NEVADA STATE BOARD of DENTAL EXAMINERS

Board Meeting & Workshops September 18, 2015 9:00 a.m.

PUBLIC COMMENT:

LETTERS REGARDING REGULATION CHANGES/AMENDMENTS

-Schedule of Fees
-Filing of Addresses
-IC Inspections
-Duties Delegable

-Anesthesia Regulations

PUBLIC COMMENT SUBMITTED BY THE NEVADA DENTAL ASSOCIATION

September 9, 2015

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

RE: Regulations Proposed by the Nevada Hygienist Association

Dear Ms. Schafer and Board Members:

The Nevada Dental Association (NDA) has reviewed regulation changes proposed by the Dental Hygiene Association extensively, and we are appreciative for the opportunity to provide comment.

We have developed a chart based on our analysis which addresses direct and general supervision of dental hygienists by a dentist under current Nevada Administrative Code (NAC), and how patients would be impacted under the proposed changes. A copy is attached to this letter.

Patients rely on the licensed dentist to serve as the leader of the oral care delivery team. Understanding the importance of access to care and a streamlined patient experience, some of the proposed regulations suggest that the hygienist, even in the absence of the licensed dentist, be able to perform irreversible procedures. Our members do not believe the patient safety concerns outweigh the convenience or ease of access for our patient population.

For this reason, the NDA is opposed to the changes proposed in the new Sections 2, 3, 4, and 5 of the Proposed Regulation before the Board.

With regard to the proposed addition of Section 1 in the Proposed Regulation, the current statute makes it clear that it is the dentist who is ultimately responsible for the diagnosis and treatment plan for a patient. The addition of Sections 1(a) and 1(d) would allow the dentist to authorize the hygienist to collect data via the taking of diagnostic model impressions or the exposure of radiographs prior to examining the patient. We believe this process would help the doctor in their diagnosis without any patient risk, and therefore the NDA supports this change.

Sections 1(b) and (c) propose permitting the hygienist to complete an assessment of oral health, to develop a care plan, and to allow for data collection and planning. Because there are many other factors that can impact a care plan during the actual patient exam by the dentist, the NDA is **opposed** to adding these subsections to current regulations.

We did not take these decisions lightly, and appreciate the board and staff taking the necessary time to fully assess this proposal.

Sincerely,

Dr. Robert H. Talley

KEY

General Supervision/Authorization : Authorization & follow-up, hygienist receives authorization from the dentist of record prior to performing the service (dentist maintains discretion). Dentist of record must have examined patient within the last 18 months and hygienist must refer patient to dentist of record for necessary follow-up care (NAC 631.210(1)).

Direct Supervision: Supervised by dentist, dentist is physically present in the office while services are performed and capable of responding to an emergency (NRS 631.105).

Prior to Exam: Hygienist may perform the service prior to the patient being examined by the dentist and without supervision or authorization from the dentist.

New Section Reference	Page #	Type of Service	Current Status	Proposed Status
NAC 631.210(1)(a)		Expose Radiographs	General Supervision	Prior to Exam by dentist
NAC 631.210(1)(b)	Contract to the contract of th	Assess Oral Health	General Supervision	Prior to Exam by dentist
NAC 631.210(1)(c)	1	Develop Care Plan	General Supervision	Prior to Exam by dentist
NAC 631.210(1)(d)	1	Diagnostic Model Impressions	General Supervision	Prior to Exam by dentist
NAC 631.210(2)(a)	1	Remove Stains, Deposits and Accretions	General Supervision	No Change in Proposal
NAC 631.210(2)(b)	1	Smooth the Surface	General Supervision	No Change in Proposal
NAC 631.210(2)(c)(1)	1	Implement Care Plan	General Supervision	No Change in Proposal
NAC 631.210(2)(c)(2)	1	Evaluate Health after Implementing Care Plan	General Supervision	No Change in Proposal
NAC 631.210(2)(d)(1)	1	Crown and Bridge Impressions	General Supervision	No Change in Proposal
NAC 631.210(2)(d)(2)	1	Temporary Removable Appliance Impressions	General Supervision	No Change in Proposal
NAC 631.210(2)(e)	2	Subgingival Curettage	General Supervision	No Change in Proposal
NAC 631.210(2)(f)	2	Place/Remove Periodonal Pack	General Supervision	No Change in Proposal
NAC 631.210(2)(g)	2	Remove Excess Cement	General Supervision	No Change in Proposal
NAC 631.210(2)(h)	2	Train/Instruct in Oral Hygiene Techniques	General Supervision	No Change in Proposal
NAC 631.210(2)(i)	2	Re-cement Temporary Crowns/Bridges	General Supervision	No Change in Proposal
NAC 631.210(2)(j)	2	Re-cement Permanent Crowns/Bridges as Palliative Care	General Supervision	No Change in Proposal
NAC 631.210(2)(k)	2	Place Temporary Restoration	General Supervision	No Change in Proposal
NAC 631.210(2)(I)	2	Administer Local Intraoral Chemotherapeutics	General Supervision	No Change in Proposal
NAC 631.210(2)(m)	2	Apply Pit and Fissure Sealant	General Supervision	No Change in Proposal

