

NEVADA STATE BOARD
of
DENTAL EXAMINERS



COMMITTEE ON DENTAL HYGIENE &
DENTAL THERAPY & SUBCOMMITTEE
TELECONFERENCE MEETING

WEDNESDAY, FEBRUARY 17, 2021

6:00 P.M.

PUBLIC COMMENT BOOK

Public Comment:

Emily Ishkanian Neal

February 11, 2021

The Nevada Board of Dental Examiners
6010 S Rainbow Blvd #1
Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021 Agenda Item 3a)

Section 61.3e¹

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I request that the NSBDE address the following: Section 61 outlines the settings in which a dental therapist can practice and specifically lists a health program or facility operated by a tribe or tribal organization. While the Indian Health Service states that a license is necessary, employment currently may only require a dental license from any of the 50 US states.

- Will regulations be implemented to address and closely monitor the treatment of these patients, to ensure patients treated on tribal lands have the delivery of safe and effective dental care?
 - The Oregon Health Authority reports the Dental Pilot Project #100 "Oregon Tribes Dental Health Aide Therapist Pilot Project" failed in 2018 upon a site visit.
 - The site visit found dental therapist performing unauthorized dental extractions, performing procedures under Nitrous Oxide not appropriately monitored, performing outside of the scope of the dental therapist defined practice and not obtaining appropriate informed consents.

Thank you for considering this request and for your continued leadership.

Sincerely,

Emily Ishkanian Neal

¹ The holder of a license or renewal certificate to practice dental therapy may practice only in the following settings:
(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.

Public Comment:

Joseph Wineman, DMD

February 11, 2021

The Nevada Board of Dental Examiners
6010 S Rainbow Blvd #1
Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021 Agenda Item 3a)

Section 61.3e¹

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, Joseph A. Wineman DMD, ask the NSBDE address the following: Section 61 outlines the settings in which a dental therapist can practice and specifically lists a health program or facility operated by a tribe or tribal organization. While the Indian Health Service states that an active dental license is necessary, employment currently only requires a dental license from any of the 50 US states.

I would urge the special committee to address the concerns of a dental therapist who treats members of the Washoe, Northern and Southern Paiute, and Shoshone nations.

- Since dentists who work in these clinics may not possess a Nevada dental license, will NSBDE have jurisdiction over these Nations' dental clinics?
 - Would a Tribal land dentist holding a license from another state be allowed to oversee a dental therapist providing services in Nevada?
 - The conflict arises given Section 61.4a which states:
 - *The holder of a license or renewal certificate to practice dental therapy may practice only under the authorization of a dentist who: 61.4 (a) Holds an active license to practice dentistry in this State.*
 - Further conflict is evident in Section 62
 - *The written practice agreement required pursuant to section 61 of this act between the **authorizing dentist and a dental therapist.***

Thank you for considering this request and for your continued leadership.

¹ The holder of a license or renewal certificate to practice dental therapy may practice only in the following settings:
(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.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph A. Wineman DMD". The signature is written in a cursive style with a long, sweeping underline.

JOSEPH A. WINEMAN DMD, ABGD
Henderson Nevada

Public Comment:

Michael Saxe, DMD

February 11, 2021

The Nevada Board of Dental Examiners
6010 S Rainbow Blvd #1
Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021 Agenda Item 3a)

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, Dr Michael Saxe ask that the NSBDE address the following conflict. Section 60.2C states that the program of dental therapy must accredited by CODA and include a curriculum of ***not less than 2 years of academic instruction in dental therapy.***

- In 2015, CODA's Accreditation Standards for Dental Therapy Education Programs reiterates: "The **curriculum must include at least three academic years of full-time instruction** or its equivalent at the postsecondary college-level. Intent: The scope and depth of the curriculum should reflect the objectives and philosophy of higher education. ***The time necessary for psychomotor skill development and the number of required content areas require three academic years of study and is considered the minimum preparation for a dental therapist.*** (p22)
- Again in 2016, the Update on Implementation of Accreditation Process for Dental Therapy Education Programs identifies that the second standard of Dental Therapy Accreditation is Program length which specifically states the curriculum **must be at least 3 academic years of full-time instruction at post-secondary level.** (slide 23)
- Although CODA revised its standards in 2017, CODA was consistent in that "the curriculum **must** include at least three academic years of full-time instruction or its equivalent at the postsecondary college-level." (p2)

Currently, the only accredited dental therapy program, The Alaska Dental Therapy Educational Program, is a "course of study is equivalent to three academic years."

