;

(3) Successfully passes a clinical examination approved by the Board and the American Board of Dental Examiners; or

(4) Has the educational or outpatient clinic, hospital or other facility where the person will provide services as a dental intern or dental resident in an internship or residency program submit to the Board written confirmation that the person has been appointed to a position in the program and is a citizen of the United States or is lawfully entitled to remain and work in the United States. If a person qualifies for a limited license pursuant to this subparagraph, the limited license remains valid only while the person is actively providing services as a dental intern or dental resident in the internship or residency program, is lawfully entitled to remain and work in the United States and is in compliance with all other requirements for the limited license.

2. The Board shall not issue a limited license to a person:

(a) Who has been issued a license to practice dentistry, ~~for~~ dental hygiene *or dental therapy* if:

(1) The person is involved in a disciplinary action concerning the license; or

(2) The license has been revoked or suspended; or

(b) Who has been refused a 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.

3. Except as otherwise provided in subsection 4, a person to whom a limited license is issued pursuant to subsection 1:

(a) May practice dentistry, ~~for~~ dental hygiene *or dental therapy* in this State only:

(1) At the educational or outpatient clinic, hospital or other facility where the person is employed; and

(2) In accordance with the contract required by paragraph (c) of subsection 1.



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(b) Shall not, for the duration of the limited license, engage in the private practice of dentistry , ~~{or}~~ dental hygiene *or dental therapy* in this State or accept compensation for the practice of dentistry , ~~{or}~~ dental hygiene *or dental therapy* except such compensation as may be paid to the person by the Nevada System of Higher Education or an accredited program of dentistry , ~~{or}~~ dental hygiene *or dental therapy* for services provided as a dental intern, dental resident or instructor of dentistry , ~~{or}~~ dental hygiene *or dental therapy* pursuant to paragraph (c) of subsection 1.

4. The Board may issue a permit authorizing a person who holds a limited license to engage in the practice of dentistry , ~~{or}~~ dental hygiene *or dental therapy* in this State and to accept compensation for such practice as may be paid to the person by entities other than the Nevada System of Higher Education or an accredited program of dentistry , ~~{or}~~ dental hygiene *or dental therapy* with whom the person is under contract pursuant to paragraph (c) of subsection 1. The Board shall, by regulation, prescribe the standards, conditions and other requirements for the issuance of a permit.

5. A limited license expires 1 year after its date of issuance and may be renewed on or before the date of its expiration, unless the holder no longer satisfies the requirements for the limited license. The holder of a limited license may, upon compliance with the applicable requirements set forth in NRS 631.330 and the completion of a review conducted at the discretion of the Board, be granted a renewal certificate that authorizes the continuation of practice pursuant to the limited license for 1 year.

6. A permit issued pursuant to subsection 4 expires on the date that the holder's limited license expires and may be renewed when the limited license is renewed, unless the holder no longer satisfies the requirements for the permit.

7. Within 7 days after the termination of a contract required by paragraph (c) of subsection 1, the holder of a limited license shall notify the Board of the termination, in writing, and surrender the limited license and a permit issued pursuant to this section, if any, to the Board.

8. The Board may revoke a limited license and a permit issued pursuant to this section, if any, at any time if the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.



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Sec. 79. NRS 631.273 is hereby amended to read as follows:

631.273 1. Except as otherwise provided in this section, the Board shall, without a clinical examination required by ~~[NRS 631.300;]~~ *section 60.4 of this act*, issue a temporary license to practice dental ~~[hygiene]~~ *therapy* to a person who:

(a) Has a license to practice dental ~~[hygiene]~~ *therapy* issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Satisfies the requirements of ~~[NRS 631.290;]~~ *section 60.2 of this act*;

(c) Has practiced dental ~~[hygiene]~~ *therapy* pursuant to the laws of another state or territory of the United States, or the District of Columbia, for at least 5 years immediately preceding the date that the person applies for a temporary license;

(d) Has not had a license to practice dental hygiene *or dental therapy* revoked or suspended in this State, another state or territory of the United States, or the District of Columbia;

(e) Has not been denied a license to practice dental hygiene *or dental therapy* in this State, another state or territory of the United States, or the District of Columbia;

(f) Is not involved in or does not have pending a disciplinary action concerning a license to practice dental hygiene *or dental therapy* in this State, another state or territory of the United States, or the District of Columbia;

(g) Pays the application, examination and renewal fees in the same manner as a person licensed pursuant to ~~[NRS 631.300;]~~ *section 60.4 of this act*; and

(h) Submits all information required to complete an application for a license.

