

NEVADA STATE BOARD
of
DENTAL EXAMINERS



REGULATION WORKSHOP

THURSDAY, JANUARY 7, 2021

6:00 P.M.

PUBLIC COMMENT BOOK

Public Comment:

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



January 6, 2021

To: Nevada State Board of Dental Examiners (NSBDE)

From: The Nevada Dental Hygienists' Association (NDHA)

RE: Public Comment for January 7, 2021

The NDHA continues to support language that increases access to care, increases medical-dental integration, and ensures public safety. The NDHA would like to recommend the following:

- 1) Request the NSBDE to consider postponing adopting dental therapy language until the Committee and Subcommittee on Dental Hygiene and Dental Therapy can thoroughly discuss the implementation of dental therapy and utilize content expert knowledge.
- 2) Since the NRS that was adopted by the 2019 Nevada Legislature requires dual licensure for dental therapists, the NDHA suggest the add-on of dental therapy fees remain low in an effort to promote public health and a dental provider that is designed to serve the public and increase access to essential dental services. The current NRS only puts a MAXIMUM fee on dental therapy licensure, it *does not require* the high fee. The NDHA proposes the dental therapy initial licensure fee of \$100 and the renewal fee of \$50 to be considered, as these fees will be in addition to a dental hygiene license. Dental Therapists should not be expected to pay a total of more than a dentist to obtain and maintain dual licensure.
- 3) If the NSBDE is concerned about public safety, we ask them to consider bringing forward a bill draft request for the legislature to mandate liability insurance for all licensed dental practitioners since there currently is no NRS or NAC language mandating liability insurance for any licensed dental provider.

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:

Mark Funke, DDS
President, Nevada Dental Association



Nevada Dental ASSOCIATION

January 06, 2021

Nevada Board of Dental Examiners
Attention: Mr. DiMaggio
6010 S. Rainbow Blvd., Bldg. A, Suite 1
Las Vegas, NV 89118
nsbde@nsbde.nv.gov

Sent via Fax and Email

Re: (1) Recommendation for immediate adoption of Administration of Vaccinations by Licensed Dental Professionals (NAC 631.2562)
(2) Postponement of January 7th Public Workshop and Review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and proposed temporary regulation changes and/or amendments pertaining to the following: Licensing (NAC 631.028-220)

Dear Mr. DiMaggio,

This letter pertains to concerns raised by the Nevada Dental Association which require your immediate attention and request the separation of topics listed in the January 7th public workshop. We are seeking immediate emergency approval from Governor Sisolak's Office for licensed dental practitioners to administer the COVID-19 vaccine. Secondly, we are requesting the postponement of the January 7th public workshop until the Public Health Dental Hygiene & Dental Therapy Subcommittee can meet, deliberate, and research topics related to regulatory language for SB 366.

(1) Recommendation for immediate adoption of Administration of Vaccinations by Licensed Dental Professionals (NAC 631.2562)

As you are aware, Nevada is beginning its vaccine administration campaign and has called upon healthcare volunteers to assist in administering the COVID-19 vaccine. Nevada's effectiveness is hindered by severe workforce capacity constraints. Like dentists in California, Oregon, and Washington, we are seeking immediate adoption of emergency regulations for the Administration of Vaccinations by Licensed Dental Professionals (NAC 631.2562). Delay in the passage of these regulations puts undue strain on our over-burdened healthcare personnel and could delay Nevada citizens from receiving life-saving vaccinations in a timely manner. While the public workshop will adopt the vaccination specific regulatory language through a temporary measure, we are requesting immediate action and submission of this language to the Governor's Officer per NRS 233B.0613 for emergency approval. The dental community has been called upon to stand with our medical colleagues and the time for this scope of practice expansion is now.