- Important to note, that although CODA granted an accreditation status to this program, it has approval with reporting requirements, an accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. As a part time faculty at UNLV Pediatric Residency Program I see the importance of following the strict CODA regulations for a proper Dental Program.

Thank you for considering this request and for your continued leadership.

Sincerely,



Michael D. Saxe DMD (S6-16)
Private Practice
Part time faculty UNLV Pediatric dental residency

Public Comment:

David Chenin, DDS



February 11, 2021

The Nevada Board of Dental Examiners
6010 S Rainbow Blvd #1
Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE
February 17, 2021 Agenda Item 3a)

Section 64¹

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, Dr. David Chenin, ask that the NSBDE address the following: Section 64 discusses the acts that a dental therapist may perform. What is unclear is who is responsible for the liability and malpractice for services provided by a dental therapist.

Let's be clear, dental therapists are NOT equivalent to nurse practitioners or physician assistants. SB366 allows dental therapists to assume considerable liability and perform *irreversible surgical procedures*. Their narrower scope of practice makes them unable to manage complications routinely encountered in dentistry. A fairer comparison, by way of analogy, would be allowing nurse practitioners or physician assistants to perform heart surgery instead of a surgeon. Or similarly letting a mid-level flight attendant fly a plane instead of a pilot.

Thank you for considering this request and for your continued leadership.

Sincerely,

David A. Chenin, DDS, MS
Board Certified Orthodontic Specialist

¹ "In accordance with the written practice agreement required pursuant to section 61 of this act, a dental therapist may perform the following acts:..."

Public Comment:

Gregg Hendrickson, DDS

February 11, 2021

The Nevada Board of Dental Examiners
6010 S Rainbow Blvd #1
Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021 Agenda Item 3a

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, **Dr. Gregg Hendrickson** ask that the NSBDE address the following: Section 61 outlines the settings in which a dental therapist can practice. It is important to note that item g is vague citing "any clinic or practice setting" based on 50% of the patient base who fall into categories (1), (2) and (3). Will these clinics or practice settings be audited regularly to determine whether they are treating at least 50% of a patient base with these needs?

There is no way to monitor this provision as any office in any neighborhood in a major metropolitan or affluent area may cater to this population. Other considerations include:

- There would be a cost to the state to audit each office who employs a dental therapist.
- Would the dentist submit practice demographics and financials prior to hiring a dental therapist to ensure their office qualifies for employing a dental therapist?

The intent of this bill was to provide dental care to those who are underprivileged or have access to care issues due to geographic restrictions. The

^[1] The holder of a license or renewal certificate to practice dental therapy may practice only in the following settings:

(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.

There would be a cost to the state to audit each office who employs a dental therapist.

- Would the dentist submit practice demographics and financials prior to hiring a dental therapist to ensure their office qualifies for employing a dental therapist?
- The intent of this bill was to provide dental care to those who are underprivileged or have access to care issues due to geographic restrictions.

The dental therapist should only be available to this specific geographic area and demographic population.

Thank you for considering this request and for your continued leadership.

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Regards,

Gregg C. Hendrickson DDS, DABOI, FAAID, FICOI
Comprehensive Dental Care
2790 W. Horizon Ridge Pkwy. Suite 100
Henderson, NV 89052
(702) 735-3284 NVDentists.com

Public Comment:

Bradley Strong, DDS

BRADLEY S. STRONG, D.D.S., LTD.