2. A person to whom a temporary license is issued pursuant to this section may:

(a) Practice dental ~~[hygiene]~~ *therapy* for the duration of the temporary license; and

(b) Apply for a permanent license to practice dental ~~[hygiene]~~ *therapy* without a clinical examination required by ~~[NRS 631.300]~~ *section 60.4 of this act* if the person has held a temporary license to practice dental ~~[hygiene]~~ *therapy* issued pursuant to this section for at least 2 years.

3. The Board shall examine each applicant in writing concerning the contents and interpretation of this chapter and the regulations of the Board.



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4. The Board shall not, on or after July 1, ~~[2006,]~~ **2021**, issue any additional temporary licenses to practice dental ~~[hygiene]~~ **therapy** pursuant to this section.

5. Any person who, on July 1, ~~[2006,]~~ **2021**, holds a temporary license to practice dental ~~[hygiene]~~ **therapy** issued pursuant to this section may, subject to the regulatory and disciplinary authority of the Board, practice dental ~~[hygiene]~~ **therapy** under the temporary license until ~~[December 31, 2008,]~~ **July 1, 2023**, or until the person is qualified to apply for and is issued or denied a permanent license to practice dental ~~[hygiene]~~ **therapy** in accordance with this section, whichever period is shorter.

6. The Board may revoke a temporary license at any time if the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.

Sec. 80. NRS 631.274 is hereby amended to read as follows:

631.274 1. The Board shall, without a clinical examination required by NRS 631.240 or 631.300, **or section 60.4 of this act**, issue a restricted geographical license to practice dentistry , ~~[or]~~ dental hygiene **or dental therapy** to a person if the person meets the requirements of subsection 2 and:

(a) A board of county commissioners submits a request that the Board of Dental Examiners of Nevada waive the requirements of NRS 631.240 or 631.300 **or section 60.4 of this act** for any applicant intending to practice dentistry , ~~[or]~~ dental hygiene **or dental therapy** in a rural area of a county in which dental , ~~[or]~~ dental hygiene **or dental therapy** needs are underserved as that term is defined by the officer of rural health of the University of Nevada School of Medicine;

(b) Two or more boards of county commissioners submit a joint request that the Board of Dental Examiners of Nevada waive the requirements of NRS 631.240 or 631.300 **or section 60.4 of this act** for any applicant intending to practice dentistry , ~~[or]~~ dental hygiene **or dental therapy** in one or more rural areas within those counties in which dental , ~~[or]~~ dental hygiene **or dental therapy** needs are underserved as that term is defined by the officer of rural health of the University of Nevada School of Medicine; or

(c) The director of a federally qualified health center or a nonprofit clinic submits a request that the Board waive the requirements of NRS 631.240 or 631.300 **or section 60.4 of this act** for any applicant who has entered into a contract with a federally qualified health center or nonprofit clinic which treats underserved populations in Washoe County or Clark County.



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2. A person may apply for a restricted geographical license if the person:

(a) Has a license to practice dentistry , ~~{or}~~ dental hygiene *or dental therapy* issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Is otherwise qualified for a license to practice dentistry , ~~{or}~~ dental hygiene *or dental therapy* in this State;

(c) Pays the application, examination and renewal fees in the same manner as a person licensed pursuant to NRS 631.240 or 631.300 ~~{or}~~ *or section 60.4 of this act;*

(d) Submits all information required to complete an application for a license; and

(e) Satisfies the requirements of NRS 631.230. or 631.290, *or section 60.2 of this act,* as appropriate.

