

NEVADA STATE BOARD
of
DENTAL EXAMINERS



NOTICE OF INTENT TO ACT UPON
PERMANENT REGULATIONS —
BOARD MEETING

SEPTEMBER 23, 2016

9:00 A.M.

ADDITIONAL ITEMS II

PUBLIC BOOK

**Public Comment in Support of the administration
of :**

- **Botulinum Toxins**
 - **Dermal Fillers**
- **Other Facial Injectables**



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Dear Nevada Board Members,

September 19, 2016

My name is Kelly Euse, and I am a practicing dentist in Carson City, NV. I am writing on behalf of the decision that the Dental Board made to allow dentists to administer Botox and fillers. I am in complete agreement with the Dental Board. I believe dentists should be able to administer Botox and fillers, with the proper training.

My belief that a dentist should be allowed to offer Botox to patients stems from various reasons that I will further explain:

1. Dentists are specifically trained in the head and neck regions. We have taken extensive classes in anatomy and physiology that pertain to the areas in which Botox and fillers are administered. We must understand how the muscles, joints, and nerves all work together in the head and neck to even do dentistry.
2. Dentists administer injections ALL day long! What other healthcare professional can any of us think of that give as many injections as we do? Dentists are very adept with needles and handling of syringes. I know that when I have gone to an MD or dermatologist in the past, I have received injections from the nurse or nurse practitioner, not the doctor. That is what is baffling to me. MDs have been allowed to offer these procedures for years, probably without the scrutiny that dentists have recently received, and quite possibly without the specific training in injectables that should be required for anyone to offer these services.
3. Dentists deal with pain management on a daily basis. I have several patients that have come to our office for TMJ and headache relief. Botox can be used as an alternative and or an adjunct for pain management.
4. Dentists are trained to help people with bruxism and clenching. Botox injections have been clinically proven to reduce the size and force of patients who have overactive masseter muscles. As a dentist, I know we all want to preserve our patient's teeth and gingival health. I do not want to see a patient prematurely break teeth due to a bruxism problem that I know we can help treat.
5. New clinical studies are just beginning regarding Botox and its placement in the platysma muscle. This is because dentists have taken before and after photos, not only of facial expressions, but also of teeth and gingiva. It has been shown that the platysma muscle may be related to gingival recession, malocclusion, and periodontal disease. Scientists are just beginning to do research on this subject all because dentists have been allowed to offer Botox in their offices. These dentists took the time to review the pictures along with the dental health of their

RANDALL WRIGHT, DDS

CLINTON EUSE, DDS

KELLY EUSE, DDS

patients, and then speculated various hypothesizes as to the recession, malocclusion, and periodontal disease. I think this is fascinating... all because dentists were allowed to offer Botox!

6. As a dentist, I have had a handful of patients that I have seen who demonstrate "gummy smiles." Past treatments have included major surgeries of the maxilla, with much recovery time needed, and at a high cost. Botox is simple, safe, cost-effective, and a reversible procedure for these patients. When I've seen these patients, most of them do not have the time or money for the major surgeries needed to get rid of their "gummy smiles." However, they have all been interested in Botox, and happy with the results of Botox for their "gummy smiles."
7. Dentists deal with aesthetics all the time. Most of our patients want a "white, healthy smile," and to "look younger." Don't we all? ☺ I believe that dentists should be able to discuss and treat all of the aesthetic concerns regarding teeth, smile, and face. Botox and fillers can be used as an adjunct to the aging process and facial rejuvenation.
8. Lastly, Botox has been scientifically proven to make people "happier." By relaxing the depressor (negative-transmitting neurotransmitter) muscles, the elevator muscles are more active, and thus send positive-transmitting neurotransmitters to the brain of "happiness and joy." Don't we all want happier patients? ☺

As a dentist, I consider it a great responsibility to treat patients. I am genuinely concerned with their overall health and wellness. Additionally, I am considerate of their esthetic desires. Being able to offer Botox and fillers should be taken seriously and I believe that dentists, and any other healthcare provider, should take the appropriate training courses.

