

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

THURSDAY, APRIL 8, 2021

6:00 P.M.

PUBLIC BOOK

Agenda Item (4)(a):

Draft Minutes

**Committee on Dental Hygiene and Dental Therapy in
conjunction with the Public Health Dental Therapy
Subcommittee Meeting - 02/17/2021**

Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste.1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

NOTICE OF AGENDA FOR THE COMMITTEE ON DENTAL HYGIENE AND DENTAL THERAPY in conjunction with THE PUBLIC HEALTH DENTAL HYGIENE AND DENTAL THERAPY SUBCOMMITTEE

Meeting Date & Time

Wednesday, February 17, 2021
6:00 p.m.

**This meeting will be held exclusively through teleconference means,
in accordance with Emergency Directives issued by Governor Sisolak**

DRAFT MINUTES

PUBLIC NOTICE:

***** This meeting will be held via TELECONFERENCE ONLY, pursuant to Section 1 of the DECLARATION OF EMERGENCY DIRECTIVE 006 ("DIRECTIVE 006") issued by the State of Nevada Executive Department and as extended by Directives 016, 018, 021, 026, and 029. There will be no physical location for this meeting*****

Public Comment by pre-submitted email/written form, only, is available after roll call (beginning of meeting); **Live Public Comment by teleconference** is available prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov.** Written submissions received by the Board on or before **Tuesday, February 16, 2021 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

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54**1. Call to Order**

- Roll call/ Quorum

Chairwoman Park called the meeting to order at 6:00 p.m. Mr. Frank DiMaggio conducted the following roll call:

Dr. Elizabeth Park (Chairwoman) ----- PRESENT	Dr. Robert Talley ----- NOT PRESENT
Ms. Caryn Solie ----- PRESENT	Dr. Ronald West ----- PRESENT
Mrs. Jana McIntyre ----- PRESENT	Dr. Michael Moore ----- PRESENT
Ms. Yamilka Arias ----- PRESENT	Dr. Adam Gatan ----- PRESENT
Dr. Antonina Capurro ----- PRESENT	Dr. Steve Saxe ----- EXCUSED
Ms. Lancette VanGuilder ----- EXCUSED	Ms. Kelly Taylor ----- PRESENT
Ms. Jessica Woods ----- PRESENT	

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Others Present: Phil Su, General Counsel; Frank DiMaggio, Executive Director; Rosalie Bordelove, Deputy Attorney General

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- 2. Public Comment (By pre-submitted email/written form):** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, February 16, 2021 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

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Mr. DiMaggio read a statement into the record regarding pre-submitted/written Public Comment. Mr. DiMaggio stated there were written public comments submitted from Emily Neal, Joseph Wineman, DMD, Michael Saxe, DMD, David Chenin, DDS, Gregg Hendrickson, DDS, Bradley Strong, DDS, Douglas Sandquist, DDS, Ashley Hoban, DMD, Lancette VanGuilder, RDH, Antonio Ventura, RDH, and Jessica Woods, RDH, all of which he read into the record.

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Chairwoman Park introduced Rosalie Bordelove, Deputy Attorney General, to the Committee and Subcommittee. Ms. Bordelove introduced herself and explained that she is a resource at the Attorney General's Office regarding Open Meeting Law (OML) and legal issues. Chairwoman Park instructed the Committee and Subcommittee to submit questions regarding OML and legal issues to Mr. DiMaggio and Mr. Su, who would relay those questions to Ms. Bordelove.

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3. Consideration, Discussion and Review of certain Nevada Revised Statutes (NRS) related to the practice of Dental Therapy to Develop Proposed Regulations related to the practice of Dental Therapy:

- a. Dental Therapy Statutes, including, but not limited to, NRS 631.312-.3124

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Chairwoman explained that the Committee and Subcommittee will need to focus on constructing regulatory language per point of discussion.

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- **NRS 631.312 Dental Therapists: Eligibility to apply for license.**
 - **NRS 631.312(1)(c)(1): Points of discussion:**
 - **What schools of Dental Therapy exists that are accredited by the Commission on Dental Accreditation of the American Dental Association?**
 - **What are the curriculum requirements?**
 - **What if the program loses CODA approval?**

Ms. Taylor inquired about the NRS 631.312(1)(c)(1) points of discussion.

Ms. Taylor accepted the assignment to draft language for the points of discussion related to this section.

Ms. Woods made a comment regarding the NRS 631.312(1)(c)(1) points of discussion and also accepted assignment to draft language for the points of discussion related to this section.

Dr. Capurro made a comment regarding the NRS 631.312(1)(c)(1) points of discussion and accepted assignment to draft language for the points of discussion related to this section.

- **NRS 631.312(2): Points of discussion:**
 - **Good standing in all states without an NPI is challenging to track: What methodology should be used to determine whether a person has good moral character, the Board may consider whether his or her license to practice dental therapy or dental hygiene in another state has been suspended or revoked, or whether he or she is currently involved with any disciplinary action concerning his or her license in another state.**

Ms. Woods inquired about the second point of discussion and accepted assignment to draft language for the NRS 631.312(2) points of discussion.

- **NRS 631.3121 Dental Therapists: Examination; issuance of certificate of registration.**
 - **NRS 631.3121(1): Points of discussion:**
 - **What certified examinations are currently available for Dental Therapy?**

Ms. Solie accepted assignment to draft language for NRS 631.3121(1) points of discussion.

- **NRS 631.3122 Dental Therapists: Practice Settings; written practice agreement with authorizing dentist required; limitations on provision of services; qualifications of authorizing dentist.**
 - **NRS 631.3122(1)(a-c): Points of discussion:**
 - **Evaluation of liability burden pursuant to written practice agreement; supervised or indirect supervision;**
 - **Specific nature of clinical practice hours: Observation only? Procedure specific? Type of documentation/proof required?**
 - **Is there a moratorium on time frames to complete the required 500/1000/1500 clinical practice hours; do such hours expire outside of a certain time frame or do they persist indefinitely?**
 - **Safeguards against clinical incompetence by dental therapists; remediation as clinical competency.**

Ms. Solie accepted assignment to draft language for NRS 631.3122(1)(a-c) points of discussion.

Ms. Arias also accepted assignment to draft language for NRS 631.3122(1)(a-c) points of discussion.

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- **NRS 631.3122(2): Points of discussion:**
 - **Points of discussion: What are the outer limits of the written protocols and standing orders? If a dental therapist treats a patient who is not first seen by the supervising dentist, could the supervising dentist be subject to claim of unprofessional conduct?**

Dr. Gatan accepted assignment to draft language for NRS 631.3122(2) points of discussion.

- **NRS 631.3122(3): Points of discussion:**
 - **Evaluation of HRSA and the Federal Tort Act;**
 - **Who will be responsible for maintaining malpractice insurance? Individual or program/workplace? Dentist or therapist?**

Dr. West accepted assignment to draft language for NRS 631.3122(3) points of discussion.

- **NRS 631.3122(4):**
 - **Requirements for supervising dentist: active license, actively practicing dentistry by treating patients.**

Dr. Capurro accepted assignment to draft language for NRS 631.3122(4) points of discussion.

- **NRS 631.3123 Dental Therapists: Required provisions of written practice agreement.**
 - **NRS 631.3123: Points of discussion:**
 - **Special provisions required for corporate dental settings;**
 - **Lack of individuation of skill set for dental therapist.**

Dr. Michael Moore accepted assignment to draft language for NRS 631.3123 points of discussion.

- **NRS 631.3124 Dental Therapists: Authorized services; referral of patient to authorizing dentist for certain purposes; supervision of dental assistants and dental hygienists.**
 - **NRS 631.3124: Points of discussion:**
 - **Capabilities of Dental Therapist; Dental Hygiene care.**

Dr. Michael Moore accepted assignment to draft language for NRS 631.3124 points of discussion.

- 4. Public Comment (Live public comment by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@nsbde.nv.gov, or by mailing/faxing written messages to the Board office. Written submissions should be received by the Board on or before **Tuesday, February 16, 2021 by 4:00 p.m.** in order to make copies available to members and the public.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

Mr. DiMaggio read a statement into the record regarding live Public Comment.

No live public comment was made.

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224 **5. Announcements**
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226 No announcements were made.
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228 ***6. Adjournment** (For Possible Action)
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230 Chairwoman Park called for a motion to adjourn.
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232 MOTION: Mrs. McIntyre motioned to adjourn the meeting at approximately 7:30 p.m. Ms. Solie
233 seconded the motion. All were in favor, motion passed.
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236 Respectfully submitted:
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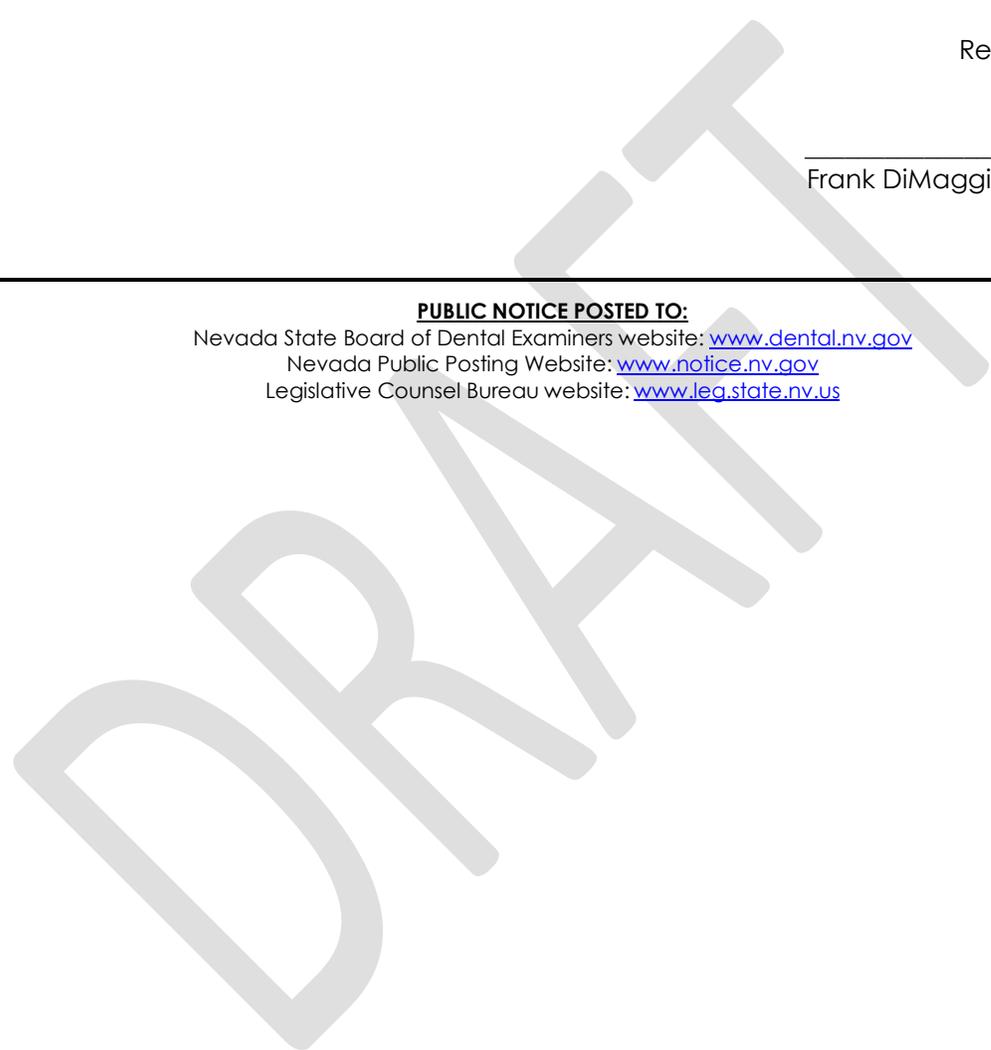
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240 Frank DiMaggio, Executive Director
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243 **PUBLIC NOTICE POSTED TO:**

244 Nevada State Board of Dental Examiners website: www.dental.nv.gov

245 Nevada Public Posting Website: www.notice.nv.gov

246 Legislative Counsel Bureau website: www.leg.state.nv.us



Agenda Item (5)(a):

Legislative Update Summary

AB 269 – Revises provisions relating to providers of dental care.