3. The Board shall not issue a restricted geographical license to a person:

(a) Whose license to practice dentistry , ~~{or}~~ dental hygiene *or dental therapy* has been revoked or suspended;

(b) Who has been refused a license to practice dentistry , *dental therapy* or dental hygiene; or

(c) Who is involved in or has pending a disciplinary action concerning a license to practice dentistry , ~~{or}~~ dental hygiene ~~{or}~~ *dental therapy,*

➔ in this State, another state or territory of the United States, or the District of Columbia.

4. The Board shall examine each applicant in writing on the contents and interpretation of this chapter and the regulations of the Board.

5. A person to whom a restricted geographical license is issued pursuant to this section:

(a) May practice dentistry , ~~{or}~~ dental hygiene *or dental therapy* only in the county or counties which requested the restricted geographical licensure pursuant to paragraph (a) or (b) of subsection 1.

(b) Shall not, for the duration of the restricted geographical license, engage in the private practice of dentistry , ~~{or}~~ dental hygiene *or dental therapy* in this State or accept compensation for the practice of dentistry , ~~{or}~~ dental hygiene *or dental therapy* except such compensation as may be paid to the person by a federally qualified health center or nonprofit clinic pursuant to paragraph (c) of subsection 1.

6. Within 7 days after the termination of a contract pursuant to paragraph (c) of subsection 1, the holder of a restricted geographical



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license shall notify the Board of the termination, in writing, and surrender the restricted geographical license.

7. A person to whom a restricted geographical license was issued pursuant to this section may petition the Board for an unrestricted license without a clinical examination required by NRS 631.240 or 631.300 *or section 60.4 of this act* if the person:

(a) Has not had a license to practice dentistry, ~~for~~ dental hygiene *or dental therapy* revoked or suspended in this State, another state or territory of the United States, or the District of Columbia;

(b) Has not been refused a 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;

(c) Is not involved in or does not have pending a disciplinary action concerning a license to practice dentistry, ~~for~~ dental hygiene *or dental therapy* in this State, another state or territory of the United States, or the District of Columbia; and

(d) Has:

(1) Actively practiced dentistry, ~~for~~ dental hygiene *or dental therapy* for 3 years at a minimum of 30 hours per week in the county or counties which requested the restricted geographical licensure pursuant to paragraph (a) or (b) of subsection 1; or

(2) Been under contract with a federally qualified health center or nonprofit clinic for a minimum of 3 years.

8. The Board may revoke a restricted geographical license at any time if the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.

Secs. 81 and 82. (Deleted by amendment.)

Sec. 83. NRS 631.313 is hereby amended to read as follows:

631.313 1. Except as otherwise provided in NRS 454.217 and 629.086, a licensed dentist may assign to a person in his or her employ who is a dental hygienist, *dental therapist*, dental assistant or other person directly or indirectly involved in the provision of dental care only such intraoral tasks as may be permitted by a regulation of the Board or by the provisions of this chapter.

2. The performance of these tasks must be:

(a) If performed by a dental assistant or a person, other than a *dental therapist or* dental hygienist, who is directly or indirectly involved in the provision of dental care, under the supervision of the licensed dentist who made the assignment.

(b) If performed by a *dental therapist or* dental hygienist, authorized by the licensed dentist of the patient for whom the tasks



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will be performed, except as otherwise provided *in* NRS 631.287 .
~~[section 27 of this act.]~~

3. No such assignment is permitted that requires:

(a) The diagnosis, treatment planning, prescribing of drugs or medicaments, or authorizing the use of restorative, prosthodontic or orthodontic appliances.

(b) Surgery on hard or soft tissues within the oral cavity or any other intraoral procedure that may contribute to or result in an irremediable alteration of the oral anatomy.

(c) The administration of general anesthesia, minimal sedation, moderate sedation or deep sedation except as otherwise authorized by regulations adopted by the Board.

(d) The performance of a task outside the authorized scope of practice of the employee who is being assigned the task.

4. A dental hygienist may, pursuant to regulations adopted by the Board, administer local anesthesia or nitrous oxide in a health care facility, as defined in NRS 162A.740, if:

(a) The dental hygienist is so authorized by the licensed dentist of the patient to whom the local anesthesia or nitrous oxide is administered; and

(b) The health care facility has licensed medical personnel and necessary emergency supplies and equipment available when the local anesthesia or nitrous oxide is administered.