KEY

General Supervision/Authorization: Authorization & follow-up, hygienist receives authorization from the dentist of record prior to performing the service (dentist maintains discretion). Dentist of record must have examined patient within the last 18 months and hygienist must refer patient to dentist of record for necessary follow-up care (NAC 631.210(1)).

Direct Supervision: Supervised by dentist, dentist is physically present in the office while services are performed and capable of responding to an emergency (NRS 631.105).

Prior to Exam: Hygienist may perform the service prior to the patient being examined by the dentist and without supervision or authorization from the dentist.

NAC 631.210(2)(n)	2 Remove Sutures	Direct Supervision	Proposed to Change to General Supervision/Authorization
NAC 631.210(2)(o)	2 Place/Secure Orthodontic Ligatures	Direct Supervision	Proposed to Change to General Supervision/Authorization
NAC 631.210(2)(p)	2 Fabricate/Place Temporary Corwns/Bridges	Direct Supervision	Proposed to Change to General Supervision/Authorization
NAC 631.210(2)(q)	2 Nonsurgical Cytologic Testing	Direct Supervision	Proposed to Change to General Supervision/Authorization
NAC 631.210(2)(r)	2 Apply/Activate Light Sourced Teeth Bleaching	Direct Supervision	Proposed to Change to General Supervision/Authorization
NAC 631.210(3)	2 Local Anesthetic/Nitrous Oxide- Oxygen Analgesia	Direct Supervision	Proposed to Change to General Supervision/Authorization
NAC 631.210(6)(a)	3 Fit Orthodontic Bands	Direct Supervision	Direct Supervision (No Change)
NAC 631.210(6)(b)	3 Laser Tooth Whitening/Intrasulcular Periodontal Procedures	Direct Supervision	Direct Supervision (No Change)
NAC 631.210(4)	3 Local Intraoral Chemptherapeutics and Anesthetics in Health Care Facility	Written authorization and sufficient personnel to handle medical emergency and supplies	perform under Authorization, subject to Board endorsement and protocol to refer to dentist (treatment protocol).
NAC 631.210(5)	3 Other Services in Health Care Facility	Limited to Items 1-19 in chart with public health endorsement and treatment protocols	Expands list of what may be performed with endorsement to new subsections 2 (n) through (r); proposed subsections 3 and 4.

PUBLIC COMMENT SUBMITTED BY THE DENTISTS

From: Board of Dental Examiners

To: Angelica L. Bejar

Subject: FW: Dental Board Workshop

Date: Thursday, September 10, 2015 3:08:34 PM

----Original Message-----

From:

Sent: Thursday, September 10, 2015 1:22 PM

To: Board of Dental Examiners Subject: Dental Board Workshop

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

September 10, 2015

Dear Nevada State Board of Dental Examiners Members,

Patients rely on the licensed dentist to serve as the leader of the oral care delivery team. Understanding the importance of access to care and a streamlined patient experience, some of the proposed regulations suggest that the hygienist, even in the absence of the licensed dentist, be able to perform irreversible procedures. I do not believe the patient safety concerns outweigh the convenience or ease of access for our patient population.

