

NEVADA STATE BOARD of DENTAL EXAMINERS



Post Meeting Documents
Proposed Regulation
Changes **& Public Comment**

March 11, 2016
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CE Committee Meeting

Proposed Draft Language for
regulation changes as
discussed during the
Continuing Education
Committee Meeting
on 3/11/2016

PROPOSED REGULATION CHANGES

(NAC 631.033, NAC 631.175, and NAC 631.210)

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

1. A statement certifying that each laser used by the licensee in his or her practice of dentistry or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

2. Proof that he or she has successfully completed a course in laser proficiency that:

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

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

3. Proof that he or she has successfully completed a hands-on course in the administration of botulinum, dermal fillers and other facial injectables that:

(a) *Is a course approved by the Board; and*

(b) *Is at least 24 hours length*

NAC 631.175 Continuing education: Approved subjects; minimum requirements for clinical subjects; maximum credit for certain types of courses and activities. (NRS 631.190, 631.342)

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

(a) Clinical subjects, including, without limitation:

(1) Dental and medical health;

(2) Preventive services;

(3) Dental diagnosis and treatment planning; and

(4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and

(b) Nonclinical subjects, including, without limitation:

(1) Dental practice organization and management;

(2) Patient management skills;

(3) Methods of health care delivery; and

(4) Teaching methodology.

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

3. In completing the hours of continuing education required pursuant to NAC 631.173, a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to

subsection 1, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist.

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

5. Each holder of a license to practice dentistry who is registered to dispense controlled substances pursuant to NRS 453.231 shall complete a minimum of 1 hour of continuing education relating specifically to the misuse and abuse of controlled substances during each licensure renewal period. Any such holder of a license may use such training to satisfy 1 hour of any continuing education requirement established by the Board.

~~5.~~ 6. The Board will credit, as a maximum in any one year of an annual or biennial licensing period, the following number of hours of instruction for the following types of courses or activities:

(a) For approved study by a group, 3 hours.

(b) For attendance at a meeting or convention of a dental or dental hygiene society, 1 hour for each meeting, but not more than 3 hours, exclusive of hours of continuing education offered in conjunction with the meeting.

(c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of [NAC 631.173](#), as applicable.

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

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

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

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

(a) Remove stains, deposits and accretions, including dental calculus.

(b) 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.

(c) Provide dental hygiene care that includes:

(1) Assessment of the oral health of patients 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 patients.

(2) Development and implementation of a dental hygiene care plan to address the oral health needs and problems of patients described in subparagraph (1).

(3) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (2) in order to identify the subsequent treatment, continued care and referral needs of the patient.

(d) Take the following types of impressions:

(1) Those used for the preparation of diagnostic models;

(2) Those used for the fabrication of temporary crowns or bridges; and

(3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.

(e) Perform subgingival curettage.

(f) Expose radiographs.

(g) Place and remove a periodontal pack.

(h) Remove excess cement from cemented restorations and orthodontic appliances. A dental hygienist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.

(i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.

(j) Recement and repair temporary crowns and bridges.

(k) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.

(l) Place a temporary restoration with nonpermanent material as a palliative treatment.

(m) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:

(1) Antimicrobial agents;

(2) Fluoride preparations;

(3) Topical antibiotics;

(4) Topical anesthetics; and

(5) Topical desensitizing agents.

(n) Apply pit and fissure sealant to the dentition for the prevention of decay.

→ Before performing any of the services set forth in this subsection, the dental hygienist must obtain authorization from the licensed dentist of the patient on whom the services are to be performed and the patient must have been examined by that dentist not more than 18 months before the services are to be performed. After performing any of the services set forth in this subsection, the dental hygienist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental hygienist is not authorized to perform.

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

(a) Remove sutures.

(b) Place and secure orthodontic ligatures.

(c) Fabricate and place temporary crowns and bridges.

(d) Fit orthodontic bands and prepare teeth for orthodontic bands if the bands are cemented or bonded, or both, into the patient's mouth by the dentist who authorized the dental hygienist to perform this procedure.

(e) Perform nonsurgical cytologic testing.

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

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

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

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

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

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

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

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

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

(4) *The administration of botulinum, dermal fillers and other facial injectable is within the scope of the postsecondary education, experience and training of the dental hygienist;*

(I) Before a dental hygienist may administered botulinum, dermal fillers and other facial injectables, the dental hygienist shall provided proof to the supervising dentist that the dental hygienist has successfully completed a hands-on course in botulinum, dermal fillers and other facial injectables and the supervising dentist has successfully completed a hands-on course in the administration of botulinum, dermal fillers and other facial injectables that:

(a) Is a course approved by the Board; and

(b) Is at least 24 hours in length

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

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

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

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

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

4. A dental hygienist in a health care facility may administer local intraoral chemotherapeutic agents and, if he or she has complied with paragraph (a) or (b) of subsection 3, may administer local anesthetics or nitrous oxide-oxygen analgesia, or both, as appropriate, if he or she first:

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

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

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

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

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

(1) Treat patients; and

(2) Refer patients to a dentist for:

(I) Follow-up care;

(II) Diagnostic services; and

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

6. The Board may revoke the authorization described in subsection 5 if the:

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

(b) Board receives a complaint filed against the dental hygienist;

(c) Dental hygienist commits an act which constitutes a cause for disciplinary action; or

(d) Dental hygienist violates any provision of this chapter or [chapter 631](#) of NRS.