GENERAL AND COSMETIC DENTISTRY

2931 N. TENAYA WAY, SUITE 200
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Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd
 Bldg. A, Ste. #1
 Las Vegas, Nevada 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021
 Agenda Item 3a)

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, Dr. Bradley Strong ask that the NSBDE address the following: Section 61 states A dental therapist may provide only the services that are within his or her scope of practice.

- How will the Board ensure that services provided by the dental therapist are within his or her scope of practice?
- Oregon has already established this dismal precedent: On April 9, 2018, the Oregon Health Authority conducted a site visit of the Oregon Tribes Dental Health Aide Therapist Pilot Project and found a "Failure to Follow OHA Directives requiring them to cease providing planned extractions by dental therapist trainees since it was out of the scope of practice requirements." (p3,4)

Thank you for considering this request and for your continued leadership.

Sincerely,



¹ The holder of a license or renewal certificate to practice dental therapy may practice only in the settings provided in subsection 3, under the authorization of a dentist meeting the requirements of subsection 4 and in accordance with a written practice agreement signed by the dental therapist and the authorizing dentist. **A dental therapist may provide only the services that are within his or her scope of practice**, the scope of practice of the dentist, are authorized by the dentist, and are provided according to written protocols or standing orders established by the authorizing dentist. A dental therapist may not provide any services that are outside the scope of practice of the authorizing dentist. A dental therapist shall provide such services only under the direct supervision of the authorizing dentist until such time as the dental therapist has obtained the following hours of clinical practice as a dental therapist: A dental therapist shall provide such services only under the direct supervision of the authorizing dentist until such time as the dental therapist has obtained the following hours of clinical practice as a dental therapist:

Public Comment:

Douglas Sandquist, DDS

February 12, 2021

The Nevada Board of Dental Examiners
6010 S Rainbow Blvd #1
Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021 Agenda Item 3a)

NRS 631 Section 60.2¹

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, Dr. Douglas Sandquist DDS ask that the NSBDE address the following:

- Section 60.2a states that any person desiring to obtain a license to practice dental therapy must successfully pass a written examination.
- Will this written examination be one that is already in place (i.e. WREB as referenced in clinical examination from Section 60.2b2) or an examination specific to dental therapy (which does not currently exist)?

Thank you for considering this request and for your continued leadership.

Sincerely,



Douglas D. Sandquist DDS

¹ Any person desiring to obtain a license to practice dental therapy, after having complied with section 60.2 of this act and the regulations of the Board to determine eligibility:
(a) Except as otherwise provided in NRS 622.090, **must pass a written examination** given by the Board upon such subjects as the Board deems necessary for the practice of dental therapy or must present a certificate granted by the Joint Commission on National Dental Examinations which contains a notation that the applicant has passed the applicable national examination with a score of at least 75; and
(b) Except as otherwise provided in this chapter, must:
(1) Successfully pass a clinical examination approved by the Board and the American Board of Dental Examiners; or
(2) Present to the Board a certificate granted by the Western Regional Examining Board which contains a notation that the applicant has passed a clinical examination

Public Comment:

Ashley Hoban, DMD

SUMMERLIN
pediatric dentistry

Ashley E. Hoban, DMD

Lindsay M. Row, DMD

Board Certified in Pediatric Dentistry

653 N. Town Center Dr., Suite 606, Las Vegas, NV 89144

Office: 702-838-9013 Fax: 702-838-9157

February 15, 2021

The Nevada Board of Dental Examiners

6010 S Rainbow Blvd #1

Las Vegas, NV 89118

RE: Committee on DH & DT w/ Public Health DH & DT Subcommittee (NSBDE February 17, 2021 Agenda Item 3a)

When discussing regulations pertaining to NRS 631, in the interest of protecting the dental health interest of Nevadans, I, Dr. Ashley Hoban, ask that the NSBDE address the following: Section 61 states A dental therapist may provide services to a patient who has not first seen a dentist for an examination... may require the authorizing dentist to personally examine patients either face-to-face or by the use of electronic means.