For this reason, I am opposed to the changes proposed in the new Sections 2, 3, 4, and 5 of the Proposed Regulation before the Board. With regard to the proposed addition of Section 1 in the Proposed Regulation, the current statute makes it clear that it is the dentist who is ultimately responsible for the diagnosis and treatment plan for a patient. The addition of Sections 1(a) and 1(d) would allow me, the dentist, to authorize the hygienist to collect data via the taking of diagnostic model impressions or the exposure of radiographs prior to examining the patient. I believe this process would help me in their diagnosis without any patient risk, and therefore I support this change. Sections 1(b) and (c) propose permitting the hygienist to complete an assessment of oral health, to develop a care plan, and to allow for data collection and planning. Because there are many other factors that can impact a care plan during the actual patient exam by me, the dentist, I am opposed to adding these subsections to current regulations.

Sincerely,

Lance K. Robertson, DDS License #2109

August 21, 2015

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

To whom it may concern,

I am writing in support of the proposed changes to NAC 631.210 and NAC 631.220. Changing these rules to allow my dental hygienists to take x-rays and other assessment data for me will greatly improve the patient experience and my ability to diagnose treatment, especially hygiene treatment.

Thank you for your consideration,

Robert Boyd DMD

Received
AUG 2 4 2015
NSBDE

August 21, 2015

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

To whom it may concern,

I am writing in support of the proposed changes to NAC 631.210 and NAC 631.220. Changing these rules to allow my dental hygienists to take x-rays and other assessment data for me will greatly improve the patient experience and my ability to diagnose treatment, especially hygiene treatment.

Thank you for your consideration,

Michelle Martinez DDS

Received
AUG 2 4 2015

NSBDE

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 1, 2015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

The other changes proposed that would affect the amount of supervision required by dental hygienists for the administration of local anesthesia and nitrous oxide will improve delivery of dental hygiene services to the public and afford greater public access with full patient protection. It would allow the dental hygiene schedule to be expanded to times when the dentist is not present in the office, which might be more convenient for the patient, and would ultimately increase the efficiency and services available to the patients of record who benefit from local anesthesia during dental hygiene procedures. Because hygienists are fully trained in emergency procedures in the dental office as part of the dental hygiene curriculum and licensure requirements, these changes pose no increased risk to patient safety. The ultimate effect would be an improvement in the services and access afforded the patients, and concurrently improve efficiency in the use of the dental practice resources.

The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

MAnuel Jon DDS

Sincerely,

Receive

SEP 0 2 2015

NSBDF

Faxed to 702-486-7046

Attn: Angelica Bejar,
Public Information-Travel Administrator

Received

SEP 0 3 2015

September 1, 2015

NSBDE

Dear Nevada State Board of Dental Examiners Members.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

John Bocchi DDS

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd, A-1

Las Vegas, Nevada 89118

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 3, 2015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

Sorren McCool, DMD

Received

CEP 0 3 2015

NSBDE

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd, A-1

Las Vegas, Nevada 89118

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 3, 2015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely.

Tony Deřaoli. DDS

Received

CED 0 3 2015

NSBDE

Attn: Angelica Bejar, Public Information-Travel Administrator SEP 0 8 2015 NSRDE

8 September 2015

Dear Nevada State Board of Dental Examiners Members.

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

Abby Raymond, Dentist

7th Special Force, Eglin Air Force Base.

PUBLIC COMMENT SUBMITTED BY THE DENTAL HYGIENISTS



Received

SEP 0 8 2015

NSBDE

September 3, 2015

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

ATTN: Angelica Bejar,

Public Information - Travel Administrator

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. Allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments, and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

The other changes proposed that would affect the amount of supervision required by dental hygienists for the administration of local anesthesia will improve delivery of dental hygiene services to the public and afford greater public access with full patient protection. It would allow the dental hygiene schedule to be expanded to times when the dentist is not present in the office, which might be more convenient for the patient, and would ultimately increase the efficiency of care and services available to the patients of record who benefit from local anesthesia during dental hygiene procedures. Because hygienists are fully trained in emergency procedures in the dental office as part of the dental hygiene curriculum and licensure requirements, these changes pose no increased risk to patient safety. The ultimate effect would be an improvement in the services available to patients, an increase in the access to care afforded the patients, and concurrently, improve efficiency in the use of the dental practice resources.