➔ Nothing in this subsection prohibits a dental hygienist from reapplying for authorization to perform the services described in subsection 5 if the Board revokes the authorization pursuant to this subsection.

7. As used in this section:

(a) "Health care facility" has the meaning ascribed to it in [NRS 162A.740](#).

(b) "Health facility" has the meaning ascribed to it in subsection 6 of [NRS 449.260](#).

(c) "School" means an elementary, secondary or postsecondary educational facility, public or private, in this State

**Public Comment regarding
regulation changes to R119-15 in
relation to Dental Hygiene Duties**

January 26, 2016

To: Nevada State Board of Dental Examiners
6010 S Rainbow Boulevard, Suite A-1
Las Vegas, NV 89118

From: Richard J Dragon, DMD
Secretary; Nevada Dental Association
1234 Waterloo Lane
Gardnerville, NV 89410

Received
JAN 26 2016
NSBDE

RE: R119-15

Dear Board Members,

I attended the NSBDE meeting held January 22, 2016 via video conference from the Nevada State Board of Medical Examiner's office located in Reno and wish to make written comment concerning the meeting. As I said during public comment at the end of the meeting, I have concerns with the Board's actions on item 4 on the published agenda following testimony given by hygienists who attended the meeting.

The hygienists who gave testimony, requested that the board not adopt the Proposed Permanent Regulations (R-119-15) of the Nevada State Board of Dental Examiners Nevada Administrative Code Chapter 631 related to the practice of dentistry and dental hygiene and proposed regulation changes and/or Amendments to the following regulations; Schedule of Fees (NAC 631.029); Address Notification (NAC 631.150) Duties delegable to Dental Hygienists (NAC 631.210) and Duties delegable to Dental Assistants (NAC 631.220)

The hygienists requested that the proposed regulations be sent back to workshop and that the regulations be amended to allow hygienists to perform the following functions without direct supervision by a dentist and before the dentist examines the patient:

- A. Diagnose the presence of periodontal disease
- B. Develop a treatment plan for soft tissue (periodontium) management
- C. Implement the treatment plan that they independently developed
- D. If so deemed based on their own assessment, make a referral to a periodontal specialist
- E. Be allowed to administer local anesthetic
- F. Be allowed to administer N2O

I find the board's decision to reconsider these requests a bit disturbing. First, accurate diagnosis and treatment planning by a licensed dentist is needed in order to properly treat patients with confidence and predictable outcomes; it is the backbone to any and all treatment that is to be rendered by a

dentist. As I said during my testimony, if a licensed dental hygienist overreaches and performs deep scaling and/or rootplaning on teeth which the dentist later condemns, then the patient has been over treated as well as overcharged for a procedure that may have not been necessary.

If a hygienist is allowed to refer to a periodontist, does the hygienist determine whether the patient needs surgery and if so, will all the restorative needs be taken into consideration and properly directed back to the periodontist? What if the patient needs an extraction, does the hygienist make a determination that an oral surgeon should be seen and not a periodontist?

It was mentioned by the hygienists that a service is being provided to a dentist if they were allowed to provide a clean environment (prophylaxis before exam) prior to any sort of examination conducted by a dentist. Certain limitations are presented if a dentist wait's for a clean environment before completing an exam in order to determine the patient's oral health needs. If the patient presents with abnormal amounts of plaque, calculus and stains, as well as caries then I argue that the dentist, not the hygienist, should provide initial instructions on how to treat the patient's periodontal needs. The dentist's concerns in determining the best clinical course of treatment for the patient include but are not limited to:

1. Healing capabilities
2. Frequency of recall visits
3. Surgical decisions
4. Caries rate
5. Patient compliance
6. Restorative needs

Restorative treatment plans are dependent on periodontal outcomes and an ability to maintain a clean environment. Patients with unstable periodontal conditions are not good candidates for extensive restorative treatment; caries must be controlled with minimal intervention until the patient's periodontal condition as well as caries rate is considered to be stable. Only a dentist can make this determination.

I appreciate the board's efforts and desire to create and uphold regulations with the least amount of restriction. However, the emphasis that I have always heard at every board meeting that I have ever attended has to do with public safety and public interest. I am confident of the board's understanding that upholding the legislative intent of the law when writing regulations is of utmost importance.

Thank you for your time consideration in this matter

Respectfully,

Richard J Dragon, DMD
Secretary, Nevada Dental Association

Received
JAN 26 2016
NSBDE