(2) Postponement of January 7th Public Workshop and Review of Nevada Administrative Code Chapter 631 related to the practice of dentistry and proposed temporary regulation changes and/or amendments pertaining to the following: Licensing (NAC 631.028-220)

Relative to the Licensing (NAC 631.028-220) and Regulations regarding Dental Therapy (NAC 631.205), we strongly ask for the postponement of any further workshops that relate to dental therapists or licensure until the Public Health Dental Hygiene & Dental Therapy Subcommittee is able to meet and have meaningful dialog and perform substantial work on the proposed draft regulations.

Patient safety is paramount and cannot be facilitated through a rushed attempt to adopt temporary regulations as related to SB 366. The only method to create well researched regulatory language that promotes access to care while maintaining public safety standards is to receive the input and professional dialogue of the subject matter experts in the Public Health Dental Hygiene & Dental Therapy Subcommittee.



Nevada Dental ASSOCIATION

Thank you in advance for your immediate attention to these critical issues. Your response by Thursday January 7th would be appreciated.

Sincerely,

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

Dr. Mark Funke, DDS
President
Nevada Dental Association

cc:

Phil W. Su, Esq.
General Counsel
Nevada State Board of Dental Examiners



Rosalie Bordelove, Esq.
Chief Deputy Attorney General
Boards and Open Government Division
State of Nevada, Office of the Attorney General



Public Comment:

Lancette VanGuilder, RDH, BS

NSBDE Subcommittee on Dental Hygiene and Dental Therapy- Assignment #1

Lancette VanGuilder, RDH, BS

As a subcommittee member, I would first like to reiterate previous requests:

- Subcommittee members receive additional training on the procedural process of providing input. Since the subcommittee members were chosen as content experts- it would be helpful to understand the process for setting agenda items, when and how to deliver information and when/how the subcommittee members are allowed to participate in the conversations. It is also important to note that the subcommittee members have not yet had an opportunity to deliver any expertise to date; as the first meeting was cancelled and the second meeting was consumed by discussion on adding additional members and work assignments were tabled at that meeting.
- I submitted a letter to the board as follow up to the dental board meeting on 1/6/2021 asking for corrections to misinformation that was presented on the licensing of dental therapists in Minnesota. There are currently over 100 licensed dental therapists in Minnesota.
- The information included in this document is based on my work Assignment from the Committee on Dental Hygiene and Dental Therapy. The findings cannot thoroughly be covered in under 3 minutes so I encourage all interested parties to read the entire document.
- There are many other issues that need to be addressed regarding dental therapy and I plan to submit proposed agenda items for future meetings.

Assignment #1: Define 'underserved population' (e.g. licensed dentist to population ratio, cost, etc.) and specifically identify such populations in NV by geographic location (Van Guilder)

Key Findings: Statements #1 and 2 below are direct quotes from the Department of Health and Human Services, Nevada Division of Public and Behavioral Health (DPBH) [Health Professional Shortage Area Designations \(nv.gov\)](#)

1. *All 17 counties in Nevada have some type of dental healthcare professional shortage designation, due to very high ratios of population to provider. In urban areas, poverty is also a significant factor in shortage designation, because many providers do not accept Medicaid. In rural and frontier areas, travel time to access a provider can be several hours, which is also a significant factor in shortage designation."*

2. *Dental Healthcare Professional Shortage Areas (DHPSA) are designated by the federal government under the US Department of Health Resources and Services Administration (HRSA). HRSA collects data from 3 sources to assign HPSA Designation: (1) Direct surveys from providers (2) Federal data: CDC, US census, CMS, NPI, SAMSHA (3) State data from DHHS, licensing boards, county data*

"Dental Healthcare Profession Shortage Areas (DHPSA): The main criterion for designation is the ratio of population to provider for a defined geographic area. Depending on the type of designation, other criteria (subtypes) include poverty and low-income rates, infant health

measures, travel time to access care, fluoridation of public water, population age, and substance abuse rates. HRSA programs provide health care to people who are geographically isolated, economically or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care.