- This bill relates to dentists, dental hygienists or dental therapists to administer immunizations generally, or for influenza. They can only do this if they have approval from the Dental Board of Examiners. Furthermore, the bill goes on to describe what an endorsement to administer these immunizations looks like, as well as the information the dental professional must provide to the patient. The bill also sets forth that the Board has authority to impose disciplinary action against dental professionals who are not in compliance with the regulations surrounding this matter. The bill also revises the requirements for serving as State Dental Health Officer: it allows a person who is not licensed as a Nevada dentist to serve if they have a masters or doctorate degree in public health or a related field, and if the person is a graduate of an dental college or residency program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor organization. Lastly, the bill authorizes the State Dental Hygienist to pursue “another business or vocation with the approval of the Division of Public and Behavioral Health of the Department of Health and Human Services.”

AB 369 – Revises provisions relating to professional and occupational boards.

- This bill provides for the expiration of certain professional and occupational licensing boards unless the board is renewed by the Legislature. It also requires the Sunset Subcommittee of the Legislative Commission to review such boards every six years to determine if the board should be renewed or allowed to expire.

AB 438 – Revises provisions relating to dentistry

- This is the bill brought forth by the Board of Dental Examiners. The language includes changing the employment of board employees, including the Executive Director, to be at will; sets forth additional requirements for the employment of investigators; authorizes treatment of patients by out-of-state dentists within context of continuing education; authorizes the issuance of licensure by endorsement; removes the requirement for a specialist to certify to diplomate board status within six (6) years of licensure; updates the possible disciplinary actions the Board may pursue, including limiting fines that the Board may impose and authorizing written warnings; and requires the production of findings and conclusions regardless of whether the investigator finds actionable conduct. **(Amendment: the bill has been amended to remove references to “hearing officer” in favor of the term “investigator” and to add mention of the jurisprudence examination. The bill may be subject to future amendments as it advances along the legislative process.)**

AB 439 – Revises provisions relating to occupational licensing.

- This bill sets forth requirements for regulatory bodies issuing licenses, the conditions in which they can deny an application for expedited licensure by endorsement, and sets for requirements for collecting information concerning licensure.

SB 5 – Makes changes relating to telehealth.

- This bill requires the Department of Health and Human Services to establish an electronic tool to analyze certain data concerning access to telehealth. It also requires certain entities to review access to services provided through telehealth and evaluate policies to make such access more equitable. It also governs services provided through telehealth and insurance coverage of such services.

SB 326 – Revises provisions relating to providers of health care.

- This bill relates to telehealth registration. It sets forth requirements surrounding who is eligible to apply for telehealth services, how someone can become a registrant to provide these service, and sets forth that a registrant can provide virtual services in Nevada without being licensed or certified in this State. Additionally, the bill requires the Commissioner of Insurance to prescribe and make available on the Internet a form upon which a physician may apply to be included in the network of providers of any health carrier that provides coverage in Nevada.

SB 335 – Revises provisions relating to professional and occupational licensing.

- This is the hybrid board and commission bill that sets out to abolish the Board of Dental Examiners, among five other boards, and transfer its duties and powers to the Division of Occupational Licensing, which would be created in this bill and would fall under the Nevada Department of Business and Industry. All remaining healthcare occupational boards will pay 5% of their annual collected fees to the new Division.

SB 379 – Providers for the collection of certain data concerning providers of health care.

- This bill requires the Director of the Department of Health and Human Services to create and maintain a database of information for health care providers who are registered and licensed in Nevada. It also requires certain professional licensing boards and agencies to certify or registered health care providers in order to collect information from applicants for the renewal of their license or certificate.

SB 391 – Revises provisions relating to dentistry.

- This bill authorizes the issuance of a permit as a dental responder to a dentist, dental hygienist or dental therapist. It also authorizes a dental responder to perform certain duties during a declared emergency, disaster, public health emergency or other health event.

SB 402 – Revises provisions relating to regulatory bodies.

- This bill requires certain boards to submit an annual report submitted by the Sunset Committee of the Legislative Commission and the Governor. It also gives the Governor authority to suspend the authority of a board or commission to expend funds if they fail to submit such an annual report.

Agenda Item (5)(a):

Overview of Legislative Bills

Nevada State Board of Dental Examiners

AMENDED NOTICE OF AGENDA FOR LEGISLATIVE, LEGAL, AND DENTAL PRACTICE COMMITTEE MEETING

Agenda Item 4(a): Legislative Update

The 81st (2021) Session of the Nevada Legislature has produced several Bills that, if passed in their current draft forms, may have direct or indirect impact upon the Board and its ability to perform its duties pursuant to Nevada Revised Statutes Chapter 631. The following proposed bills have been identified as noteworthy from this legislative session in that respect.

Because the text of these Bills are subject to frequent change and amendments while the Legislature is in session, we are providing the following hyperlinks to the Bills' respective pages on the Nevada Legislature's NELIS webpage. The materials within each NELIS entry is being submitted as "supporting materials" pursuant to NRS 241.015(6) for the LEGISLATIVE, LEGAL, AND DENTAL PRACTICE COMMITTEE MEETING set for April 6, 2021 @ 6pm pursuant to NRS 421

In addition, the full Overview of each bill, including sponsor(s), title, and digest, will be separately provided as additional "supporting materials," but will only reflect the Overview as of the time and date they were generated for inclusion in the Board materials.

AB 269 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8094/Overview>

AB 369 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7946/Overview>

AB 438 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8093/Overview>

AB 439 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8094/Overview>

SB 5 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8096/Overview>

SB 326 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7960/Overview>

SB 335 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7972/Overview>

SB 379 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8066/Overview>

SB 391 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8096/Overview>

AB269

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [ASSEMBLY BILLS](#) / AB269

Summary Revises provisions relating to providers of dental care. (BDR 54-645)

Introduction Date Monday, March 15, 2021

Fiscal Notes Effect on Local Government: No.

Effect on the State: Yes.

Primary Sponsors

[Assemblyman Philip P.K. O'Neill](#)

[Assemblywoman Robin Titus](#)

[Senator Joseph Hardy](#)

[Senator Fabian Donate](#)

Co-Sponsor(s)

[Assemblywoman Venicia Considine](#)

[Assemblywoman Jill Dickman](#)

[Assemblywoman Alexis Hansen](#)

[Assemblywoman Heidi Kasama](#)

[Assemblyman Richard McArthur](#)

[Assemblyman Tom Roberts](#)

[Assemblywoman Clara Thomas](#)

[Assemblywoman Jill Tolles](#)

[Assemblyman Jim Wheeler](#)

[Senator Ben Kieckhefer](#)

[Senator James Settelmeyer](#)

Title AN ACT relating to dentistry; providing for the issuance of special endorsements for a dentist, dental hygienist or dental therapist to administer immunizations; imposing certain requirements concerning the administration of immunizations by the holder of such an endorsement; authorizing the imposition of disciplinary action against a dentist, dental hygienist or dental therapist for certain violations; revising the required qualifications of the State Dental Health Officer; authorizing the State Public Health Dental Hygienist to pursue another business or vocation under certain circumstances; and providing other matters properly relating thereto.

Digest Existing law regulates the practices of dentistry, dental hygiene and dental therapy. (Chapter 631 of NRS) Existing law generally authorizes a dental hygienist or dental therapist to perform only the tasks authorized by a licensed dentist. (NRS 631.310, 631.3122) Sections 2 and 3 of this bill require the Board of Dental Examiners of Nevada to issue to a licensed dentist, dental hygienist or dental therapist a special endorsement to administer immunizations generally or to administer immunizations for influenza only if the licensed dentist, dental hygienist or dental therapist completes a course of training in the administration of immunizations that is approved by the Board. Section 7 of this bill prescribes the continuing education required to maintain such an endorsement. Sections 2 and 3 authorize a dental hygienist or dental therapist who holds such a special endorsement to administer immunizations only under the authorization of a dentist who also holds such a special endorsement. Section 4 of this bill requires a dentist who holds a special endorsement to administer immunizations issued pursuant to section 2 or 3 and who administers immunizations, or under whose authorization a dental hygienist or dental therapist administers immunizations, to: (1) issue or obtain from certain persons a standing order

for the administration of the immunizations; and (2) establish certain policies concerning the administration of immunizations. Section 4 also requires a dentist, dental hygienist or dental therapist who holds such an endorsement to comply with the instructions of the manufacturer of an immunization and certain federal guidelines for administering immunizations. Section 5 of this bill requires a dentist, dental hygienist or dental therapist to provide certain information to the patient, obtain the informed written consent of the patient and review the medical history of the patient before administering an immunization. Section 5 additionally requires a dentist, dental hygienist or dental therapist to rely on and act in conformance with the conclusions of a physician, physician assistant or advanced practice registered nurse concerning the advisability of administering an immunization to a patient. Section 6 of this bill requires a dentist, dental hygienist or dental therapist who holds a special endorsement to administer immunizations to maintain certain records concerning the administration of immunizations. Section 8 of this bill authorizes the Board to impose disciplinary action against a dentist, dental hygienist or dental therapist who: (1) administers an immunization without the proper special endorsement; or (2) fails to comply with existing requirements to report certain information relating to immunizations. The Board would also be authorized under existing law to impose disciplinary action against a dentist, dental hygienist or dental therapist who willfully or repeatedly violates other provisions of this bill governing the administration of immunizations. (NRS 631.3485) Existing law: (1) provides for the appointment of a State Dental Health Officer and a State Public Health Dental Hygienist; (2) requires those officers to perform certain duties relating to public dental health or public health dental hygiene, as applicable; and (3) prohibits those officers from pursuing any other business or vocation. (NRS 439.272, 439.279) Section 9 of this bill revises the required qualifications of the State Dental Health Officer to allow a person who is not a licensed dentist in this State to be appointed as the State Dental Health Officer if he or she has a masters or doctorate degree in public health or a related field and is a graduate of an accredited dental college or residency program. Section 10 of this bill authorizes the State Public Health Dental Hygienist to pursue another business or vocation with the approval of the Division of Public and Behavioral Health of the Department of Health and Human Services.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

No data to display

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

As Introduced

Bill History

Date

Action

Journal

Date	Action	Journal
Mar 15, 2021	Read first time. Referred to Committee on Commerce and Labor. To printer.	Assembly: <u>Journal</u> Senate: Not discussed
Mar 16, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

AB369

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [ASSEMBLY BILLS](#) / AB369

Summary Revises provisions relating to professional and occupational boards. (BDR 18-231)

Introduction Date Monday, March 22, 2021

Fiscal Notes Effect on Local Government: No.

Effect on the State: Yes.

Primary Sponsor

[Assemblywoman Alexis Hansen](#)

Title AN ACT relating to governmental administration; providing for the expiration of certain professional and occupational licensing boards unless renewed by the Legislature; requiring the Sunset Subcommittee of the Legislative Commission to review such boards before their expiration and make recommendations; and providing other matters properly relating thereto.