The regulations for teledentistry have not yet been approved by the NDSBDE, and there is not currently a provision in chapter 631 for a dentist to oversee dental auxiliaries as it pertains to practice teledentistry.

Thank you for considering this request and for your continued leadership.

Sincerely,



Ashley Hoban DMD

Public Comment:

Lancette VanGuilder, RDH

Thank you to the Committee Chair for selecting a few of the concerns that have been previously brought forward regarding implementation of dental therapy and placing them on this meeting agenda. I recognize that we have many more items to discuss and am hopeful that the committee and the dental board continue to move forward with steps to implement dental therapy as the legislature approved in 2019 and not place any undue licensure barriers to this much needed mid-level dental provider.

I would like to go on record that it continues to be confusing as to the roles and responsibilities of the subcommittee.

- At the last 2 committee meetings it was stated that the subcommittee members would receive work assignments and be viewed as content experts to assist in evidence gathering and helping future meetings be productive, informative, nonpolitical and efficient. I did not receive any work assignments on the topics that are listed on the meeting agenda. I am not sure if it was due to the fact that I was excused for this meeting or if no assignments were made.
 - I would like to request that for this meeting agenda and for future agenda items, work assignments can be made for the content experts (subcommittee members) to gather data to help facilitate data driven discussions.
- To date, subcommittee members have only been able to participate in committee meetings as a public member: submitting written testimony to be read at the beginning of the meeting and live public comment section at the end of the meeting. This is very brief and the limited time period does not fully utilize the content experts that have been appointed. This format does not allow for meaningful dialogue and expertise.
 - I would like to request that the subcommittee members be viewed as committee members, with full discussion and voting opportunities.
- I would like to reiterate my previous suggestion that the Committee and/or the Dental Board reach out to the Executive Director of the Minnesota State Board of Dentistry; as she is one of the most knowledgeable content experts in the US on dental therapy licensure and safety. Since Minnesota has over 100 licensed dental therapists, with no evidence of malpractice or liability issues. It would be helpful to have the working knowledge from a state that has been successful in allowing a licensed dental midlevel to practice, that has proven to improve access to care and has kept the public safe for over a decade. She has stated that she is more than willing to help the board and committees via email, video in, or attend meetings in person once COVID restrictions are eased.
- In Minnesota, dental therapy students are educated alongside dental students and take examinations alongside dental students. They take the same clinical board as dentists and applicants are blinded so those grading do not know if student is a dentist or dental therapist.

In Minnesota, there are 2 dental therapy programs that have been in existence for over 12 years and still trying to get CODA site visits for accreditation. They have been unsuccessful for many years in securing a site visit, then COVID came and no site visits were possible and they are hopeful that they may receive site visits in 2022. A third dental therapy program plans to open in Minnesota in the Fall, with a couple other states looking at curriculum development. The dental therapy programs in Minnesota are BOARD APPROVED and meet all the CODA requirements, they have various models (one is a dental hygiene based) and students learn

side by side with dental students. The dental board has recognized the need to be on the forefront of education and licensure with the implementation of a new provider and that CODA has had to catch up. The dental board in Minnesota has the same charge as Nevada- to ensure the highest quality of care while protecting the public. The Minnesota dental board has also acknowledged that they need a pathway for licensure should other states implement dental therapy and have to await accreditation site visit or graduate before the program is accredited. Providers will need a pathway for licensure since many graduated prior to CODA Standards even being developed or while waiting for accreditation. I would like to suggest that the dental board/committee have a conversation about this issue. What about the dental therapist that graduated 10 years ago and have practiced safely but graduated before CODA accreditation? How can they be grandfathered in?