Other:

SB366 was adopted by the Nevada Legislature and clearly identifies settings where dental therapists may practice, under a written agreement with supervision of a dentist, and encompasses vulnerable and under/unserved populations in a variety of geographic areas including rural, urban, tribal, medical/dental offices, clinics, hospitals, school-based health centers and mobile settings. The NRS language that was signed by the Governor outlines settings where dental therapists may practice and is included below in *blue* for your reference and I have made notations in *red* where those locations are currently located in Nevada. The *NRS language* with *Nevada locations* follows below as well as maps of areas discussed for easy reference.

Respectfully Submitted:

Lancette VanGuilder, RDH, BS

Subcommittee member for the Committee on Dental Hygiene and Dental Therapy

Supplemental Information: see links below and attached maps
[Nevada Primary Care Provider Shortages and Recruitment Programs \(nv.gov\)](#)

[ECHO Presentation; Health Care Shortages in NV - Scott Jones, PhD \(4\)\[73665\].PDF](#)

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. There are 32 hospitals across Nevada: American Hospital Directory: www.ahd.com

*(b) A rural health clinic, as defined in 42 U.S.C. § 1395x(aa)(2). As of July 2020: According to Rural Health Information Hub (www.ruralhealthinfo.org) Resource Details: Selected Rural Healthcare Facilities in Nevada - Rural Health Information Hub Nevada has 15 rural health clinics and 15 Federally qualified Health Centers outside urban areas and 2 short term hospitals outside of urban areas. *See map at end of packet.*

(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. I was unable to obtain this information in the timeframe allotted- suggest this be an additional subcommittee workgroup assignment.

(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. Public Comment Book Page 28 – 4 – 80th Session (2019) A report from 2017 cited 6 entities have federal designation with 33 outlets across the state. Approximately 100 are needed - the number must grow to meet the needs of the uninsured and underinsured. (Las Vegas Sun, Nov 2017, www.lasvegassun.com). More detailed information to be provided by another subcommittee member.

*(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. There are 27 tribal reservations in Nevada, each with unique programs; including healthcare. [Inter-Tribal Council of Nevada, Inc. – Serving the 27 Tribes of Nevada \(www.itcn.org\)](http://www.itcn.org) *see map at end of packet*

(f) A school-based health center as defined in NRS 41.495. [SBCHS \(nv.gov\)](http://sbchs.nv.gov) School based clinics are certified by the NV Department of Public and Behavioral Health to improve access to care for low income and underserved school aged youth. There are currently 15 school-based health care programs in Nevada (Reno, N. Las Vegas, Las Vegas, Henderson, Dayton, Carson City. www.Sbhadb4all.org/sbhadb/census/state.php?state=NV)

(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. This could include a variety of settings in private practice, nonprofit or dental hygiene public health endorsed settings. the NSBDE currently regulates all private practice and public health endorsed dental hygiene programs that serve many portions of Nevada including urban, rural and tribal lands. Populations served include, but not limited to, elderly, children, special needs, homeless, homebound, low income, minorities and school based and head start programs.

PUBLIC HEALTH DENTAL HYGIENE BOARD APPROVED PROGRAMS PHE – Community Health Alliance – Dental Outreach Program PHE – Early Childhood Caries Prevention Project PHE – Future Smiles PHE – Head Start Program PHE – Healthy Smile Healthy Child Sealant Program PHE – Keeping The Smiles PHE – His Heart PHE – Nevada Health Centers, Inc PHE – Seal Nevada PHE – Southern Nevada Health District (SNHD) through the Division of Public & Behavioral Health Oral Health Program (DPBH OHP) PHE – State of Nevada Oral Health PHE – UNLV-SODM’s Special Care Dental Clinic PHE – Volunteer Medicine of Southern Nevada. [Public Health Dental Hygiene Board Approved Programs.PDF \(nv.gov\)](http://PublicHealthDentalHygieneBoardApprovedPrograms.PDF(nv.gov))