Sec. 84. NRS 631.317 is hereby amended to read as follows:

631.317 The Board shall adopt rules or regulations:

1. Specifying the intraoral tasks that may be assigned by a licensed dentist to a *dental therapist*, dental hygienist or dental assistant in his or her employ or that may be performed by a dental hygienist *or dental therapist* engaged in school health activities or employed by a public health agency.

2. Governing the practice of dentists , ~~[and]~~ dental hygienists *and dental therapists* in full-time employment with the State of Nevada.

Sec. 85. NRS 631.330 is hereby amended to read as follows:

631.330 1. Licenses issued pursuant to NRS 631.271, 631.2715 and 631.275 must be renewed annually. All other licenses must be renewed biennially.

2. Except as otherwise provided in NRS 631.271, 631.2715 and 631.275:

(a) Each holder of a license to practice dentistry , ~~[or]~~ dental hygiene *or dental therapy* must, upon:

(1) Payment of the required fee;



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(2) Submission of proof of completion of the required continuing education; and

(3) Submission of all information required to complete the renewal,

➔ be granted a renewal certificate which will authorize continuation of the practice for 2 years.

(b) A licensee must comply with the provisions of this subsection and subsection 1 on or before June 30. Failure to comply with those provisions by June 30 every 2 years automatically suspends the license, and it may be reinstated only upon payment of the fee for reinstatement and compliance with the requirements of this subsection.

3. If a license suspended pursuant to this section is not reinstated within 12 months after suspension, it is automatically revoked.

Sec. 86. NRS 631.340 is hereby amended to read as follows:

631.340 1. Any person who has obtained from the Board a license certificate to practice dental hygiene , *dental therapy* or dentistry or any special branch of dentistry in this State, and who fails to obtain a renewal certificate, must, before resuming the practice in which he or she was licensed, make application to the Secretary-Treasurer, under such rules as the Board may prescribe, for the restoration of the license to practice.

2. Upon application being made, the Secretary-Treasurer shall determine whether the applicant possesses the qualifications prescribed for the granting of a license to practice in his or her particular profession, and whether the applicant continues to possess a good moral character and is not otherwise disqualified to practice in this State. If the Secretary-Treasurer so determines, the Secretary-Treasurer shall thereupon issue the license, and thereafter the person may make application annually for a renewal certificate, as provided in this chapter.

Sec. 87. NRS 631.342 is hereby amended to read as follows:

631.342 1. The Board shall adopt regulations concerning continuing education in dentistry , ~~and~~ dental hygiene ~~and~~ *dental therapy*. The regulations must include:

(a) ~~The~~ *Except as provided in section 68 of this act, the* number of hours of credit required annually;

(b) The criteria used to accredit each course; and

(c) The requirements for submission of proof of attendance at courses.

2. Except as otherwise provided in subsection 3, as part of continuing education, each licensee must complete a course of



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instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

(a) An overview of acts of terrorism and weapons of mass destruction;

(b) Personal protective equipment required for acts of terrorism;

(c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;

(d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and

(e) An overview of the information available on, and the use of, the Health Alert Network.

3. Instead of the course described in subsection 2, a licensee may complete:

(a) A course in Basic Disaster Life Support or a course in Core Disaster Life Support if the course is offered by a provider of continuing education accredited by the National Disaster Life Support Foundation; or

(b) Any other course that the Board determines to be the equivalent of a course specified in paragraph (a).

4. Notwithstanding the provisions of subsections 2 and 3, the Board may determine whether to include in a program of continuing education additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

5. As used in this section:

(a) “Act of terrorism” has the meaning ascribed to it in NRS 202.4415.

(b) “Biological agent” has the meaning ascribed to it in NRS 202.442.

(c) “Chemical agent” has the meaning ascribed to it in NRS 202.4425.

(d) “Radioactive agent” has the meaning ascribed to it in NRS 202.4437.

(e) “Weapon of mass destruction” has the meaning ascribed to it in NRS 202.4445.