- Currently, only one dental therapy program in the US is accredited by CODA and that is in Alaska. That model was designed to help serve native/tribal populations and does not require the applicant to have any college experience or be a dental hygienist for admission. The program requires HS diploma/equivalent and is modeled after the Dental Health Aide Therapist. This model is intended to serve native/tribal lands and specifically geared to serve the very unique needs of Alaska and native/tribal lands. The DHAT model is not the model of dental therapy that the Nevada Legislature adopted or the model that was supported by the Nevada Dental Hygienists Association, who brought forward the dental therapy bill, SB366. The model that is legal in Nevada requires dental hygiene education and licensure as a minimum requirement and allows the provider to practice in wide variety of settings, including but not limited to tribal lands, and is outlined in the bill language.
- Dental therapists and dental hygienists and dentists are able to obtain an NPI
- SB366 has outlined many the parameters of what is possible for dental therapy in Nevada that support practice at the top of their education level and accountability. This includes many of the agenda items: the written agreement, liability, supervision, clinical practice hours and practice settings.
- Lastly, the Nevada Legislature and many legislators and other occupational licensing boards are looking at removing barriers to professional licensure, restricting high licensure fees and language to define good moral character. I would suggest the dental board and committees be made aware of the dialogue going on with other boards about moral character and collaborate when looking at new language.

Respectfully submitted, Lancette VanGuilder, RDH, BS -Subcommittee Member

February 16, 2021

TO: NSBDE Committee on Dental Hygiene and Dental Therapy, Subcommittee on Public Health Dental Hygiene and Dental Therapy

RE: Agenda for 2/17/2021 meeting

Public Comment:

Antonio Ventura, RDH



February 16, 2021

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

From: Nevada Dental Hygienists' Association: Legislative Committee

Thank you for having today's meeting and allowing for public comment. Please consider
NDHA's recommendation and points of discussion.

RE: Agenda item 3(a): NRS 631.312(2):

Both the American Dental Hygienists' Association (ADHA) and the Nevada Dental
Hygienists' Association (NDHA) support the role of the dental hygienists and dental
therapists as primary care professionals. Both ADHA and NDHA passed resolutions in
their 2020 House of Delegates to advocate for dental hygienists and dental therapists to
apply for and obtain a National Provider Identification (NPI) number. The NDHA will be
hosting a webinar on March 12, 2021 to educate dental hygienists and dental therapists
to increase their understanding of the NPI number and how to apply for an NPI.

NRS 631.3122(3)

We know the NSBDE may be concerned about public safety. If so, we suggest they
considered bringing forward a bill draft requesting for the legislature to mandate liability
insurance for **ALL** licensed dental professionals since there is currently no NRS or NAC language
mandating liability insurance for any licensed dental professional.

We look forward to the continual discussion on dental therapy and how to best meet the needs
of Nevadans.

Thank you for your time and consideration.,
Antonio Ventura RDH, BSDH
NDHA Legislative Committee Member

Public Comment:

Jessica Woods, RDH



February 16, 2021

As a subject matter expert appointed to the Public Health Dental Hygiene and Dental Therapy Sub-Committee of dental, I would like to provide insight on the points of discussion as outlined in the agenda for the meeting. Mid-level providers are already a well-established model in the medical community. What dental therapists are doing throughout the country and globally is not new or revolutionary; what their scope of practice focus on has been around for centuries^{1,2}. In the US, dental therapists must undergo the same rigorous training and clinical examination as dentists³. Dental therapy simply incorporates another provider to help give high-quality, people-centered care.

For those that have reservations about the practice of dental therapy, there is no requirement to hire a dental therapist once the passed legislation is implemented in the state. Simply put, if you do not want to hire a dental therapist, then don't. However, if you see the great need of underserved population and would like a provider to help with the #1 most common infectious disease among children then this a great "tool in the toolbox." While dental therapy will not solve the entire dental care access issue, it has proven a successful model in other states and step in the right direction for Nevada.

Practice Setting

The practice of dental therapists is restricted to settings that serve low-income, uninsured and underserved patients, or practice in a dental Health Professional Shortage Area. A dental therapist may provide only services: (1) within the scope of practice of the dental therapist, (2) within the scope of practice of the dentist, (3) authorized by the dentist, (4) and outlined in the written practice agreement or standing orders established by the authorizing dentist.

Simply stated, the patient-base of dental therapists pose no threat to privately practicing dentists. These are patients that are currently not accessing or have limited access to dental care.