Digest Existing law provides for the regulation of certain occupations and professions in this State by various agencies, boards and commissions in the Executive Department of the State Government, which are generally referred to as professional and occupational licensing boards. (See, e.g., Title 54 of NRS) Section 1 of this bill provides for the expiration by law of such a professional or occupational licensing board after 6 years unless the Legislature renews the board. Section 1 provides that if such a board expires, a person may engage in the profession or occupation that had been regulated by the board without a license, certificate, registration, permit or similar type of authorization issued by a professional or occupational licensing board. Existing law requires the Sunset Subcommittee of the Legislative Commission to review at least 10 boards or commissions in this State each legislative interim to determine whether the board or commission should be terminated, modified, consolidated or continued. (NRS 232B.210-232B.250) Section 2 of this bill requires the Sunset Subcommittee to review each professional or occupational licensing board that is required to expire pursuant to section 1 during the legislative interim immediately preceding the prospective expiration of the board. Section 2 also eliminates the minimum number of reviews of other boards and commissions that the Sunset Subcommittee is required to conduct. Section 3 of this bill makes conforming changes related to the review of professional and occupational licensing boards by the Sunset Subcommittee. Section 4 of this bill requires the Sunset Subcommittee to include certain recommendations for the conclusion of business and operation in any recommendation for nonrenewal made by the Subcommittee. Existing law allows each statutory legislative committee and interim study committee to request a certain number of legislative measures preceding a regular session. (NRS 218D.160) Section 5 of this bill authorizes the Sunset Subcommittee to request the drafting of as many legislative measures as are necessary to facilitate its recommendations relating to the renewal of professional and occupational licensing boards.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

No data to display

Final Passage Votes

None recorded

Conference Committees



None scheduled

Bill Text

As introduced

Bill History

Date	Action	Journal
Mar 22, 2021	Read first time. Referred to Committee on Government Affairs. To printer.	Assembly: Journal Senate: Not discussed
Mar 24, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

AB438

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [ASSEMBLY BILLS](#) / [AB438](#)

Summary	Revises provisions relating to dentistry. (BDR 54-1137)
Introduction Date	Friday, March 26, 2021
Fiscal Notes	Effect on Local Government: No. Effect on the State: Yes.
Primary Sponsor	<u>Assembly Committee on Commerce and Labor</u>
Title	AN ACT relating to dentistry; authorizing the Board of Dental Examiners of Nevada to employ persons for certain purposes; prescribing conditions concerning such employment; revising provisions governing the treatment of a patient by a dentist, dental hygienist or dental therapist licensed in another jurisdiction during certain courses of continuing education; providing for the licensure by endorsement of dentists and dental hygienists; prohibiting the imposition of disciplinary action against a dentist, dental hygienist or dental therapist for certain reasons; revising the types of disciplinary action that the Board is authorized to impose; revising provisions concerning the investigation of a complaint against a dentist, dental hygienist or dental therapist; and providing other matters properly relating thereto.
Digest	Existing law creates the Board of Dental Examiners of Nevada to regulate the practices of dentistry, dental hygiene and dental therapy in this State and provides for the appointment of the Executive Director of the Board. (NRS 631.120, 631.160) Section 2 of this bill authorizes the Board to employ certain personnel necessary to the discharge of its duties. Sections 2 and 4 of this bill provide that all employees of the Board, including the Executive Director, are at-will employees who serve at the pleasure of the Board. Section 2 prescribes certain additional requirements governing the employment of hearing officers. Section 2 also authorizes the Executive Director to appoint and remove or discharge employees with the approval of the Board. Existing law authorizes a dentist who is not licensed in this State but is licensed in another jurisdiction to treat a patient whom he or she has previously treated during certain courses of continuing education under the supervision of the holder of a limited license to supervise courses of continuing education. (NRS 631.215) Section 5 of this bill: (1) additionally authorizes a dental hygienist or dental therapist to treat a patient under those conditions; (2) removes the requirement that the dentist, dental hygienist or dental therapist must have previously treated the patient; and (3) authorizes any dentist, dental hygienist or dental therapist licensed in this state to supervise such treatment. Existing law authorizes the Board to issue a license to practice dentistry as a specialist without a clinical examination to an applicant who: (1) has completed the educational requirements specified for certification in a specialty area by a certifying board approved by the Commission on Dental Accreditation of the American Dental Association; and (2) is recognized by the certifying board as being eligible for that certification. (NRS 631.255) Section 6 of this bill removes an additional requirement that such a person be certified as a diplomate of the certifying board within 6 years after licensure. Until July 1, 2006, existing law authorized the Board to issue a temporary license to practice dentistry without a clinical examination to an applicant who was licensed in another jurisdiction of the United States, had practiced dentistry for at least 5 years and met certain other requirements. (NRS 631.272) Section 7 of this bill authorizes the Board to issue a license by endorsement to practice dentistry to an applicant who: (1) is licensed in another jurisdiction of the United States; (2) has practiced dentistry or served as a full-time faculty member of an accredited school of dentistry for at least 5 years or, if the applicant has completed an accredited residency program, 3 years; (3) has not been subject to certain professional discipline in another jurisdiction; and (4) meets certain other requirements. Section 3 of this bill similarly authorizes the Board to issue a license by endorsement to practice dental hygiene to an applicant who: (1) is licensed in another jurisdiction of the United States; (2) has practiced dental hygiene for at least 5 years; (3) has not been subject to certain professional discipline in another jurisdiction; and (4) meets certain other requirements. Existing law authorizes the imposition of disciplinary action against a licensed dentist, dental hygienist or dental therapist who engages in the illegal practice of dentistry, dental hygiene or dental therapy or unprofessional conduct, violates the regulations of the Board or breaches a duty to an organization for dental care. (NRS 631.350, 695D.190) Section 8 of this bill prohibits the Board from imposing disciplinary action for any other grounds or for any conduct that occurred more than 5 years before the submission of the relevant complaint to the Board. Section 8 also: (1) limits the amount of the fine that the Board may impose on a licensee; and (2) authorizes the Board to issue a written warning, letter of concern or other written correspondence to a licensee. Section 10 of this bill requires a committee of members of the Board to review and investigate a complaint and if there is a reasonable basis, refer the complaint to the Board or a hearing officer or panel appointed by the Board to hold a formal hearing on the complaint. Section 10 requires the redaction of the identifying information of any person involved in the activities discussed in the complaint for the purposes of such a review and investigation. Sections 10 and 13 of this bill exempt the meetings of such a committee from provisions of law requiring that the meetings of a public body must be open and public. Existing law authorizes the

Board appoint one of its members and any of its employees, investigators or other agents to conduct an investigation and informal hearing concerning a violation of provisions of law or regulations governing the practice of dentistry, dental hygiene and dental therapy. After an informal hearing, existing law requires an investigator to prepare and submit to the Board written findings of fact and conclusions only if the investigator determines that the Board should take further action. Existing law authorizes the Board to consider the investigator's report if it holds its own hearing on the matter. (NRS 631.363) If the Board appoints one of its members and any of its employees, investigators or other agents to conduct an investigation and informal hearing, existing law requires the Board to appoint a panel of members to review the investigation and informal hearing. (NRS 631.3635) Section 11 of this bill requires the investigator to prepare and submit to the Board written findings of fact and conclusions regardless of whether the investigator determines that the Board should take further action. Sections 9 and 11 of this bill also require the Board or a hearing officer or panel to which the Board has delegated its disciplinary authority to: (1) hold a hearing on the complaint regardless of the investigator's determination; and (2) consider at that hearing the report of the investigator and the recommendations of the review panel. Section 12 of this bill requires the findings of such a review panel to include findings concerning whether any determination made during the investigation and informal hearing was without basis.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

Assembly Commerce and Labor	Mar 26, 2021	11:20 AM	Floor meetings do not have agendas.	Minutes not yet available	Discussed as BDR
Assembly Commerce and Labor	Mar 31, 2021	6:00 PM	Agenda	Minutes not yet available	Heard

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

[As Introduced](#)

Bill History

Date	Action	Journal
Mar 26, 2021	Read first time. Referred to Committee on Commerce and Labor. To printer.	Assembly: Journal Senate: Not discussed
Mar 29, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

AB439

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [ASSEMBLY BILLS](#) / AB439

Summary	Revises provisions relating to occupational licensing. (BDR 54-383)
Introduction Date	Friday, March 26, 2021
Fiscal Notes	Effect on Local Government: No. Effect on the State: Yes.
Primary Sponsor	<u>Assembly Committee on Commerce and Labor</u>
Title	AN ACT relating to occupational licensing; requiring a regulatory body to issue a license by endorsement to engage in a profession or an occupation to certain persons affiliated with the Armed Forces of the United States; requiring a regulatory body to collect certain data concerning applicants for a license and post certain information on an Internet website; requiring a regulatory body to issue a license by endorsement to engage in certain health-related professions to a person who meets certain requirements; and providing other matters properly relating thereto.
Digest	Existing law requires a regulatory body that issues occupational licenses pursuant to title 54 of NRS to develop regulations for the issuance of licenses by endorsement to persons who: (1) hold a corresponding valid and unrestricted license to engage in the relevant occupation or profession in another jurisdiction of the United States; (2) possess qualifications that are substantially similar to the qualifications required for issuance of a license to engage in that occupation or profession in this State; and (3) meet certain other requirements. (NRS 622.530) Existing law also prescribes specific requirements for the issuance of an expedited license by endorsement to practice in certain health care professions which do not require an applicant to possess qualifications substantially similar to those required for the issuance of a license in this State. (NRS 437.215, 630.1606, 630.2751, 632.161, 632.281, 633.399, 633.4335, 635.066, 636.206, 637B.203, 639.136, 639.2315, 640.145, 640A.165, 641A.241, 641B.271, 641C.3305, 641C.355, 641C.395, 641C.432, 653.530) Existing law prescribes similar requirements for the issuance of an expedited license by endorsement as an allopathic, osteopathic or podiatric physician and authorizes the regulatory body to issue a provisional license to the applicant before the regulatory body makes a final decision. (NRS 630.1607, 633.400, 635.0665) Existing law: (1) prescribes similar requirements for the issuance of an expedited license by endorsement to practice in other health-related professions to an applicant who is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran; and (2) authorizes a regulatory body to issue a provisional license to such an applicant before making a final decision. (NRS 437.220, 630.2752, 632.162, 632.282, 633.4336, 636.207, 637B.204, 639.1365, 639.2316, 640.146, 640A.166, 640C.426, 641.196, 641A.242, 641B.272, 641C.3306, 641C.356, 641C.396, 641C.433, 653.540) Existing law requires a regulatory body to issue an expedited license by endorsement unless the applicant does not meet the statutory requirements for the issuance of the license by endorsement or the regulatory body has good cause to deny the application. (NRS 437.215, 437.220, 630.1306, 630.1607, 630.2751, 630.2752, 632.161, 632.162, 632.281, 632.282, 633.399, 633.400, 633.4335, 633.4336, 635.066, 635.0665, 636.206, 636.207, 637B.203, 637B.204, 639.136, 639.1365, 639.2315, 639.2316, 640.145, 640.146, 640A.165, 640A.166, 640C.426, 641.195, 641.196, 641A.241, 641A.242, 641B.271, 641B.272, 641C.3305, 641C.3306, 641C.355, 641C.356, 641C.395, 641C.396, 641C.432, 641C.433, 653.530, 653.540) Sections 2 and 83 of this bill require a regulatory body that regulates an occupation or profession under title 54 or the practice of applied behavior analysis to issue a license by endorsement to an applicant who is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran under similar circumstances to those prescribed by existing law for the issuance of an expedited license by endorsement to engage in a health-related profession. Sections 2 and 83 require a regulatory body to issue a provisional license to such an applicant immediately upon the submission of an application for an expedited license by endorsement. Sections 2 and 80 of this bill require a regulatory body to collect from such an applicant not more than one-half of the fee prescribed for the initial issuance of the license. Sections 84, 85 and 88 of this bill remove from section 2 certain requirements necessary to comply with federal law concerning the collection of child support obligations from applicants for the issuance or renewal of occupational licenses if that federal law is repealed. Section 87 of this bill repeals: (1) existing provisions for expedited licensure by endorsement of active members of, or the spouses of active members of, the Armed Forces of the United States, veterans or the surviving spouses of veterans; and (2) other duplicative provisions of existing law. Section 3 of this bill prescribes the conditions under which a regulatory body has good cause to deny an application for expedited licensure by endorsement: (1) to active members of, or the spouses of active members of, the Armed Forces of the United States, veterans or the surviving spouses of veterans; or (2) to engage in certain health-related professions. Section 6 of this bill makes a conforming change to indicate the placement of sections 2 and 3 in the Nevada Revised Statutes. Sections 7, 9-14, 16, 17, 19, 20, 22-24, 26, 28-31, 33, 34, 36-38, 40-42, 44, 45, 47-49, 51, 52, 54-60, 62-65, 67, 69, 70, 75-77 and 81 of this bill make conforming changes to remove references to provisions of law repealed by section 86. Sections 8, 15, 18, 21, 25, 27,