Sec. 88. NRS 631.345 is hereby amended to read as follows:

631.345 1. Except as otherwise provided in NRS 631.2715, the Board shall by regulation establish fees for the performance



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of the duties imposed upon it by this chapter which must not exceed the following amounts:

Application fee for an initial license to practice dentistry	\$1,500
Application fee for an initial license to practice dental hygiene	750
<i>Application fee for an initial license to practice dental therapy</i>	<i>1,000</i>
Application fee for a specialist's license to practice dentistry	300
Application fee for a limited license or restricted license to practice dentistry , for dental hygiene <i>or dental therapy</i>	300
Fee for administering a clinical examination in dentistry	2,500
Fee for administering a clinical examination in dental hygiene <i>or dental therapy</i>	1,500
Application and examination fee for a permit to administer general anesthesia, minimal sedation, moderate sedation or deep sedation	750
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, minimal sedation, moderate sedation or deep sedation.....	500
Biennial renewal fee for a permit to administer general anesthesia, minimal sedation, moderate sedation or deep sedation	600
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, minimal sedation, moderate sedation or deep sedation.....	350
Fee for the inspection of a facility required by the Board to ensure compliance with infection control guidelines	500
Biennial license renewal fee for a general license, specialist's license, temporary license or restricted geographical license to practice dentistry	1,000
Annual license renewal fee for a limited license or restricted license to practice dentistry	300



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Biennial license renewal fee for a general license, temporary license or restricted geographical license to practice dental hygiene <i>or dental therapy</i>	\$600
Annual license renewal fee for a limited license to practice dental hygiene <i>or dental therapy</i>	300
Biennial license renewal fee for an inactive dentist	400
Biennial license renewal fee for a dentist who is retired or has a disability	100
Biennial license renewal fee for an inactive dental hygienist <i>or dental therapist</i>	200
Biennial license renewal fee for a dental hygienist <i>or dental therapist</i> who is retired or has a disability	100
Reinstatement fee for a suspended license to practice dentistry, for dental hygiene <i>or dental therapy</i>	500
Reinstatement fee for a revoked license to practice dentistry, for dental hygiene <i>or dental therapy</i>	500
Reinstatement fee to return a dentist, for dental hygienist <i>or dental therapist</i> who is inactive, retired or has a disability to active status	500
Fee for the certification of a license	50

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

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

Sec. 89. NRS 631.3453 is hereby amended to read as follows:

631.3453 The provisions of NRS 631.3452 requiring the designation of an actively licensed dentist as a dental director do not apply to a program for the provision of public health dental hygiene *or dental therapy* if:

1. The program is owned or operated by a *dental therapist licensed pursuant to this chapter or a* dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to NRS 631.287; and

2. Each ~~dental hygienist~~ *person* employed to provide public health dental hygiene pursuant to the program *is either a dental*



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therapist licensed pursuant to this chapter or a dental hygienist who holds a special endorsement of his or her license to practice public health dental hygiene pursuant to NRS 631.287.

Sec. 90. NRS 631.346 is hereby amended to read as follows:

631.346 The following acts, among others, constitute unprofessional conduct:

1. Employing, directly or indirectly, any student or any suspended or unlicensed dentist or dental hygienist to perform operations of any kind to treat or correct the teeth or jaws, except as provided in this chapter;

2. Except as otherwise provided in NRS 631.287 ~~or~~ *or 631.3453*, giving a public demonstration of methods of practice any place other than the office where the licensee is known to be regularly engaged in this practice;

3. Employing, procuring, inducing, aiding or abetting a person not licensed or registered as a dentist to engage in the practice of dentistry, but a patient shall not be deemed to be an accomplice, employer, procurer, inducer, aider or abettor;

4. For a dental hygienist ~~or~~ *or dental therapist*, practicing in any place not authorized pursuant to this chapter; or

5. Practicing while a license is suspended or without a renewal certificate.

Sec. 91. NRS 631.3475 is hereby amended to read as follows:

631.3475 The following acts, among others, constitute unprofessional conduct:

1. Malpractice;

2. Professional incompetence;

3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of another state authorized to regulate the practice of dentistry in that state;

4. More than one act by the dentist, ~~or~~ dental hygienist ~~or~~ *or dental therapist* constituting substandard care in the practice of dentistry, ~~or~~ dental hygiene *or dental therapy*;

5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;

6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;



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(b) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or

(c) Is marijuana being used for medical purposes in accordance with chapter 453A of NRS;

7. Chronic or persistent inebriety or addiction to a controlled substance, to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;

8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;

9. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

10. Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;

12. Failure to comply with the provisions of NRS 454.217 or 629.086;

13. Failure to obtain any training required by the Board pursuant to NRS 631.344; or

14. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

↪ This subsection applies to an owner or other principal responsible for the operation of the facility.