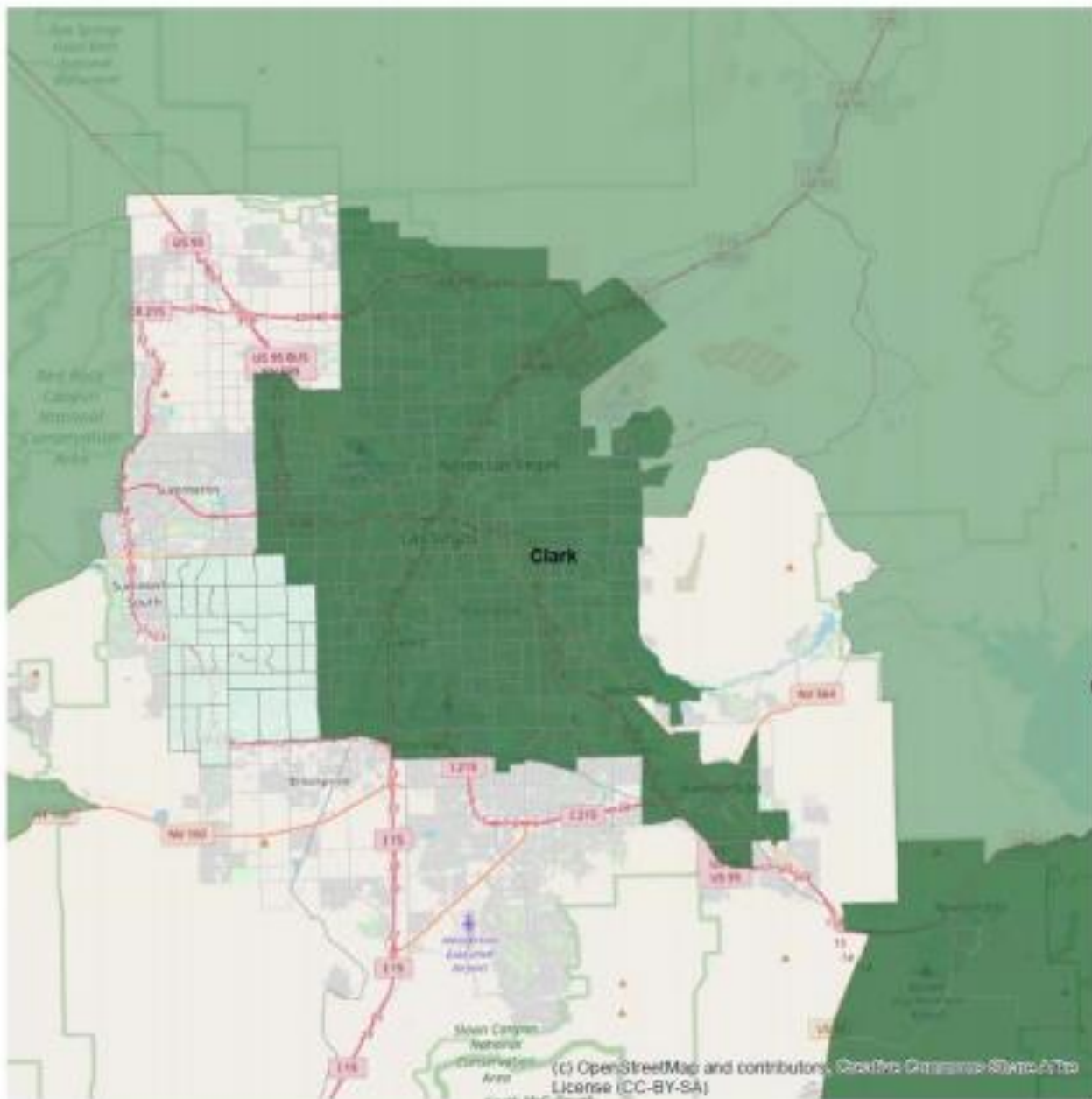
***please note: it appears as the list has not been updated by the Nevada State Board of Dentistry in the last 12 months.*

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.