32, 35, 39, 43, 46, 50, 53, 61, 66, 68, 71-74, 78 and 82 of this bill clarify that a regulatory body is required to issue an expedited license by endorsement to practice in certain health-related professions when the applicant meets the statutory requirements for the issuance of such a license. Existing law requires a regulatory body to collect information regarding whether an applicant for licensure is a service member or veteran. (NRS 622.120) Section 4 of this bill additionally requires a regulatory body to collect information concerning whether an applicant for licensure is: (1) the spouse of a service member or veteran; or (2) the surviving spouse of a veteran. Section 79 of this bill requires a regulatory body to include this additional information in its annual report to the Interagency Council on Veterans Affairs. Section 4 also requires a regulatory body to post on an Internet website the options for obtaining any license issued by the regulatory body that are available to a service member or veteran, the spouse of a service member or veteran or the surviving spouse of a veteran.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

Assembly Commerce and Labor	Mar 26, 2021	11:20 AM	Floor meetings do not have agendas.	Minutes not yet available	Discussed as BDR
Assembly Commerce and Labor	Mar 31, 2021	6:00 PM	Agenda	Minutes not yet available	Heard

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

[As Introduced](#)

Bill History

Date	Action	Journal
Mar 26, 2021	Read first time. Referred to Committee on Commerce and Labor. To printer.	Assembly: Journal Senate: Not discussed
Mar 29, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

SB5

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [SENATE BILLS](#) / SB5

Summary	Makes changes relating to telehealth. (BDR 40-416)
Introduction Date	Wednesday, November 18, 2020
Fiscal Notes	Effect on Local Government: No. Effect on the State: Yes.
Primary Sponsor	Senate Committee on Health and Human Services
Title	AN ACT relating to health care; requiring the Department of Health and Human Services to establish an electronic tool to analyze certain data concerning access to telehealth; requiring certain entities to review access to services provided through telehealth and evaluate policies to make such access more equitable; revising provisions governing services provided through telehealth and insurance coverage of such services; and providing other matters properly relating thereto.
Digest	Existing law: (1) defines the term "telehealth" to mean the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail; and (2) requires a provider of health care who is located in another state to hold a valid license or certificate in this State before using telehealth to provide certain services to a patient located in this State. (NRS 629.515) Section 8 of this bill includes as telehealth the delivery of services from a provider of health care to a patient at a different location through the use of a standard telephone. Section 1 of this bill requires the Department of Health and Human Services to establish a data dashboard that allows for the analysis of data relating to access to telehealth by different groups and populations in this State. Existing law establishes: (1) the Commission on Behavioral Health, which is comprised of certain providers and consumers of behavioral health services and members of the general public and which establishes policies relating to services for persons with certain behavioral health issues; (2) five regional behavioral health policy boards, each of which is comprised of a Legislator and various persons with knowledge and experience concerning behavioral health in five designated regions of this State and each of which gathers information and provides advice concerning behavioral health needs in the region served by the board; (3) the Patient Protection Commission, which is comprised of stakeholders in the health care industry and which studies issues related to the health care needs of residents of this State; and (4) the Legislative Committee on Health Care, which is comprised of legislators with knowledge of and experience with health care and studies issues related to health care during the interim period between regular legislative sessions. (NRS 232.361, 433.428, 433.429, 433.4295, 439.908, 439.916, 439B.200, 439B.210, 439B.220) Sections 2, 3, 5 and 6 of this bill expand the duties of those bodies to include: (1) using the data dashboard to review access by different groups and populations in this State to services provided through telehealth; and (2) evaluating policies to make such access more equitable. Sections 1 and 2 of this bill require the data dashboard to be accessible through Internet websites maintained by the Department and the Patient Protection Commission, respectively. Existing law imposes certain requirements concerning coverage of telehealth services by insurers and certain other third-party payers. Those requirements: (1) include a requirement that an insurer or other third-party payer must cover services provided through telehealth to the same extent as if provided in person or by other means, regardless of the site at which the provider or patient is located; and (2) apply to health coverage, including Medicaid and health plans for state and local government employees, and workers' compensation coverage. (NRS 287.010, 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265, 695B.1904, 695C.1708, 695D.216, 695G.162) Because section 8 includes services provided using a standard telephone within the definition of "telehealth" for the purposes of those requirements, section 8 makes those requirements applicable to services provided by telephone. Sections 4, 7 and 9-16 additionally prohibit a third-party payer from: (1) refusing to pay for services provided through telehealth because of the technology used to provide the services; or (2) categorizing a service provided through telehealth differently for purposes relating to coverage or reimbursement than if the service had been provided in person or through other means. Sections 4, 7 and 9-16 also require a third-party payer to cover services provided through telehealth, except for services provided using a standard telephone, in the same amount as services provided in person or by other means.

Most Recent History Action

Read first time. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

Assembly Health and Human Services	Feb 17, 2021	1:30 PM	Agenda	Minutes	Mentioned no jurisdiction
Senate Finance	Mar 05, 2021	8:00 AM	Agenda	Minutes not yet available	Mentioned No Jurisdiction
Senate Health and Human Services	Mar 09, 2021	3:30 PM	Agenda	Minutes	Heard, No Action

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

[As Introduced](#)

Bill History

Date	Action	Journal
Nov 18, 2020	Prefiled. Referred to Committee on Health and Human Services. To printer.	
Dec 14, 2020	From printer.	
Feb 01, 2021	Read first time. To committee.	Assembly: Not discussed Senate: Journal

SB326

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [SENATE BILLS](#) / SB326

Summary Revises provisions relating to providers of health care. (BDR 54-614)

Introduction Date Monday, March 22, 2021

Fiscal Notes Effect on Local Government: No.

Effect on the State: Yes.

Primary Sponsor

Senator Joseph Hardy

Title AN ACT relating to professions; authorizing a provider of health care who is licensed or certified in another state to register to use telehealth to provide services to patients located in this State; requiring the Board of Medical Examiners and the State Board of Osteopathic Medicine to prescribe electronic application forms and report certain information to the Legislature; requiring the Commissioner of Insurance to prescribe a form on which a physician may apply to be included in the network of providers of any health carrier who provides coverage to residents of this State; and providing other matters properly relating thereto.

Digest Existing law requires a provider of health care to hold a valid license or certificate in this State in order to use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient. (NRS 629.515) Existing law authorizes the Governor to waive professional licensing requirements during an emergency. (NRS 414.070) On March 12, 2020, the Governor declared a state of emergency due to the COVID-19 pandemic. In the Declaration of Emergency Directive 11 issued pursuant to that State of Emergency on April 1, 2020, the Governor waived licensing requirements, including requirements relating to telehealth, for skilled medical professionals, including physicians, physician assistants, nurses, providers of emergency medical services, pharmacists and providers of behavioral health services. Section 3 of this bill defines the term "regulatory body" to mean any state agency or board that licenses or certifies providers of health care. Section 4 of this bill authorizes a provider of health care who holds a license or certificate in another jurisdiction of the United States to provide services to a patient located at an originating site in this State if he or she registers with the regulatory body that regulates his or her profession in this State. Section 4 provides that such registration is valid for 1 year and is not renewable. Section 4: (1) requires a registrant to comply with the laws and regulations governing the practice of his or her profession in this State; and (2) authorizes the applicable regulatory body to impose disciplinary action against a registrant who fails to comply with those laws and regulations. Sections 7, 10 and 11 of this bill make conforming changes to clarify that a registrant is authorized to use telehealth to provide services to residents of this State without being licensed or certified in this State. Existing federal law requires each state to adopt procedures to ensure that applicants for occupational licenses and certificates comply with child support obligations. (42 U.S.C. § 666) Sections 5 and 6 of this bill enact such procedures as applicable to an applicant for a registration to provide services using telehealth to residents of this State in order to comply with federal law. Sections 13 and 16 of this bill remove a requirement that an application for a registration include the social security number of the applicant on the date that those federal requirements are repealed, while leaving in place the other requirements of sections 5 and 6 until 2 years after that date. Under existing law: (1) the Board of Medical Examiners licenses allopathic physicians and physician assistants, perfusionists and practitioners of respiratory care; and (2) the State Board of Osteopathic Medicine licenses osteopathic physicians and physician assistants. (Chapters 630 and 633 of NRS) Sections 8 and 9 of this bill require those boards to prescribe electronic application forms for the issuance or renewal of each license issued by those boards. Sections 8 and 9 require those forms to be free of discouraging or threatening language and the form to apply for the issuance of a license to include a statement welcoming the applicant to this State. Section 14 of this bill requires those boards to review the application forms prescribed by those boards for compliance with sections 8 and 9 and submit to the Legislature a report concerning those reviews. Sections 8 and 9 also require those boards to annually submit to the Legislature a report of the actual cost of issuing each license issued by those boards during the previous calendar year. Existing law requires the Commissioner of Insurance to prescribe and make available on the Internet a form letter that a health carrier is required to use to notify a provider of health care of the denial of his or her application to be included in the network of providers of the health carrier. (NRS 679B.124) Section 12 of this bill additionally requires the Commissioner to prescribe and make available on the Internet a form on which a physician may apply to be included in the network of providers of any health carrier that provides coverage to residents of this State.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

[Senate Health and Human Services](#) [Mar 25, 2021](#) [3:30 PM](#) [Agenda](#) Minutes not yet available Heard, No Action

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

[As Introduced](#)

Bill History

Date	Action	Journal
Mar 22, 2021	Read first time. Referred to Committee on Health and Human Services. To printer.	Assembly: Not discussed Senate: Journal
Mar 24, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

SB335

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [SENATE BILLS](#) / SB335

Summary Revises provisions relating to professional and occupational licensing. (BDR 54-186)

Introduction Date Monday, March 22, 2021

Fiscal Notes Effect on Local Government: No.

Effect on the State: Yes.