Sec. 92. NRS 631.3487 is hereby amended to read as follows:

631.3487 1. If the Board receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license to practice dentistry , ~~for~~ dental hygiene ~~or~~ *or dental therapy*, the Board shall deem the license issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the Board receives a letter issued to the holder of the



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license by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The Board shall reinstate a license to practice dentistry, ~~for~~ dental hygiene *or dental therapy* that has been suspended by a district court pursuant to NRS 425.540 if:

(a) The Board receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license was suspended stating that the person whose license was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560; and

(b) The person whose license was suspended pays the fee imposed pursuant to NRS 631.345 for the reinstatement of a suspended license.

Sec. 93. NRS 631.350 is hereby amended to read as follows:

631.350 1. Except as otherwise provided in NRS 631.271, 631.2715 and 631.347, the Board may:

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

↪ if the Board finds, by a preponderance of the evidence, that the person has engaged in any of the activities listed in subsection 2.

2. The following activities may be punished as provided in subsection 1:

(a) Engaging in the illegal practice of dentistry, ~~for~~ dental hygiene ~~for~~ *or dental therapy*;



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- (b) Engaging in unprofessional conduct; or
- (c) Violating any regulations adopted by the Board or the provisions of this chapter.

3. The Board may delegate to a hearing officer or panel its authority to take any disciplinary action pursuant to this chapter, impose and collect fines therefor and deposit the money therefrom in banks, credit unions, savings and loan associations or savings banks in this State.

4. If a hearing officer or panel is not authorized to take disciplinary action pursuant to subsection 3 and the Board deposits the money collected from the imposition of fines with the State Treasurer for credit to the State General Fund, it may present a claim to the State Board of Examiners for recommendation to the Interim Finance Committee if money is needed to pay attorney's fees or the costs of an investigation, or both.

5. The Board shall not administer a private reprimand.

6. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

Sec. 94. NRS 631.380 is hereby amended to read as follows:

631.380 All licenses and renewal certificates *to practice dentistry or a specialty thereof* heretofore issued by the Board and in force on March 20, 1951, shall remain in force subject to the provisions of this chapter, and shall entitle the holders to practice their profession as therein designated.

Sec. 95. NRS 631.395 is hereby amended to read as follows:

631.395 A person is guilty of the illegal practice of dentistry, ~~or~~ dental hygiene *or dental therapy* who:

1. Sells or barter, or offers to sell or barter, any diploma or document conferring or purporting to confer any dental degree, or any certificate or transcript made or purporting to be made pursuant to the laws regulating the licensing and registration of dentists, ~~or~~ dental hygienists ~~or~~ *or dental therapists;*

2. Purchases or procures by barter any such diploma, certificate or transcript, with the intent that it be used as evidence of the holder's qualifications to practice dentistry, or in fraud of the laws regulating that practice;

3. With fraudulent intent, alters in a material regard any such diploma, certificate or transcript;

4. Uses or attempts to use any diploma, certificate or transcript, which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license or color of license to practice dentistry, or in order to procure registration as a dentist, ~~or~~ a dental hygienist ~~or~~ *or dental therapist;*



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5. Practices dentistry under a false or assumed name;

6. Assumes the degree of “Doctor of Dental Surgery” or “Doctor of Dental Medicine” or appends the letters “D.D.S.” or “D.M.D.” or “R.D.H.” to his or her name, not having conferred upon him or her, by diploma from an accredited dental or dental hygiene college or school legally empowered to confer the title, the right to assume the title, or assumes any title or appends any letters to his or her name with the intent to represent falsely that he or she has received a dental degree or license;