Clinical Practice Hours

A dental therapist, who has also practiced dental hygiene for *more* than 5 years, shall provide service only under the direct supervision of the authorizing dentist for a minimum of 1,000 hours of clinical practice. Those that have practiced dental hygiene for *less* than 5 years, shall provide service only under the direct supervision of the authorizing dentist for a minimum of 1,500 hours of clinical practice. Direct supervision means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures. Direct supervision of procedures requires the dentist to check and approve the treatment prior to dismissal of the patient from the office. Other states have implemented clinical practice hour requirements which require authorizing dentist to closely monitor and document required hours until completed that can be examined as models for Nevada. Safeguards against clinical incompetence by dental therapists and remediation of clinical competency should follow the same guidelines outlined for dentists.

Written Practice Agreements

A dental therapist may practice only under the authorization of a licensed and practicing dentist in accordance with a written practice agreement signed by the dental therapist and dentist. An authorizing dentist may enter into no more than four full-time or full-time equivalent agreements at one time, this applies to public, private and corporate dental settings. Section 62 of the bill language clearly outlines what must be included in the agreement. The authorizing dentist may limit the services and procedure that the dental therapist may provide within the written practice agreement based on skill set. A dental therapist may provide services to a patient who has not

¹ Roberts MW. The New Zealand dental nurse program. *Public Health Rev.* 1975;4(1):69-82.

² Brooking T. A history of dentistry in New Zealand. New Zealand Dental Association; 1980.

³ Harris, TA. The U.S. oral health workforce in the coming decade. Institute of Medicine; 2009.



first seen a dentist for an examination if the authorizing dentist has given the dental therapist written authorization and standing protocols for the services and reviews the patient records as provided by the written practice agreement. The standing protocols may require the authorizing dentist to personally examine patients either face-to-face or by the use of electronic means.

Malpractice Insurance

Similar to an associate dentist or dental hygienist, practices can choose to cover the dental therapist, dental therapist can provide their own, or both. Many DTs practice within Federally Qualified Health Centers (FQHCs) and are covered by the Federal Tort Claims Act (FTCA). This act covers procedures within scope at no cost to employee or employer; it is covered by the Federal Government.¹

Currently only Public Health Endorsed Dental Hygienists are required by NSBDE to carry malpractice insurance (Note: this is currently being implemented by NSBDE without NRS or NAC authority). While it is advisable for all licensed dental practitioners to carry malpractice liability insurance, the regulations set forth by NSBDE should be evenly applied across licensees, rather than limited to only a specific provider type. Most states do not have statutory requirement of professional liability insurance as a requirement for licensure.

All Nevadans deserve fair and equal access to safe, quality dental care despite social and economic status. All licensed dental practitioners, not just dental therapists, should be subject to the same accountability and recourse as a safeguard to protect the public.

Additional Considerations

In addition to the topics included on the meeting agenda, the following topics of further research should be considered, but not limited to:

- a) Appropriate licensure fees based on fiscal analysis
- b) Regulatory language that allows for integration into the Nevada Medicaid program and other reimbursement pathways
- c) Pharmacy requirements for administering and dispensing medications
- d) NSBDE infrastructure needs for management of dental therapy related activities

It would be my request that topics of discussion to be included on the agenda for Committee meetings be provide to the content matter experts of the sub-committee more than three business days prior to meetings to allow ample time for research and meaningful feedback.

Finally, it is important for new provider models to remain malleable during the initial years and to be willing to evolve to acquire the education and training necessary to successfully meet the needs of the community that they serve. It would be the recommendation that dental therapists be allowed to practice to the full extent of their education to serve the public and increase access to care. Undue restrictions and barriers may hinder implementation.

Respectfully,

Jessica L. Woods, MPH, RDH
Interim State Dental Hygienist, Nevada Oral Health Program

¹ National Child and Maternal Health Resource Center. *Safety Net Dental Clinic Manual – Section 3. Liability Protection*. <https://www.dentalclinicmanual.com/4-admin/sec3-06.php>