Primary Sponsor

Senator Joseph Hardy

Title AN ACT relating to professional licensing; creating the Division of Occupational Licensing within the Department of Business and Industry; creating the position of Administrator of the Division; setting forth the powers and duties of the Division and the Administrator; creating the Occupational Licensing Account; requiring each board that regulates a provider of health care to comply with certain requirements relating to the creation, retention and public disclosure of records; requiring 5 percent of the fees received by each such board to be deposited in the Occupational Licensing Account; abolishing certain boards that regulate certain professions and occupations; transferring the powers and duties of such boards to the Division; revising the membership of the Board of Medical Examiners and the State Board of Osteopathic Medicine; and providing other matters properly relating thereto.

Digest Existing law provides for the regulation of certain occupations and professions in this State by various boards and commissions created for that purpose. (Title 54 of NRS) Sections 7 and 306 of this bill create the Division of Occupational Licensing within the Department of Business and Industry. Sections 7 and 307 of this bill create the position of Administrator of the Division and require the Director of the Department to appoint the Administrator. Section 8 of this bill authorizes the Administrator to appoint deputy administrators and other employees as necessary. Section 9 of this bill authorizes the Administrator to appoint any advisory boards the Administrator determines are necessary to carry out his or her duties. Section 9 generally authorizes the Administrator to determine the number of members of such an advisory board and the qualifications of the members. However, if an advisory board is called upon to provide advice to the Administrator or perform any other duties relating to the regulation of a profession or occupation regulated by the Division, section 9 requires at least one member of the advisory board to hold a license to engage in that profession or occupation. Section 10 of this bill authorizes the Division to take certain actions with respect to the issuance of licenses to persons engaged in professions or occupations regulated by the Division. Section 11 of this bill authorizes the Division to take certain actions with respect to disciplinary action against such licensees. Section 12 of this bill authorizes the Division to conduct a review of any board that regulates an occupation or profession under existing law to determine whether the board should be abolished and its powers and duties transferred to the Division. Section 13 of this bill authorizes the Division to develop and make recommendations to the Legislature regarding the abolishment of any such board and regarding certain other matters. Section 14 of this bill creates the Occupational Licensing Account and requires the money in the Account to be expended only for the purposes of carrying out the duties of the Division. Section 16 of this bill authorizes the Administrator to adopt certain regulations. Sections 3-6 of this bill define words and terms for the purposes of sections 2-16 of this bill. Existing law requires a regulatory body to follow certain procedures in taking disciplinary action against a licensee. (Chapter 622A of NRS) Section 17 of this bill exempts the Division from such requirements. Existing law creates the: (1) Nevada Board of Homeopathic Medical Examiners; (2) Board of Dental Examiners of Nevada; (2) State Board of Oriental Medicine; (3) Board of Athletic Trainers; (4) Board of Massage Therapy; and (5) State Barbers' Health and Sanitation Board. (Chapters 630A, 631, 634A, 640B, 640C and 643 of NRS) Sections 26-144, 154-176, 192-253, 262-301 and 314 of this bill abolish those boards and transfer the powers and duties relating to the regulation of the professions and occupations regulated by those boards to the Division of Occupational Licensing. Sections 18-21, 305 and 308-310 of this bill make conforming changes to the account for the abolishment of those boards and the transfer of their powers and duties to the Division. Section 312 of this bill provides that any person who, on December 31, 2021, is a member of a board abolished under the provisions of this bill is deemed to be a member of an advisory board appointed by the Administrator pursuant to section 9 on January 1, 2022. Existing law creates various boards to regulate providers of health care. (Chapters 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 641, 641A, 641B and 641C of NRS) Section 15 of this bill requires the Division to adopt regulations establishing: (1) certain requirements for the creation, retention and public disclosure of records of those boards which have not been abolished pursuant to the provisions of this bill; and (2) penalties for such a board that fails to comply with such requirements. Sections 22, 145, 147, 152, 177, 179, 181, 183, 185, 188, 190, 254, 256, 258 and 260 of this bill require each such board to comply with: (1) all applicable provisions of existing law governing public records and meetings of public bodies; and (2) any

requirements concerning the creation, retention and public disclosure of records of the activities of the board established by regulation of the Division. Sections 25, 146, 150, 153, 178, 180, 182, 184, 186, 189, 191, 255, 257, 259 and 261 of this bill require 5 percent of the fees received by each such board to be deposited in the Occupational Licensing Account. Existing law creates the Board of Medical Examiners, consisting of nine members appointed by the Governor. (NRS 630.050) Sections 23 and 24 of this bill add a member to the Board who is required to be a licensed physician assistant. Existing law creates the State Board of Osteopathic Medicine, consisting of seven members appointed by the Governor. (NRS 633.181) Sections 148 and 149 of this bill add a member to the Board who is required to be a licensed physician assistant.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

[Senate Commerce and Labor](#) [Apr 01, 2021](#) [8:00 AM](#) [Agenda](#) Minutes not yet available Heard, No Action

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

[As Introduced](#)

Bill History

Date	Action	Journal
Mar 22, 2021	Read first time. Referred to Committee on Commerce and Labor. To printer.	Assembly: Not discussed Senate: Journal
Mar 24, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

SB379

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [SENATE BILLS](#) / SB379

Summary Provides for the collection of certain data concerning providers of health care. (BDR 40-457)

Introduction Date Friday, March 26, 2021

Fiscal Notes Effect on Local Government: No.

Effect on the State: Yes.

Primary Sponsor Senate Committee on Health and Human Services

Title AN ACT relating to health care; requiring the Director of the Department of Health and Human Services to establish and maintain a database comprised of information concerning providers of health care who are licensed, certified or registered in this State; requiring or authorizing certain professional licensing boards and agencies that license, certify or register providers of health care to collect information from applicants for the renewal of a license, certificate or registration; establishing the Health Care Workforce Working Group within the Department to analyze the information in the database and perform certain related duties; and providing other matters properly relating thereto.

Digest Existing law provides that the Department of Health and Human Services is the agency of the State of Nevada for health planning and development. (NRS 439A.081) Section 5 of this bill requires the Director of the Department to establish and maintain a database comprised of information collected from certain applicants for the renewal of a license, certificate or registration as a provider of health care. Section 5 requires that information to include certain demographic information and certain information about the applicant's practice. Sections 12, 14-16, 24, 30, 32 and 33 of this bill require licensing boards that license, certify or register certain providers of health care to request such information from each applicant for the renewal of a license, certification or registration. Sections 9, 13, 17-20, 22, 23, 25-29, 35 and 36 of this bill authorize other licensing boards and governmental agencies that license or certify providers of health care to request such information from applicants for the renewal of a license or certificate. Sections 9, 12-20, 22-30 and 32-36 of this bill provide that an applicant from whom data is requested is not required to respond to the request. Sections 9, 12-20, 22-30 and 32-36 require a board or agency that requests information from applicants for the renewal of a license, certificate or registration to submit the information to the Director for inclusion in the database. Sections 9, 12-20, 22-30 and 32-36 additionally prohibit a licensing board or agency from using the information provided by an applicant for the renewal of a license, certificate or registration when determining whether to renew the license, certificate or registration. Sections 11, 21, 31 and 34 of this bill make conforming changes. Section 6 of this bill requires the Director to establish the Health Care Workforce Working Group. Section 7 of this bill prescribes the duties of the Working Group, which include: (1) analyzing the information contained in the database; and (2) making recommendations to professional licensing boards, the Legislature and certain state agencies concerning ways in which to attract more providers of health care to this State and improve health outcomes and public health. Section 5 of this bill requires the Director to annually publish data from the database that does not contain information that could be used to identify a provider of health care. Section 5 also: (1) requires the Director provide such data to the Working Group; and (2) authorizes the Working Group to disclose or publish that data under certain circumstances. Sections 5, 9-20, 22-30 and 32-36 of this bill provide that information collected for submission to the database from providers of health care is otherwise confidential. Section 8 of this bill authorizes the Director to enter into contracts, apply for and accept gifts, grants and donations and adopt regulations to carry out the duties prescribed by this bill.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

[As Introduced](#)

Bill History

Date	Action	Journal
Mar 26, 2021	Read first time. Referred to Committee on Health and Human Services. To printer.	Assembly: Not discussed Senate: Journal
Mar 29, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

SB391

[HOME](#) / [BILLS AND RESOLUTIONS](#) / [SENATE BILLS](#) / SB391

Summary Revises provisions relating to dentistry. (BDR 40-455)

Introduction Date Friday, March 26, 2021

Fiscal Notes Effect on Local Government: No.

Effect on the State: Yes.

Primary Sponsor Senate Committee on Health and Human Services

Title AN ACT relating to dentistry; requiring hospitals and issuers of Medicaid managed care plans to take certain measures to ensure access by recipients of Medicaid to teledentistry; authorizing the issuance of a permit as a dental responder to a dentist, dental hygienist or dental therapist who meets certain requirements; authorizing a dental responder to perform certain duties during a declared emergency, disaster, public health emergency or other health event; creating and prescribing the duties of the Committee on Dental Emergency Management; revising the membership of the Committee on Emergency Medical Services; requiring a public or private school or child care facility to accept a dental examination, screening or assessment provided through teledentistry for certain purposes; requiring dental hygienists and dental therapists to comply with certain requirements governing the provision of health care; imposing certain requirements relating to the provision of services through teledentistry; requiring certain providers of dental care to receive training concerning teledentistry; prescribing certain requirements relating to the electronic storage of records; deeming certain conduct by a provider of dental care to be unprofessional conduct; imposing certain requirements concerning the use of prepaid charges and premiums by an organization for dental care; requiring an organization for dental care to report certain financial information; and providing other matters properly relating thereto.

Digest Existing law authorizes the Governor to proclaim a state of emergency, declare a disaster or issue an executive order proclaiming a public health emergency or other health event in certain circumstances. (NRS 414.070, 439.970) Sections 10-12 of this bill define certain terms. Section 13 of this bill authorizes the Division of Public and Behavioral Health of the Department of Health and Human Services to issue a permit as a dental responder to a dentist, dental hygienist or dental therapist who has received certain training in emergency response. Section 13 authorizes a dental responder to provide emergency medical care, immunizations, medical care in mobile clinics and humanitarian care during a state of emergency, declaration of disaster, public health emergency or other health event. Section 14 of this bill creates the Committee on Dental Emergency Management within the Division. Section 15 of this bill prescribes certain requirements concerning the operations of the Committee. Sections 15 and 18 of this bill exempt meetings of the Committee held during a state of emergency, declaration of disaster, public health emergency or other health event from requirements that meetings of a public body must be open and public. Section 16 of this bill prescribes the duties of the Committee, which relate to emergency management and the practice of professions that provide dental care. Existing law creates the Committee on Emergency Medical Services, which advises the Division on certain matters relating to emergency management and encourages the training and education of emergency medical service personnel. (NRS 450B.151, 450B.153) Section 17 of this bill requires the State Board of Health to appoint one dental responder to the Committee. Existing law defines the term "provider of health care" as a person who practices any of certain professions related to the provision of health care. (NRS 629.031) Existing law imposes certain requirements upon providers of health care, including requirements for billing, standards for advertisements and criminal penalties for acquiring certain debts. (NRS 629.071, 629.076, 629.078) Section 22 of this bill includes dental hygienists and dental therapists in the definition of "provider of health care," thereby subjecting dental hygienists and dental therapists to those requirements. Existing law defines the term "telehealth" to mean the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail. (NRS 629.515) Section 26 of this bill defines the term "teledentistry" to mean the use of telehealth by a dentist, dental hygienist or dental therapist to facilitate the diagnosis, treatment, education, care management and self-management of or consultation with a patient. Sections 24, 25 and 27 of this bill define certain other terms related to teledentistry. Section 36 of this bill makes a conforming change to indicate the placement of sections 24-27 in the Nevada Revised Statutes. Section 28 of this bill requires a person who provides services through teledentistry to a patient located in this State to be: (1) licensed in this State as a dentist or dental therapist; or (2) licensed in this State as a dental hygienist and hold a special endorsement to practice public health dental hygiene. Section 28 also requires a dentist, dental hygienist or dental therapist providing services through teledentistry to adhere to the applicable laws, regulations and standards of care to the same extent as when providing services in person. Section 29 of this bill requires a dentist, dental hygienist or dental therapist who provides services through teledentistry to be insured against liabilities arising from services provided through teledentistry. Section 30 of this bill