7. Willfully makes, as an applicant for examination, license or registration under this chapter, a false statement in a material regard in an affidavit required by this chapter;

8. Within 10 days after a demand is made by the Secretary-Treasurer, fails to furnish to the Board the names and addresses of all persons practicing or assisting in the practice of dentistry in the office of the person at any time within 60 days before the notice, together with a sworn statement showing under and by what license or authority the person and his or her employee are and have been practicing dentistry, but the affidavit must not be used as evidence against the person in any proceeding under this chapter;

9. Except as otherwise provided in NRS 629.091, practices dentistry, ~~for~~ dental hygiene *or dental therapy* in this State without a license;

10. Except as otherwise provided in NRS 631.385, owns or controls a dental practice, shares in the fees received by a dentist or controls or attempts to control the services offered by a dentist if the person is not himself or herself licensed pursuant to this chapter; or

11. Aids or abets another in violating any of the provisions of this chapter.

Sec. 96. NRS 631.400 is hereby amended to read as follows:

631.400 1. A person who engages in the illegal practice of dentistry in this State is guilty of a category D felony and shall be punished as provided in NRS 193.130, unless a greater penalty is provided pursuant to NRS 200.830 or 200.840.

2. Unless a greater penalty is provided pursuant to NRS 200.830 or 200.840, a person who practices or offers to practice dental hygiene *or dental therapy* in this State without a license, or who, having a license, practices dental hygiene *or dental therapy* in a manner or place not permitted by the provisions of this chapter:

(a) If it is his or her first or second offense, is guilty of a gross misdemeanor.



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(b) If it is his or her third or subsequent offense, is guilty of a category D felony and shall be punished as provided in NRS 193.130.

3. Unless a greater penalty is provided by specific statute, a person who is licensed to practice dentistry who practices dentistry in a manner or place not permitted by the provisions of this chapter:

(a) If it is his or her first or second offense, is guilty of a gross misdemeanor.

(b) If it is his or her third or subsequent offense, is guilty of a category D felony and shall be punished as provided in NRS 193.130.

4. The Board may assign a person described in subsection 1, 2 or 3 specific duties as a condition of renewing a license.

5. If a person has engaged or is about to engage in any acts or practices which constitute or will constitute an offense against this chapter, the district court of any county, on application of the Board, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this subsection are governed by Rule 65 of the Nevada Rules of Civil Procedure, except that no bond or undertaking is required in any action commenced by the Board.

6. In addition to any other penalty prescribed by law, if the Board determines that a person has committed any act described in subsection 1, 2 or 3, the Board may:

(a) Issue and serve on the person an order to cease and desist until the person obtains from the Board the proper license or certificate or otherwise demonstrates that he or she is no longer in violation of subsection 1, 2 or 3. An order to cease and desist must include a telephone number with which the person may contact the Board.

(b) Issue a citation to the person. A citation issued pursuant to this paragraph must be in writing, describe with particularity the nature of the violation and inform the person of the provisions of this paragraph. Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. To appeal a citation, the person must submit a written request for a hearing to the Board not later than 30 days after the date of issuance of the citation.

(c) Assess against the person an administrative fine of not more than \$5,000.

(d) Impose any combination of the penalties set forth in paragraphs (a), (b) and (c).

Secs. 97-133. (Deleted by amendment.)



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Sec. 133.5. Not later than January 1, 2025, the State Dental Health Officer shall submit a report to the Director of the Legislative Counsel Bureau for transmittal to the Legislature that details the impact of authorizing the practice of dental therapy on the quality and availability of dental services in this State.

Sec. 133.7. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

Sec. 134. 1. This section and sections 1 to 75, inclusive, 77 to 91, inclusive, and 93 to 133.7, inclusive, of this act become effective:

(a) Upon passage and approval for the purposes of making appointments, adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2020, for all other purposes.

2. Section 76 of this act expires by limitation on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending or restricting the use of professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.

3. Section 92 of this act expires by limitation on the date 2 years after the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:

(a) Have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or

(b) Are in arrears in the payment for the support of one or more children,

↪ are repealed by the Congress of the United States.

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