The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

Annette Lincicome, BS, RDH

annette Lincicome

Received
SEP 0 8 2015
NSBDE

August 31, 2015

Angelica Bejar nsbde@nsbde.nv.gov

Received 20th

Dear Angelica,

Thank you for the information for the September 18, 2015 meeting. I was reading through the papers and would like for you to check the following for me.

Proposed Anesthesia Regulations

- 1. NAC 631.2213 2a
 - a. It seems as if there is a word missing after "permit."
 - b. Should it read: "For a conscious sedation permit **holder** to administer minimal sedation......
 - c. As it reads now, it is saying the <u>permit</u> will administer sedation rather than an actual <u>person</u>.
 - d. This means that it is not an actual person holding the permit, but a general inclusion of anyone at that office site.
- 2. NAC 631.2213 2b
 - a. The sentence has a dash after the word "a."
 - b. Also this needs the word "holder" after the word permit.
- 3. NAC 631.2233
 - a. The new title looks like it will be written this way:
 - i. "Inspections Recommendations of inspectors (NRS 631.190, 631.265)"
 - ii. There are two "doubles" written here. The word "inspections" and "recommendations" are two doubles.
 - iii. It would be correct to write: "Inspection Recommendations of Inspectors"
- 4. NAC 631.210
 - a. 1 (d) It says: "Taking of impressions......"
 - b. Should it read: "Take impressions....."

Those are the items that came to my attention in reading over the NAC pages. I am planning to attend the meeting on September 18th. Looking forward to seeing you.

Sincerely,

Mary Bobbett, BA, RDH mcbobbett@aol.com
702-499-4699

Attn: Angelica Bejar,
Public Information-Travel Administrator

August 28, 2015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

The other changes proposed that would affect the amount of supervision required by dental hygienists for the administration of local anesthesia and nitrous oxide will improve delivery of dental hygiene services to the public and afford greater public access with full patient protection. It would allow the dental hygiene schedule to be expanded to times when the dentist is not present in the office, which might be more convenient for the patient, and would ultimately increase the efficiency and services available to the patients of record who benefit from local anesthesia during dental hygiene procedures. Because hygienists are fully trained in emergency procedures in the dental office as part of the dental hygiene curriculum and licensure requirements, these changes pose no increased risk to patient safety. The ultimate effect would be an improvement in the services and access afforded the patients, and concurrently improve efficiency in the use of the dental practice resources.

The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely, Kimberly Waldron BS, RDH



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd, A-1

Las Vegas, Nevada 89118

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 3, 2015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely

Lancette VanGuilder, RDH

ancette Van Guilder, RpH

Received

OFP 0 3 201

NSBDE

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

To whom it may concern,

I am writing in support of the proposed changes to NAC 631.210 and NAC 631.220. Changing these rules to allow dental hygienists to take x-rays and other assessment data for their doctors will greatly improve the patient experience and the doctor's ability to diagnose treatment, especially hygiene treatment.

Thank you for your consideration,

Laura Helber

President Southern Nevada Dental Hygienists' Association

Received

AUG 2 4 2015

NSBDE

EPOD-Education and Prevention of Oral Disease 3074 Arville Street Las Vegas, Nevada 89102

Office: (702) 889-3763

Email: futuresmiles@centurylink.net

Web: www.futuresmile.net

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

Attn: Angelica Bejar, Public Information-Travel Administrator

8/25/2015

Dear Members of the Nevada State Board of Dental Examiners,

As a public health entity in Southern Nevada, Future Smiles, would like to express our full support of the proposed changes to NAC 631.210. The proposed changes will increase access to professional dental hygiene health care services for all Nevadans.