authorizes the use of teledentistry for certain purposes relating to the provision of a diagnosis or treatment. Section 31 of this bill requires a dentist, dental hygienist or dental therapist to establish a bona fide practitioner-patient relationship, confirm certain facts about a patient and obtain informed consent before providing services through teledentistry. Section 32 of this bill requires a dentist, dental hygienist or dental therapist to: (1) use communications technology that complies with certain federal requirements concerning the privacy of information relating to patients when providing services through teledentistry; and (2) create a complete record of each encounter with a patient through teledentistry. Section 33 of this bill imposes certain requirements to ensure that adequate, in-person care is available to a patient who receives services through teledentistry if needed. Section 34 of this bill requires the Board of Dental Examiners of Nevada to adopt regulations governing teledentistry. Sections 37, 39 and 47 of this bill require an applicant for a license to practice dentistry or dental therapy or a special endorsement to practice public health dental hygiene or the holder of such a license or endorsement to complete certain training concerning teledentistry. Section 38 of this bill makes a conforming change. Section 40 of this bill requires the Board to adopt regulations prescribing specific criteria for the accreditation of a course in teledentistry. Section 35 of this bill prescribes certain requirements concerning the secure electronic storage of information concerning patients. Section 41 of this bill provides that it is unprofessional conduct for a dentist, dental hygienist or dental therapist to: (1) fail to actively involve a patient in decisions concerning his or her treatment; or (2) require a patient to enter into an agreement that restricts the ability of the patient to submit a complaint to the Board. Sections 1, 42 and 45 of this bill require hospitals and issuers of Medicaid managed care plans to take certain measures to improve the access of recipients of Medicaid to teledentistry. Sections 2-8 of this bill make conforming changes to indicate the proper placement of section 1 in the Nevada Revised Statutes and provide for the enforcement of the requirements of section 1. Sections 19-21 of this bill require a public school, private school or child care facility that requires a dental examination, screening or assessment of a child as a condition of admission to accept a dental examination, screening or assessment provided through teledentistry that meets certain criteria for that purpose. Existing law prohibits an organization for dental care from using more than 25 percent of its prepaid charges or premiums for marketing or administrative expenses. (NRS 695D.240) Section 43 of this bill prohibits an organization for dental care from retaining more than a total of 25 percent of its prepaid charges or premiums as profits or for use as marketing or administrative expenses. Section 43 also requires an organization for dental care to report certain financial information to the Commissioner of Insurance and requires the Commissioner to post the reports on the Internet. Section 44 of this bill prescribes certain procedural requirements concerning an examination by the Commissioner for the purpose of verifying the information included in such a report.

Most Recent History Action

From printer. To committee.

(See full list below)

Upcoming Hearings

None scheduled

Past Hearings

[Senate Health and Human Services](#) [Apr 01, 2021](#) [3:30 PM](#) [Agenda](#) Minutes not yet available Heard, No Action

Final Passage Votes

None recorded

Conference Committees

None scheduled

Bill Text

As Introduced

Bill History

Date	Action	Journal
Mar 26, 2021	Read first time. Referred to Committee on Health and Human Services. To printer.	Assembly: Not discussed Senate: <u>Journal</u>
Mar 29, 2021	From printer. To committee.	Assembly: Not discussed Senate: Not discussed

Agenda Item (5)(b):

NRS 622A.170

NRS 622.330

NRS 622A.170 Informal dispositions; consent and settlement agreements; designation of hearing panels.

1. The provisions of this chapter do not affect or limit the authority of a regulatory body, at any stage of a contested case, to make an informal disposition of the contested case pursuant to subsection 5 of [NRS 233B.121](#) or to enter into a consent or settlement agreement approved by the regulatory body pursuant to [NRS 622.330](#).
2. The provisions of this chapter do not affect or limit the authority of a regulatory body to designate a panel of its members to hear a contested case pursuant to this chapter.

NRS 622.330 Consent and settlement agreements: Conditions for entry; deemed public records; exceptions.

1. Except as otherwise provided in this section, a regulatory body may not enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body, unless the regulatory body discusses and approves the terms of the agreement in a public meeting.
2. A regulatory body that consists of one natural person may enter into a consent or settlement agreement without complying with the provisions of subsection 1 if:
 - (a) The regulatory body posts notice in accordance with the requirements for notice for a meeting held pursuant to [chapter 241](#) of NRS and the notice states that:
 - (1) The regulatory body intends to resolve the alleged violation by entering into a consent or settlement agreement with the person who allegedly committed the violation; and
 - (2) For the limited time set forth in the notice, any person may request that the regulatory body conduct a public meeting to discuss the terms of the consent or settlement agreement by submitting a written request for such a meeting to the regulatory body within the time prescribed in the notice; and
 - (b) At the expiration of the time prescribed in the notice, the regulatory body has not received any requests for a public meeting regarding the consent or settlement agreement.
3. If a regulatory body enters into a consent or settlement agreement that is subject to the provisions of this section, the agreement is a public record.
4. The provisions of this section do not apply to a consent or settlement agreement between a regulatory body and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

Agenda Item (6)(a):

**January 28, 2021 Executive Budget Audit Committee
(EBAC) Meeting Draft Minutes**

Steve Sisolak
Governor
Chairman

Warren Lowman
Administrator
Division of Internal Audits
Governor's Finance Office



STATE OF NEVADA EXECUTIVE BRANCH AUDIT COMMITTEE

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Kate Marshall
Lieutenant Governor

Barbara K. Cegavske
Secretary of State

Zach Conine
State Treasurer

Catherine Byrne
State Controller

Aaron D. Ford
Attorney General

Trudy Dulong
Public Member

MEETING MINUTES

Date and Time: January 28, 2021, 10:00 AM

Location: *Pursuant to the Governor's Emergency Directive 006, as extended, there was no physical location for this meeting. This meeting can be viewed on YouTube.*

https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live

1. Call Meeting To Order/ Roll Call/ Remarks

Governor Sisolak, Chairman called the Executive Branch Audit Committee meeting to order at 10:00 am. Roll call established a quorum was present.

Members Present:

Governor Steve Sisolak, Chairman
Lieutenant Governor Kate Marshall
Secretary of State Barbara Cegavske
State Treasurer Zach Conine
State Controller Catherine Byrne
Attorney General Aaron Ford
Public Member Trudy Dulong

Governor Sisolak congratulated Public Member Trudy Dulong on her reappointment and thanked her for her commitment, dedication, and willingness to devote so much of her time to these items. Ms. Dulong thanked the Governor for reappointing her and said she looked forward to continuing to serve the public on the Executive Branch Audit Committee.

2. Public Comment

There were no requests to make public comment.

3. Approval of the July 6, 2020 Minutes.

Governor Sisolak asked for changes or corrections to the minutes. Secretary of State Cegavske noted that her staff talked with Division of Internal Audits staff and very minor corrections had been made to the draft minutes.

Motion: Approve the July 6, 2020 EBAC Meeting Minutes.
By: Secretary of State Cegavske
2nd: Controller Byrne
Vote: Passed unanimously

4. Presentation of Audit Reports Pursuant to NRS 353A.085.

A. (DIA 21-01) Department of Administration, State Public Works Division – Tenant Improvements and Building Maintenance.

Heather Domenici, Audit Manager noted Administrator Ward Patrick and Deputy Administrator Ron Cothran were representing the division (SPWD/B&G). The audit focused on enhancing fiscal management of expenditures on building maintenance and tenant improvements. Improved fiscal management is necessary to ensure accurate accounting of expenditures and revenues, reduce delays, and comply with state guidelines. Tenant improvements are agency requested projects facilitated by B&G and paid for by the agency. Building maintenance projects are funded through rent paid by the agency.

To improve transparency, accountability, and fiscal management of these projects, the audit made two recommendations: First, B&G should define category 13 projects and establish policies and procedures to properly manage and estimate expenditures. B&G has no policy to clarify which types of expenditures should be charged to category 13, tenant improvements versus category 12, building maintenance. Over \$200,000 of expenditures associated with these projects were improperly charged in 2018 through 2020. Additionally, \$147,000 of agency requested projects could not be completed in 2020 because B&G did not have sufficient budget authority and did not submit a work program to IFC to increase the authority. Defining category 13 projects and establishing policies and procedures help ensure accurate accounting and will reduce delays in completing agency requested projects.

Second, B&G should use activity codes to track category 13 chargebacks. B&G currently tracks expenditures in Advantage (the state accounting system) by the building where the improvement was made rather than the agency to be charged. This tracking procedure is inadequate because expenditures in Advantage cannot be reconciled to B&G's internal tracking report that shows expenditures by agency. The state budget manual requires expenditures to be accurately coded. B&G can code project expenditures by agency using activity codes in Advantage. Tracking by activity codes will insure accurate reconciliation of expenditures to agency chargebacks and increase transparency over the process.

Lieutenant Governor Marshall noted the audit did not address the calculation methodology of rent B&G charges agencies and wanted to make a comment on the record that the issue needs to be looked at and the need to have some transparency in the process.

Warren Lowman, Division of Internal Audits (DIA) Administrator responded the issue of B&G rent calculation could be added to the audit plan the committee would be asked to approve later in the agenda. The Lieutenant Governor agreed.

B. (DIA 21-02) Department of Public Safety, Division of Parole and Probation – Caseloads.

Jeff Landerfelt, Audit Manager noted Chief Tom Lawson was representing the division (NPP). The audit focused on aligning NPP's caseload ratios to improve operational effectiveness. NPP applies caseload ratios to offender forecasts during the budget process to determine staffing needs for case handling positions. The caseload ratios reflect the collective judgement of NPP leadership on the workload to achieve optimal outcomes for supervised offenders. Caseload ratios established in the budget process are not always met. Rather, because of persistent vacancies in case handling positions, NPP often operates at caseload ratios higher than those deemed optimal by leadership during the budget process.

The audit made two recommendations. First, track the caseload ratios based on actual staffing levels. Although NPP tracks caseload ratios at the unit level, caseloads are not tracked in a manner that identifies where imbalances exist at the officer level. DIA's analysis shows that not only are significant portions of officers handling excessive caseloads but positions not intended to directly supervise offenders, Sergeants and Specialists, also carry direct supervision duties. Tracking caseload ratios at the officer level informs leadership when adjustments are needed to achieve optimal caseloads. Operating at desired caseload ratios is essential to performing proper levels of supervision needed to reduce offender noncompliance.

Second, the audit recommends NPP develop a plan to improve retention and expand recruitment. Research shows the law enforcement community is facing unprecedented recruitment challenges nationally; creative approaches are needed locally to ensure adequate staffing of critical public safety functions. High turnover in case handling positions has a direct impact on the effectiveness of offender supervision and results in an estimated \$2.1 million annual loss of investment in trained officers. Documenting a plan to address recruitment and retention challenges as an integral part of the strategic plan will promote operational stability and help ensure adequate resources are directed at hiring and retaining individuals with a high potential for success with NPP. Recruitment efforts are centralized for all DPS divisions and this recommendation will be implemented at the department level.