Dental Health Professional Shortage Areas in Nevada



Dental Health Professional Shortage Areas in Urban Clark County, Nevada

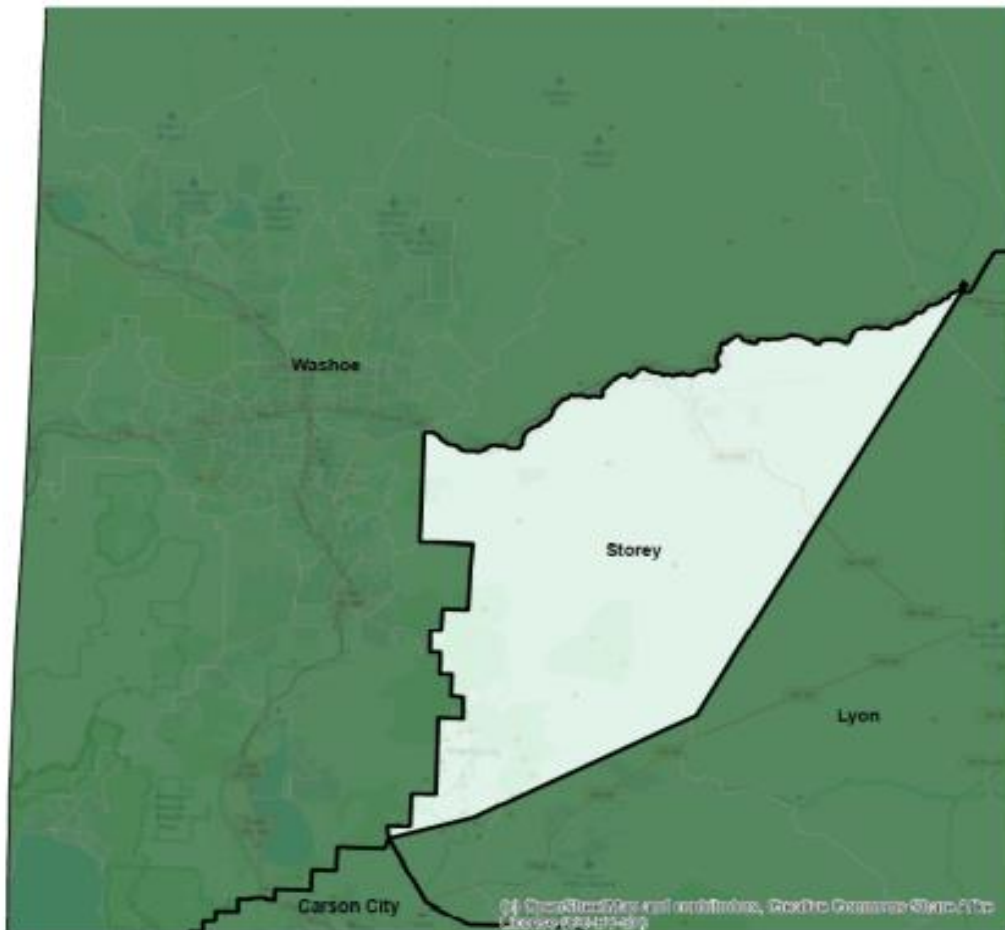


Dental HPSA Score Range

- 11 - 13
- 14 - 15
- 16 - 20



Dental Health Professional Shortage Areas in Urban Washoe County, Nevada



Dental HPSA Score Range

- 11 - 13
- 14 - 15
- 16 - 20

0 3.5 7 14 Miles

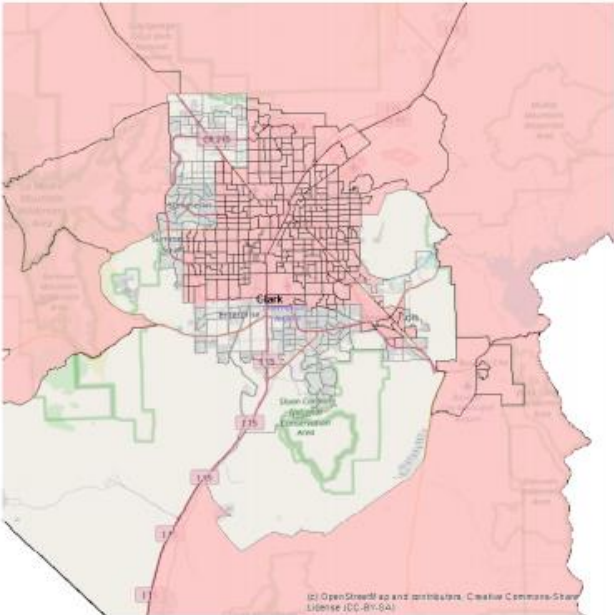
Dental HPSAs: Geographic vs Low Income



Nevada HPSAs by HPSA Type

DH_HPSAType
- <Null>