Through the proposed changes to NAC 631.210, Nevadans will have greater access to preventive services offered by dental hygienists while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extra-oral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a coherent way to utilize the advanced skills of dental hygienists. Having radiographs and assessment indices completed and chairside prior to a dentist examination will create continuity in the dental office experience. With full utilization of dental hygiene scope of practice, together the dental team, will foster both a comprehensive dental health diagnosis and increase the dental literacy of Nevadans.

The other changes proposed that would affect the amount of supervision required by dental hygienists for the administration of local anesthesia and nitrous oxide will improve delivery of dental hygiene services to the public and afford greater public access with full patient protection. Nevadans will find that these proposed changes to NAC 631.210 will increase their ability to seek dental hygiene health care by being more convenient for the patient, ultimately increase the efficiency in the dental practice setting and increase services available to patients of record who benefit from local anesthesia during dental hygiene procedures.

Through a joint effort of the NSBDE and the professional dental community, together, we can improve the oral health of Nevadans through an elevation of the dental patients' acceptance of dental procedures, increased access to care and expansion of dental practice operational availability. The proposed changes to NAC 631.210 will positively impact the oral health of Nevadans in a safe and effective manner. I fully support the proposed changes to NAC 631.210.

With respect and sincerity,

Terri Chandler, RDH

Future Smiles Founder and Executive Director

Jewi Chandler, RDH





Faxed to 702-486-7046

Received

SEP 0 1 2015

NSBDE

Attn: Angelica Bejar,
Public Information-Travel Administrator

September 1, 2015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely, Michelle Twichell RDH

Faxed to 702-486-7046

Attn: Angelica Bejar, Public Information-Travel Administrator Received

SEP 0 1 2015

NSBDE

September 1, 2015

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely, Carlynn L. Marchall RDH Nevada State Board of Dental Examiners 6010 S. Rainbow Blvd, A1 Las Vegas, Nevada 89118 Attn: Angelica Bejar, Public InformationTravel Administrator September 1, 2015

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Sincerely, Kim Rosario, RDH NV Lic# 101615

Received
SEP 0 1 2015
NSBDE

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 2 2015

NSBDE

Dear Nevada State Board of Dental Examiners Members,

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Sincerely,

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Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 3 2015

NSBDE

September 1, 2015

Dear Nevada State Board of Dental Examiners Members.

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when & PDH, BS

Sincerely,

Heather Ewing, RDH, BS

Public Information-Travel Administrator

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

Faxed to 702-486-7046

Received

SEP 0 3 2015

September 1, 2015

Attn: Angelica Bejar,

NSBDE

Dear Nevada State Board of Dental Examiners Members.

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12 Wellig, RDH

Sincerely,

Katherine Welling, RDH

Faxed to 702-486-7046

Attn: Angelica Bejar,
Public Information-Travel Administrator

Received SEP 0 3 2015

NSBDE

September 1, 2015

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factines, 20th, BSDIT

Sincerely,

Xuan-Thu Failing, RDH, BSDH

Faxed to 702-486-7046

Attn: Angelica Bejar, Public Information-Travel Administrator

September 1, 2015

Received
SEP 0 3 2015

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Sincerely,

Christi Mannos, RDH

Christi Manna RDH

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 3 2015

NSBDE

September 1, 2015

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P- , RUH

Sincerely,

Jennifer Bocchi, RDH

Attn: Angelica Bejar,
Public Information-Travel A

Public Information-Travel Administrator

September 3, 2015

Dear Nevada State Board of Dental Examiners Members,

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

Valerie Alexander, RDH



August 28, 2015

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

Dear Nevada State Board Examiners Members,

I am writing in support of the proposed changes to NAC 631.210. These are necessary changes to improve the dentist's efficiency in making the appropriate diagnosis and recommended treatment. I support the following changes to allow hygienist to:

- 1. expose radiographs
- 2. assess the oral health through review of medical and dental histories, radiographs, intraoral and extraoral assessments.
- 3. develop a hygiene plan to care for the patient's peridontal needs
- 4. take necessary impressions following the dentist's own guidelines of when he wants models taken.