Secretary Cegavske asked if the measures taken by the Governor to add increased pay help with hiring or assist in this issue at all?

Governor Sisolak noted salary and other compensation pressures are a key draw away from the state into municipalities and other law enforcement communities. Addressing salary increases would in fact help stem the tide of attrition. The Governor added there was a salary study done by DHRM that pointed out there is some mismatch in retirement benefits, which is sometimes cited as a key attraction to those officers leaving state service.

Public Member Dulong asked if the audit looked to any other agencies or other states to find anyone who is doing this better than we are or has ideas?

Mr. Landerfelt responded the research was actually pretty vague. It is mostly up to the local jurisdictions to figure out how they are going to best recruit, what are the elements of their compensation package, and other types of benefits they could offer. Best practices are really up to the judgement of hiring agencies because there are so many elements that vary between states, organizations, pay structures, and whether the parole and probation function is separate from or combined with the corrections function. There are lots of elements to consider that deserve attention at the highest levels to create solutions and address retention problems.

C. (DIA 21-03) Department of Corrections – Fiscal Processes.1.

Heather Domenici, Audit Manager noted Director Charles Daniels and his leadership team were representing the department (NDOC). The audit focused on NDOC's fiscal processes with the objective of developing recommendations to improve oversight of fiscal management and accounting practices. The audit found diminished oversight resulted in lost accountability of \$29.2 million and reduced transparency for Offenders' Store Fund expenditures, unnecessary work programs, and significant payroll costs. Additionally, NDOC's contracting practices do not comply with state requirements.

The audit made four recommendations for NDOC to improve oversight of fiscal management and accounting practices: First, NDOC should increase oversight of the Offenders' Store Fund. The audit found an average \$11.9 million annually in Offenders' Store Fund expenditures were administered through regulations adopted internally and not in conformance with the Administrative Procedures Act as required by statute. NDOC can increase oversight of the fund by adopting regulations through the public administrative rule-making process, which will comply with legislative guidance, include the public in the process, and ensure rules for administering fund expenditures conform with statutory authority and legislative intent.

Second, NDOC should improve the accuracy of budgetary estimates and expenditure projections. A review of NDOC work programs processed in FY19-20 revealed an average of 64% or \$13.6 million were unnecessary or misstated. The majority of these work programs were due to inaccurate projections or expenditure estimates resulting in 84% processed for the same or similar purpose as other work programs. NDOC can improve the accuracy of budgetary estimates and expenditure projections to eliminate these unnecessary and misstated work programs.

Third, NDOC should ensure contracting practices comply with state requirements. NDOC's contracting activities reduce transparency and do not comply with state requirements. NDOC did not disclose a memorandum of understanding to state oversight bodies that was used to improperly amend a \$13.5 million state Master Services Agreement for telephone services. Further, NDOC did not obtain Board of Examiners' approval for three cooperative agreements with the U.S. Department of Justice.

Fourth, NDOC should improve oversight of personnel and payroll practices. Diminished oversight over NDOC personnel and payroll practices increases cost to the state by an average \$3.7 million annually. Review of payroll registers and accounting records revealed misstated personnel costs recorded in budget accounts and significant overtime and paid administrative leave costs. NDOC can improve oversight over personnel and payroll practices by assigning pay location codes, obtaining approval for moving costs between budget accounts, ensuring employees follow overtime policies, and defining parameters for granting paid administrative leave.

Lieutenant Governor Marshall commented as soon as you bring up the Offenders' Store, over-expenditures, and lack of transparency, she becomes concerned because that is the only place offenders can get things they need or want, like shoes. There have been a number of news articles around the country about people who are incarcerated having to get money from their families but unable to get basic things like shoes. The fact that this is coming up in Nevada's Department of Corrections gives her a lot of concern. She asked to know if the follow-on audit will ensure that because someone is incarcerated doesn't mean they and their family are forced to buy at the farm shop like indentured servants, so to speak, at high rates, which then keeps the offender in a state of debt.

Administrator Lowman responded that DIA was going to take a deeper look into transactions for the Offenders' Store in the second audit. He added the second audit would get to most of the questions that were asked. He invited Director Daniels to comment on the question of competition to the stores.

Lieutenant Governor Marshall said she was not asking necessarily for competition unless that was a recommendation. She noted the store has a monopoly on anyone who needs anything at either the expense of the offender or their family. Are they able to have simple things like shoes? She saw some offenders working at state buildings and at the Capitol walking around in shoes that are basically taped. She would appreciate the second audit following up on an offender's access to the store for items they need.

Mr. Lowman responded the Lieutenant Governor's concerns would be included in the second audit and asked Director Daniels or his staff if they'd like to comment.

Kristina Shea, NDOC Deputy Director for Support Services offered additional clarification. She noted the Offenders' Store issue and the information seen in the news are separate issues. The Offenders' Store Fund and the monies that are subject to NRS 233B are related to the cost of goods sold; anything associated with those costs would be part of what the inmate would actually pay for something. The department is committed to working with the AG's office to ensure NDOC is in compliance with NRS 233B moving forward. Ms. Shea noted there are separate mechanisms for offenders to purchase things versus the cost of goods sold that would be associated with the Offenders' Store Fund.

Lieutenant Governor Marshall thanked Deputy Director Shea and added she realized there is a lot of strain and a lot of vacancies and the kind of job NDOC does is very difficult. A lot of NDOC employees are working under difficult conditions. The Lieutenant Governor stated

we still have to be diligent and make sure we are not abusing people or their families simply because they are incarcerated.

Governor Sisolak asked Director Daniels to speak to this issue. The Governor noted when they had this discussion at the Board of State Prison Commissioners that Secretary of State Cegavske and Attorney General Ford are on with him as it related to funding, sending money and the accounting of that money. There was an explanation given about how much can be sent in by the families every quarter for food and for other sundry type items. He asked if someone from NDOC could explain that process?

Deputy Director Shea explained that at the Board of State Prison Commissioners meeting, NDOC discussed AR 258 and there are a couple of different mechanisms. There's the mechanism where families send money directly into an offender's trust account; a lot of the conversation at the Board meeting dealt with the trust accounts. There are also other mechanisms where once the offender receives money into their trust account they can use some of that money to purchase things from the commissary and other avenues. There is also a package program where family members can directly purchase things for the inmates. It's a quarterly system. The limit is currently set at \$125 a quarter and depending if it's a clothing item or a fee purchase program there are several different ways inmates receive items. There are department-provided services; the ability for the inmate to receive funds and buy directly from the commissary; the ability for the inmate and their family to send money; and the ability to send packages through the package program.

Director Daniels asked to also share that statutorily, NDOC is required to replace hygiene items, for example underclothing and shoes, at a minimum every six months or when needed. The Director was unsure about what the Lieutenant Governor referenced but said NDOC was statutorily required to provide the basic needs for the inmates and that they do.

Treasurer Conine asked about the grant award where only \$63,000 of an \$860,000 grant was spent within the initial expected time period. The Treasurer noted there was lots of work being done at the state level to try and increase the amount of federal funds available through grants and one of the big pieces is making sure we project accurately that we can use the funds. He asked how did that happen? How did NDOC request \$860,000 and only spend \$63,000 of the grant funds?

Deputy Director Shea responded looking at that specific grant forced NDOC to look at grants as a whole. She noted that in general there are a lot of areas for improvement department-wide, including making sure NDOC accurately projects the grants and then making sure NDOC is executing them appropriately. Across NDOC there is grant funding that needs to be spent and there are issues with hiring staff able to implement the grant in a timely manner and dealing with the components of the mechanisms of redistribution of the funds. She said NDOC and the leadership team is committed to looking at whether it is an issue of hiring staff, being able to hire contract services, or other issues specifically related to the grants. She noted NDOC is committed to taking a deeper dive into how they can be more successful in requesting and executing grant funding and making sure it is providing programming in accordance with the grants.

Treasurer Conine appreciated the response and offered there might be a way his office could help.

Ms. Dulong offered that she works for a non-profit and they have millions of dollars in federal grants; they don't all get spent and it is not improving. There are a lot of things the federal government makes you go through to even access the grants as far as getting budgets approved. If you don't have all the personnel hired at the time they don't let you draw down the money. She appreciated NDOC is working as hard as they can but just from personal knowledge it is not always easy to spend all the money that they allocate to you.

D. (DIA 21-04) Department of Conservation & Natural Resources, Division of Environmental Protection – Certified Environmental Manager Oversight.

Jeff Landerfelt, Audit Manager noted Greg Lovato, Administrator was representing the division (NDEP). The audit focused on ensuring increased transparency and controlling clean-up costs, with the objective of improving oversight of certified environmental managers (CEMs). Improving oversight of CEMs would help ensure project costs are controlled as established by the cost guidelines.

The audit made four recommendations: First, NDEP should reconcile project costs. Examination of sampled projects shows improvements are needed for reconciliation of claims associated with remediation tasks. Requiring invoice skill levels to reflect proposed skill levels would help ensure accuracy and prevent inflation of project costs. CEM invoices must be itemized to clearly identify costs associated with a specific proposed task. Ensuring reimbursement claims itemize costs associated with specific tasks and denying claims not meeting criteria will help ensure transparency of invoices.

Second, NDEP should establish a rate schedule for professional services to ensure consistent rates for CEMs. Current guidelines give CEMs the latitude to charge whatever rate they deem appropriate for any professional skill described in the cost guidelines. Examination of sampled underground storage tank projects revealed a 45% variance for staff geologist rates among four different CEMs. Overpayment through rate inflation may amount to as much as \$1 million annually. Other states have established rate schedules to minimize variability for projects and professional services; NDEP could do the same.

Third, NDEP should strengthen CEM certification requirements. In a survey of remediation professionals in Nevada, they advised some CEMs may lack the necessary skills to properly assess and design remediation plans. Research indicated that CEM certification in Nevada is not as robust as other states. Strengthening CEM certification requirements will ensure individuals hired to manage remediation projects have a strong working knowledge of geological and engineering principles. Additionally, to improve oversight of CEMs and remediation projects, NDEP should adjust compensation to fill a key site management position. An NDEP site manager would protect the state's interests in remediation projects.

Fourth, NDEP should perform random verification of proofs of payment to ensure owner-operators of storage tanks are fulfilling their 10% financial obligations for remediation costs. NDEP established proof of payment guidelines that identify various claims reimbursement

scenarios; however, not all scenarios require source documents, such as processed checks or bank statements to verify whether owner operators are meeting their financial obligations. In an effort to gain business, CEMs could stipulate in an informal agreement with the owner operator that they would accept 90% reimbursement from the fund award as payment in full. This agreement would effectively subsidize the owner-operator for their 10% financial obligation to the CEM. NDEP should randomly verify that appropriate copayments have been made by the owner-operator in scenarios where non-source documents, such as affidavits or letterhead declarations have been accepted.

E. (DIA 21-05) Department of Administration & Governor's Finance Office – Board of Pharmacy, Deferred Compensation.

Jeff Landerfelt, Audit Manager noted Rob Boehmer, Executive Director of the Nevada Deferred Compensation Program was representing the agency (NDC) and Dave Wuest, Executive Director and Brett Kandt, General Counsel were representing the Board of Pharmacy. The audit's objective was to clarify deferred compensation program statutory guidelines to help guide agency decisions.