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I believe that the courses that I have taken are well-established, and provide a graded-level set-up (that is, you cannot take the next level until you pass the previous level and show a certain amount of cases over the course of a year). I have spoken to the instructor of my course, Dr. Warren Roberts. He is a practicing dentist from Canada and is willing to help the state of Nevada establish the guidelines for dentists and Botox and other injectables. He has helped other states to establish guidelines necessary to proficiently train dentists.

I am passionate about being able to provide excellent care to my patients, in a comfortable, and safe environment. I know that the purpose of the Dental Board has similar values to assure safety to the public.

Thank you for taking the time to read my letter and some of the reasons why I believe dentists are very capable of offering Botox and fillers. Please let me know if

I can help in any way. I can also help with any final wording in our by-laws.
Additionally, I can also recruit the help of Dr. Roberts.

Please feel free to contact me at any time. Thank you again.

In Good Health



Kelly Euse, DDS

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**Comments in Opposition of the
administration of :**

- **Botulinum Toxins**
 - **Dermal Fillers**
- **Other Facial Injectables**

September 20, 2016

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

RE: **In Opposition to the Nevada State Board of Dental Examiners Proposed Rule:
Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables**

Dear Honorable Members of the Nevada State Board of Dental Examiners:

This past July, the American Society of Plastic Surgeons (ASPS) directed comments to your attention registering opposition to the proposed amendments to Chapter 631 of the Nevada Administrative Code, which, if passed, would allow dentists and dental hygienists, after completing just twenty-four hours of coursework, to administer botulinum toxin (Botox), dermal fillers or other facial injectables. ASPS is resubmitting those comments (attached) in advance of the Board's September 23rd, 2016 hearing on this measure.

In our previously submitted comments, ASPS highlighted several points, including:

- **Insufficient training** – the totality of dental and dental hygienist training and the required additional twenty-four hours is nowhere near sufficient to perform these procedures. Dental training and expertise does not involve the majority of facial anatomical areas in which Botox and fillers are injected, and this lack of training increases the patient's risk of complications.
- **Incorrect diagnoses** - the most serious safety concerns that arise when patients receive cosmetic injections from a dentist or dental hygienist are centered on the correct diagnoses of which patients are appropriate candidates for injections. Diagnoses are key in recognizing and precluding potential complications arising after the fact.
- **Higher complication rates** - in cases where medical record review should be completed because a patient is higher risk, neither dental hygienists nor dentists are equipped with the necessary medical expertise to conduct those reviews. Thus, poor candidates are more likely to receive treatment and complications are more likely to occur.

Thank you for your consideration of our request for the withdrawal of the Proposed Rule Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at phermes@plasticsurgery.org or at 847-228-3331 with any comments, questions or concerns. Additionally, ASPS would be happy to discuss this important issue with the board.



AMERICAN SOCIETY OF
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July 29, 2016

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

RE: **In Opposition to the Nevada State Board of Dental Examiners Proposed Rule:
Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables**

Dear Honorable Members of the Nevada State Board of Dental Examiners:

We are writing on behalf of the American Society of Plastic Surgeons (ASPS) to register our opposition to the proposed amendments to Chapter 631 of the Nevada Administrative Code, which, if passed, would allow dentists and dental hygienists to administer botulinum toxin (Botox), dermal fillers or other facial injectables after completing twenty-four hours of coursework. Training for dentists and dental hygienists is simply not sufficient to perform these procedures, and twenty-four hours of instruction, as required by the draft rule, does not begin to bridge this gap. As such, we formally request that these proposed amendments be withdrawn.

ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94 percent of all American Board of Plastic Surgery board-certified plastic surgeons in the United States. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients. These services include the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, cancer and cosmetic procedures. ASPS promotes the highest quality patient care, professional and ethical standards, and supports the education, research and public service activities of plastic surgeons.