I support these changes when the dentist is present in the office and will be doing his/her examination upon the completion of X-rays, images and chartings. I do not support the expansion of duties when the dentist is not present in the office. I am an active practicing hygienist of 41 years in this state and I believe that things can go wrong with the use of local anesthetic and N2O. For patient safety, I strongly feel that a supervising dentist with much greater emergency skills must be present.

Again, I strongly support the taking of radiographs, completing assessment of patients who have not been examined within the past 18 months, as long as the dentist is present in the office and has given a verbal consent to go forward prior to his examination and diagnosis.

Bunde Wyfli Brenda Wipfli, RDH Nevada License #812 Received

SEP 0 3 2015

NSBDE

Attn: Angelica Bejar,

Public Information-Travel Administrator

August 27, 20015

Dear Nevada State Board of Dental Examiners Members,

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

Julie A. Stage-Rosenberg, RDH, MPH

NV License #2560

Received SEP 0 3 2019

NSBDE

Attn: Angelica Bejar, Public Information-Travel Administrator

8 September 2015

Received
SEP 0 8 2015
NSBDE

Received
SEP 0 8 755

NSBDE

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Sincerely,

Ngoc Kelsch, RDH

Malmul

Nevada license number 101662

Attn: Angelica Bejar,
Public Information-Travel Administrator
9/2/2015

Dear Nevada State Board of Dental Examiners Members,

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Ran, MA

Sincerely,

Lori L. McDonald, RDH, MA

License # 3023

Received

NISBDE

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 1, 2015

Dear Nevada State Board of Dental Examiners Members,

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Sindbay Kerdoll, RDH, BS

Sincerely,

Received

SEP 0 9 2015

NSBDE

Attn: Angelica Bejar,
Public Information-Travel Administrator

September 8, 2015

Dear Nevada State Board of Dental Examiners Members,

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Sincerely,

Erin Longbrake, BSDH

Received SEP 1 0 2015 VSBDD

PAGE 02/02

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

Dear Nevada State Board of Dental Examiners Members,

Received
SEP 1 1 2015

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely, Virginia Gull, RDN

Faxed to 702-486-7046

Attn: Angelica Bejar,
Public Information-Travel Administrator

Received

SEP 1 1 2015

NSBDE

September 10, 2015

Dear Nevada State Board of Dental Examiners Members,

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Attn: Angelica Bejar,

Public Information-Travel Administrator

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Sincerely,

Laylon

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

September 10, 2015

SEP 1 1 2015

Dear Nevada State Board of Dental Examiners Members,

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Sincerely,

Registered Dental Hygienist, Nevada Resident, and Public Opinion

Laure Hadwick

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

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Sincerely, Frank of Brock RDH

Received

SEP 1 1 2015

Registered Dental Hygienist, Nevada Resident, and Public Opinion

NSBDE

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

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Sincerely

Received

SEP 1 1 2015

Registered Dentál Hygienist, Nevada Resident, and Public Opinion

Megan Taylan FIDH

NSBDE

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

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SEP 1 2015
NSBDE

Sincerely, Pam Simplims

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

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Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

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Sincerely,

Registered Dental Hygienist, Nevada Resident, and Public Opinion

pomith Klark RIH

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

Dear Nevada State Board of Dental Examiners Members,

Received SEP 1 1 2015 NSBDE

R.DH.BS

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Received 11 10th SEP 11 10th

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

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

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Sincerely.

Mary Hyacinth Conver Registered Dental Hygienist, Nevada Resident, and Public Opinion

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Sincerely, Conduce S. Muyer, RDA

Faxed to 702-486-7046

Received

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SER 1 1015

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 10, 2015

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Sincerely, Janué K Presley, RDH 101373

PUBLIC COMMENT SUBMITTED BY DENTAL ASSISTANTS

Faxed to 702-486-7046

Attn: Angelica Bejar,
Public Information-Travel Administrator

Received
SEP 0 3 2015
NSBDE

September 1, 2015

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Sincerely, Bonnie Julya DA

Bonnie Tiege, DA

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 3 2015

September 1, 2015

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Sincerely,

Kristi Gillespie, DA

Faxed to 702-486-7046

Attn: Angelica Bejar,
Public Information-Travel Administrator

September 1, 2015

Received
SEP 0 3 201

NSBDE

Dear Nevada State Board of Dental Examiners Members.