- Geographic
- Low Income Population

0 45 90 180 Miles



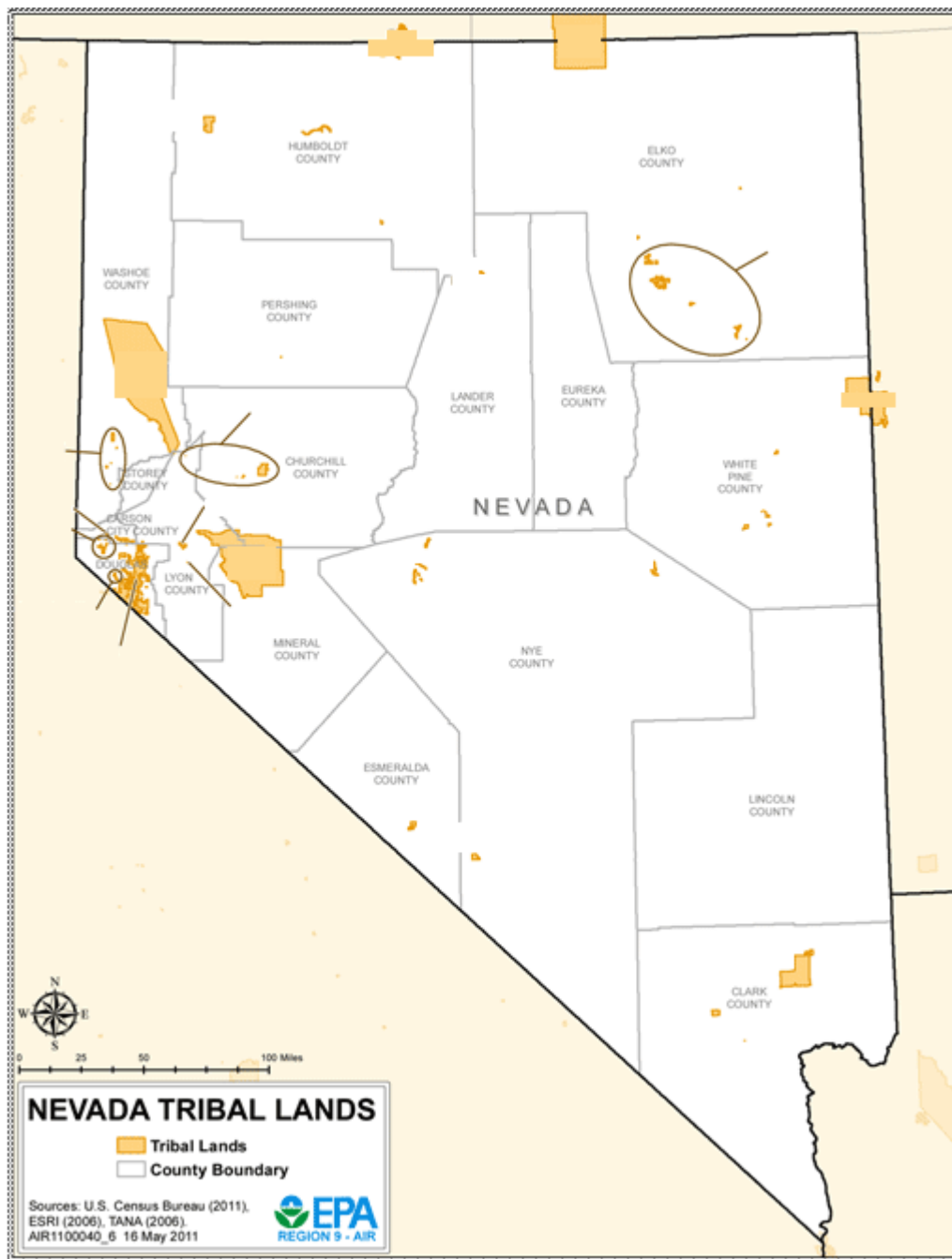
Nevada HPSAs by HPSA Type

DH_HPSAType
- <Null>
- Geographic
- Low Income Population

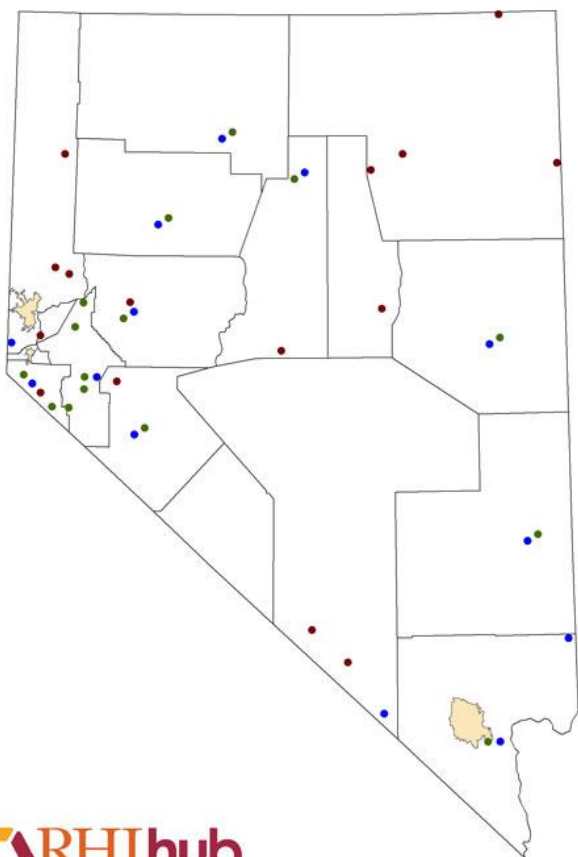
0 4.75 9.5 19 Miles

Nevada's FQHCs

- ★ Nevada Health Centers, Inc (17)
- ★ Community Health Alliance (7)
- ★ First Person Care Clinic (3)
- ★ FirstMed Health and Wellnes... (3)
- ★ Silver State Health Services (3)
- ★ Hope Christian Health Center (2)
- ★ All for Health, Health for All, i... (1)
- ★ All for Health, Health for All, i... (1)
- ★ Canyonlands Healthcare (1)
- ★ Clinica Sierra Vista (1)
- ★ Northern Nevada HOPES (1)
- ★ Southern Nevada Health Dist... (1)
- ★ Clinica Sierra Vista (1)



Selected Rural Healthcare Facilities in Nevada



- Critical Access Hospital
- Rural Health Clinic
- Federally Qualified Health Center Site Outside of Urbanized Area
- U.S. Census Bureau Urbanized Area



Source(s): data.HRSA.gov,
U.S. Department of Health and Human
Services, July 2020