Botox, dermal fillers and other cosmetic injectables have grown tremendously in popularity, and with this rise in demand, many levels of medical providers, dental providers and, quite frankly, unlicensed individuals have been providing these services in both medical and non-medical settings. While attractive as a way to generate quick revenue, it is important to remember that these are medical procedures with very real side-effects and complications for patients. Therefore, ASPS advises patients to have treatments performed by qualified physicians, certified nursing professionals or physician assistants (PA) designated by the physician who understand neuromuscular and facial anatomy, facial aging and aesthetics, as well as the potential neurotoxicity of the products.

The largest safety concerns that arise when patients receive cosmetic injections from a dentist or dental hygienist are centered on the correct diagnoses of which patients are appropriate candidates for injections and potential complications arising after the fact.

Not all individuals are candidates for injections of Botox or dermal fillers. Among those who should not receive such injections are those who are sensitive to the ingredients; patients with neuromuscular diseases (such as myasthenia gravis, Eaton-Lambert syndrome, or amyotrophic lateral sclerosis); and pregnant (also lactating/breast feeding) women. Injections should also be applied with caution and discretion in those patients on anticoagulation/aspirin therapy; patients treated with aminoglycosides, penicillamine, quinine, or calcium channel blockers, as these drugs have been known to possibly potentiate clinical effects. Patients who have unreasonable expectations or psychological issues that would preclude a satisfactory outcome should be excluded from treatment. In a dental setting, it is considerably less likely that these factors from a patient's medical record will be sufficiently reviewed.

In cases where they might be reviewed, dental hygienists and dentists do not have sufficient training to conduct those reviews. Thus, poor candidates are more likely to receive treatment and complications are more likely to occur.

As previously noted, the most significant concern that arises when inadequately trained practitioners administer Botox, dermal fillers and other cosmetic injectables is the high stakes risk of complications. The Food and Drug Administration (FDA) approved uses of Botox Cosmetic is for glabellar frown lines on the forehead and crow's feet in the eye area. These areas are nowhere near the oral cavity. Dental training and expertise does not involve the majority of facial anatomical areas in which Botox and fillers are injected, and this lack of training increases the patient's risk of complications. This risk is then compounded because of the lack of expertise in how to treat such complications. Only physicians, certified professional nurses and PAs as authorized by state law should inject Botox and fillers. Hygienists are trained only in tooth/alveolar anatomy and have, at best, scant knowledge of the anatomy of the perioral area, let alone the rest of the face. No credible claim can be made that they are equipped to inject Botox or fillers into lips or the skin of the face, and to allow this carries significant risk to the patient. Dentists have more training, but they also lack the additional, critical knowledge of how to diagnose and treat serious complications such as nodules, granulomas, skin necrosis, blindness and anaphylaxis.

Possible side-effects of Botox administration include drooping of the upper eyelid, significant bruising, cosmetic deformity, etc. Only physicians, certified professional nurses or PAs should inject Botox. Hygienists' training does not compare to the level of medical training that nurses or PAs have, and this puts patients at significant risk. There are also very severe complications that are associated with dermal fillers. If inadvertently injected into blood vessels, for example, extreme complications can occur, including permanent vision impairment, blindness, stroke and necrosis (death) of facial tissue.

Therefore, injections of Botox, dermal fillers and other cosmetic injectables are medical procedures and are subject to the same precautions of any medical procedure. Treatment should be administered in the physician's office or other clinical setting with appropriate medical personnel and necessary equipment to safely observe patients and deal with possible complications. **Providers who are not qualified to assess or treat complications should not administer the injections.** In a dental setting, patients also do not have the recommended continuing access to medical supervision for several weeks following treatment, should an adverse event occur.

Additionally, there is absolutely no "manpower shortage" with regard to the ability of patients to find well-trained providers of Botox, dermal fillers and other cosmetic injectables in the physician community. It therefore makes no sense, and puts patients at unnecessary risk, to allow lesser trained practitioners to administer cosmetic injectables.

Thank you for your consideration of our request for the withdrawal of the Proposed Rule Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at phermes@plasticsurgery.org or at 847-228-3331 with any comments, questions or concerns. Additionally, ASPS would be happy to discuss this important issue with the board.

Regards,

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Henderson, NV
President
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