I write in support of the proposed changes to NAC 631.210. The proposed changes will afford greater efficiency in the use of the dental practice resources while maintaining the highest level of patient safety. By allowing dental hygienists to 1) expose radiographs, 2) assess the oral health of patients through medical and dental histories, radiographs, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of patients, 3) develop a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (I), and 4) take impressions for the preparation of diagnostic models prior to the dentist's examination of the patient, is a logical way to utilize the skills all hygienists are required to be competent to perform. Having radiographs and assessment indices completed and chairside prior to examination will keep patients safe because all the necessary components to appropriate diagnosis will be present from the start. It will make the dentist's task of diagnosis more efficient, and will ultimately result in smoother, better practice management.

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The proposed changes to NAC 631.210 are logical and safe improvements to the practice of dental hygiene in Nevada. I fully support the proposed changes to NAC 631.210.

Sincerely,

Emillie Hampton, DA

Quillie Hampton

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 3 2015

September 1, 2015

NSBDE

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Sincerely,

Katherine Ting, DA

Attn: Angelica Bejar,
Public Information-Travel Administrator

8 September 2015

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Sincerely,

Kassandra Torres, Prophy Tech
7th Special Force, Eglin Air Force Base.

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 1, 2015

Dear Nevada State Board of Dental Examiners Members,

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Sincerely, Julada, DA

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NSBDE

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

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Sincerely

Sarah Binks, DA

Received SEP 0 9 2015

NSBDE

PUBLIC COMMENT SUBMITTED BY THE GENERAL PUBLIC

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 3 2015

September 1, 2015

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Sincerel

Lynne Whalen, Nevada Resident in Washoe County

yrne Uharlan

Faxed to 702-486-7046

Attn: Angelica Bejar,
Public Information-Travel Administrator

SEP 0 3 2015

September 1, 2015

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Sincerely,

Mukille Mille

Michelle Mills, Nevada Resident in Washoe County

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

Received

SEP 0 3 2015

September 1, 2015

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Sincerely,

Cindy Lang, Nevada Resident in Washoe County

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 1, 2015

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Shirley Jouley

Sincerely,

Received
SEP 0 9 2015
NSBDE

Faxed to 702-486-7046

Attn: Angelica Bejar,

Public Information-Travel Administrator

September 1, 2015

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Juni Eckert

Sincerely

Received

CED N 9 2015

NSBDE

PUBLIC COMMENT:

LETTERS REGARDING REGULATION CHANGES/AMENDMENTS

-Anesthesia Regulations

Received
SEP 1 0 2019
NSBDE

A CHILDRENS DENTIST

MICHAEL D. SAXE D.M.D.

Nevada State Board Specialty License #S6-16

JOSHUA L. SAXE D.D.S.

Nevada State Board Specialty License #S6-25

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd Bldg A Ste 1

Las Vegas, Nevada 89118

September 10, 2015

Re: Proposed Anesthesia Regulations

Dear Board of Dental Examiners,

After being on the Anesthesia Evaluation Committee for the past 8 years, I have evaluated several Dentists and found that some are very qualified and competent and others have no idea of how to treat a patient in an emergency scenario. I went through the proposed regulations and have some recommendations that I think after testing many dentists will help all in involved.

631.22132.(a) (1) Minimizing the amount of hours from 60 to 24 hrs and 20 to 10 patients would not benefit those administrating minimal sedation. Most of the time when an evaluator fails a dentist during a sedation evaluation it is not the Pediatric Dentist, oral surgeon or the Periodontist, GPR Dentist who had several hours in sedation training, it's the Dentist who took the 6 or 8 week course each weekend where seven dentists stand around one patient as one dentist sedates the patient. This "hands on" experience counts as a patient interaction. I have found that this training is not hands on so minimizing it from 20 to 10 patients would not benefit the Dentist who needs much training as possible.

(2)Holding a certification in either ACLS or Pals. The board presently hands out a single sedation permit that allow Dentists who only has ACLS to also see children which they may have never had PALS training for. In fact many of these weekend sedation courses they don't even see one child, but our permit allows them to see both Adults and Children. The permits need to be separated by age: 12 and under PALS course experience and experience sedating multiple pediatric patients, 12 and over





A CHILDRENS DENTIST



MICHAEL D. SAXE D.M.D.

Nevada State Board Specialty License #S6-16

JOSHUA L. SAXE D.D.S. Nevada State Board Specialty License #S6-25

ACLS and experience in sedating multiple adult patients. This has been adopted in California and should be done here in Nevada.

631.2227 (7) (8)

Once the board has a separate sedation permit for 12 and under then those Dentists who receive that pediatric permit shall have ancillary equipment as outlined by the American Academy of Pediatric Dentistry and not ACLS ancillary equipment and drugs: We as dentists need to practice by guidelines that are set forth by our respective academies and boards. The institutions that certify and credential our pediatric residencies around the country have guidelines that must be taught in each credentialed facility so those Pediatric Dentists have the training necessary to see and treat those sedated pediatric patients around the country. Our state should not be over and beyond what is being taught by the credentialed pediatric programs around the country. The level of oral sedation in the pediatric office should be given in doses that do not place the child in deep sedation. The policy of the AAPD is not to have Pediatric Dentists using deep sedation or General Anesthesia unless they have completed advanced education in anesthesiology beyond their pediatric residency training program. (page 82 2015 aapd ref manual) . The use of an ECG and Capnography monitoring is not being used during minimal and moderate sedations and has not been adopted by our residency programs for the use of minimal to moderate sedations that are being done. As a state we need to be on the forefront of safety but going over and beyond what is being taught in our residency programs and what is being done in the community may create a scenario which drugs may be inadvertently given because they are on hand . $\,$ I have noticed that having more drugs on hand in the cart many dentists who are tested tend to rush to push these medications when in fact, all that is needed is simple air way management. The AAPD does not list the PALS meds as needed for minimal to moderate sedations. In fact it comes down to patient management, the following drugs Adenosine, Amiodarone, Magnesium Sulfate and Procainamide which are used mostly for pediatric cardiac issues should not be in the emergency cart because they have the potential to be used when they are not warranted. These drugs mostly are used way down in the algorithm response tree and the chance of these drugs causing issues for the patient is greater if misused. These drugs are not "encouraged" by the AAPD which means they are not suggested or a reasonable action to be taken. Drugs such as epi pen jr, Benedryl, albuterol, narcotic reversals, Diazepam are the ones that are listed by the AAPD page 398 under Management of Medical Emergencies. We need to have a standard of care for our community but sometimes more is not always better. In pediatric patients 9 times out of 10 its airway management. Again getting back to separate permits, if we continue to have a single sedation permit we will eventually have that one dentist who will want to help out a friend and use Oral Demerol on the one 4 year old that just needs the one tooth fixed. The one single permit allows this dentist to sedate this child when they may have never sedated a child before. This is where as a board out focus should be

Received
SEP 1 0 2011
NSBDE

A CHILDRENS DENTIST

MICHAEL D. SAXE D.M.D.

Nevada State Board Specialty License #S6-16

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Nevada State Board Specialty License #S6-25

631.2236

2(C) Why do we limit ourselves by not allowing an anesthesiologist come into the office to do deep sedation? Also by having them along with dentists to have privileges at an accredited hospital or surgery center it creates one more level of verification of their abilities,. Being that there are so few dentists that have the additional sedation residency training it would be to our benefit to allow anesthesiologist in the appropriate permitted facility to come in to the office to sedate. Especially with the Medicaid pediatric population and the ability to see all of these children in need. Taking this out from 631.2236 seems like this would narrow the ability of us to have more access to care for these pediatric patients.

Thank you for looking at these recommendations. Our goal is to have a safe community for our pediatric patients along with our adult patients hopefully we can work together to come up with a plan that does this.

Thank You,

Joshua Saxe D.D.S. S6-25

Anesthesia Evaluation Committee