The audit made two recommendations: First, NDC should propose legislation clarifying state agency employer matching contributions to employee deferred compensation accounts. Clarifying legislation will ensure all state employees are treated equitably and the intent for state employee compensation limits are adhered to by agency management. NDC is a voluntary 457(b) retirement savings program for employees of the state and local governments. NDC accepts employer matching contributions despite unclear statutory guidance. There is no statutory language providing for employer matches; the language speaks only to managing a program for employee contributions.

The Board of Pharmacy employer matching contributions are unique and generous when compared to public and private sector matches. The Board's 50% match may not be excessive by private sector standards; however, the Board offers both PERS, a defined benefit pension plan, in addition to the deferred compensation plan with employer contribution, which is exceedingly rare in either a public or private sector plan. The Board's contributions may violate the intent of the 95% rule for state employee compensation relative to the Governor's salary. Three other state independent licensing boards contribute to the employees' 457(b) accounts but do so as a percentage of salary regardless of the employee's contribution. None of these boards participate in PERS. The Board of Pharmacy is the only board or state agency that provides contributions to employees deferred compensation accounts and also participates in PERS. The Nevada Deferred Compensation Program plans to fully implement the recommendation by July 2023.

Second, the Governor's Finance Office should refer facts to the Office of the Attorney General to determine if open meeting law violations were made by the Board on deferred compensation match decisions. The Board's approval of match increases may not have been transparent. Board meeting agendas and minutes do not refer to or provide details of deferred compensation match decisions. It appears the Board may have hidden match increases while simultaneously approving increases in license fees for the professionals regulated by the Board. The recommendation will be implemented by March 2021.

Treasurer Conine stated this audit was frustrating to him and was curious, could someone take him through the timeline of when there was a decrease in compensation due to the violations of the 95% rule in the first audit of Nevada's Independent Licensing Boards and when the additional deferred compensation matches were installed?

Mr. Landerfelt explained the first audit addressing salary and identifying those Boards that violated the 95% rule was reported to the committee in June 2018. The Board of Pharmacy was one of the 95% rule violators. The match increase from 10% to 30% was in June 2019; the 10% had been in place for about 20 years. There was another increase from 30 to 50% effective in January of 2020. Evidence from NDC shows a large sum contribution to the fund, retroactive to January 2020, was made in the May-June 2020 timeframe.

Treasurer Conine asked the Board that it all seems pretty coincidental and could anybody explain why that was taken on then as opposed to taken on beforehand, if not for the most obvious reason of trying to get around the 95% rule again?

Dave Wuest responded the timing is this, the match had been on for 19 years, so it's 19 years that the Board had been doing the match, and so what the audit was addressing, the 95% rule being a component of what was in effect for 19 years. The timing for this budget action started in the spring of 2019. It was approved in June 2019, and then the change in salary was actually October 2019. Mr. Wuest commented he understood the question about the timing but they weren't related to each other; he referred back to the audit itself where it says the Board was not in violation of the 95% rule, that it is not part of their wage.

5. Presentation of Audit Six-Month Follow-Up Status Reports Pursuant to NRS 353A.090.

A. (DIA 20-05) Board of Pharmacy – Licensing Process.

Jeff Landerfelt, Audit Manager noted David Wuest, Executive Director and Brett Kandt, General Counsel were representing the Board of Pharmacy. Of the five recommendations contained on DIA Report No. 20-05, the Board fully implemented two and partially implemented three.

Regarding the first fully implemented recommendation to establish management oversight of the background check cycle, the Board created a full cycle tracking log with periodic reviews for potentially delayed background checks. The Board also modified the background check procedures manual to clarify that the Executive Director will request a civil name check in all cases when fingerprints have been rejected twice by the central repository.

To address the second fully implemented recommendation to account for fingerprint fees separately, the Board established a separate bank account for fingerprint fees that is reconciled monthly with internal records of background check transactions.

Regarding the three partially implemented recommendations: first, to enforce fingerprint authority more stringently, the Board modified regulation to define person of influence,

conduct background checks on those with significant influence, and require licensees to update all officers listed with the wholesalers' official business on the annual registration.

The new regulations also address the second partially implemented recommendation to modify fingerprint protocols for license renewals, which now only require criminal background checks for initial wholesaler licensure but not for license renewal unless the updated annual list includes new stakeholders with significant influence. The new regulations were adopted in August 2020. The Board reports these recommendations have since been fully implemented. DIA will verify that the new regulations are practiced in the first annual follow-up.

The third partially implemented recommendation to require fingerprint background checks for other license types requires legislative action. The Board developed a bill draft request for the 2021 legislative session. Full implementation is expected July 2021.

B. (DIA 20-06) Department of Public Safety, Division of Parole and Probation – Offender Services.

Jeff Landerfelt, Audit Manager noted Chief Tom Lawson was representing the Division of Parole and Probation (NPP). Of the four recommendations contained in DIA Report No. 20-06, NPP fully implemented two and partially implemented two.

Regarding the first fully implemented recommendation to develop additional performance measures for programs and services, NPP modified its strategies to improve the discharge success rate in its most recent strategic plan. NPP also added a performance measure related to the case closure cycle time with underlying strategies to improve key operational support processes.

Regarding the second fully implemented recommendation to allocate resources to other successful programs and services, the April 2020 IFC reviewed and approved NPP's request to transfer funds to the Going Home Prepared category of Indigent Funding. Also, NPP documented in its most recent strategic plan an ongoing commitment to optimize indigent funding availability and obtain counseling program funding through grants and legislation.

Regarding the first of the two partially implemented recommendations to revise the division's definition of recidivism, NPP examined the current definition and considered each element proposed for inclusion by the audit. NPP reports that tracking the discharge success rate and calculating the recidivism rate in the future will capture an accurate picture of ongoing criminalistic behavior. NPP has included a requirement for the calculation of a recidivism rate in the solicitation for a new offender records management system.

To adopt internal controls for offender data, the final partially implemented recommendation, NPP provided updates to three of its operating manuals as guides for enhanced internal controls over data. NPP reports that all other internal control development will be implemented with the new records management system expected to be deployed during fiscal year 2022. DIA will verify full implementation on subsequent annual follow-ups.

Lieutenant Governor Marshall stated it is important that these partially implemented recommendations be followed. These recommendations involve the collection of data that allows us to better determine supervision status at any time and it is important that we collect data to review what measure we are evaluating. The Lieutenant Governor noted other states, Georgia for example, have been very successful in being able to improve outcomes by collecting data and certainly outcomes on recidivism. She stated that if we can find ways to facilitate people not having to return to prison, that is good for everyone. The Lieutenant Governor stated she really appreciated what the audit division is doing here and encouraged NPP to look to collect data so that we can measure what we're doing.

C. (DIA 20-07) Department of Administration, Purchasing Division – Foreign Vendor Management.

Heather Domenici, Audit Manager noted Kevin Doty, Administrator was representing the Purchasing Division. Of the three recommendations made in DIA Report No. 20-07 on foreign vendor management, two are partially implemented while one has no action.

Recommendation one to improve outreach efforts to Nevada vendors and establishing a mechanism to track and measure the program's effectiveness has no action. The division was looking at changing a position to encompass a larger sphere of responsibilities and that has not happened to date.

Recommendation two, to seek a BDR to reinstate the inverse preference law as well as recommendation three to establish a statewide suspended/debarred vendor list will be presented to the 2021 Legislature. Full implementation is expected in July 2021.

Governor Sisolak asked about recommendation one and the position that's not filled to meet the needs identified as part of the audit that included assisting Nevada vendors draft applications for state contract requests for proposal. The Governor emphasized it has been his position and continues to be his position, and he highlighted he thinks he speaks for the Board of Examiners, that when we're getting these vendors we would prefer Nevada-based companies. The Governor asked why was that not done?

Kevin Doty, Administrator responded Purchasing Division had already filled the vendor outreach position prior to last February's EBAC meeting when the audit was presented. It was the intention to hopefully add a trainer position but the division could not get funding. Fortunately, the person hired is well-suited to train Nevada vendors. He is bilingual and served in the Peace Corp where he taught computer skills to people in the Dominican Republic; he is ideally suited to do more of the training Purchasing Division wants to address towards Nevada vendors. Mr. Doty noted the division had done some of that training but had been limited by the pandemic. He explained the division had to do virtual vendor fairs as opposed to the typical in-person vendor fairs done in the past but they continue to try to add as many Nevada vendors to the list of potential vendors as possible.

Governor Sisolak said he appreciated the intentions and they are good intentions but you know what they say about intentions. The Governor added he knew that everything gets blamed on the pandemic in terms of we couldn't do it this way, we couldn't do it that way.

The Governor reiterated one more time it is his expressed desire that whenever possible we use Nevada vendors. Whatever Purchasing Division had to do to get this done he was going to assume that it is going to be done by the next audit follow-up. Administrator Doty agreed.

D. (DIA 20-08) Department of Administration, Administrative Services Division – Bond Management and Accounting.

Heather Domenici, Audit Manager noted Mathew Tuma, Administrator was representing the division (ASD). DIA Report No. 20-08 focused on improving bond management and accounting. All three recommendations were partially implemented.

ASD reports broadening evaluation of SPWD project spending assumptions, calculations, and forecast methodology and has begun implementing retrospective forecast reviews. ASD additionally reviewed accounting procedures with staff, increased bond draw oversight, and increased participation in CIP planning processes, bond reallocations, and general fund authorizations. ASD anticipates fully implementing the recommendations by July 2021 following implementation of the remainder of recommended bond spending forecast actions and completion of updates to written policies and procedures.

Treasurer Conine noted he was constitutionally required to talk about bonds. The Treasurer noted his office had seen the other side of this issue and wanted to thank ASD and everyone else involved for their commitment to making sure that the state borrows just as much money as we need and not a penny more while making sure that we can use those bond funds to get Nevadans back to work. The Treasurer said he was really grateful for the work ASD was doing and glad that it's working out.

E. (DIA 20-09) Governor's Finance Office – Department of Public Safety, Division of Parole and Probation, Probation Cost Sharing.

Heather Domenici, Audit Manager presented the six-month follow-up of the Governor's Finance Office (GFO) DIA Report No. 20-09 on the Division of Parole and Probation, Probation Cost Sharing. GFO took no action on the one recommendation to develop a cost-sharing formula with counties for probation supervision costs. DIA is waiting a decision by the Office of the Governor on the recommendation.

F. (DIA 20-10) Department of Administration, State Public Works Division – Long-Term Office Space Planning Mechanism.

Jeff Landerfelt, Audit Manager noted Ward Patrick, Administrator is representing the State Public Works Division (SPWD). The audit contained five recommendations to address the state's lack of adequate long-term office space planning. SPWD noted in its response it would pursue legislative authority and funding to implement the recommendations in the 2023 legislative session. SPWD has taken no action on the five recommendations to date.

Governor Sisolak questioned the 2023 implementation date. The Governor noted the 2021 legislative session was starting Monday (February 1, 2021). He asked what has been the delay that we couldn't do this quicker than this?

Administrator Patrick responded the audit came out in July 2020, which was past the time for BDR requests as well as budget requests and that the audit was untimely in that regards. He anticipated getting started to work immediately after the legislative session and said SPWD will be developing build draft decision models as well as incorporating modifications to the capital improvement program planning process. He said it was SPWD's intention to fully implement the recommendations and the plan was to begin after the legislative session.

The Governor stated there was nothing he could do if it was because of the timeline but he would like SPWD to get going and not necessarily wait till the end of the legislative session because this is extremely important. Governor Sisolak noted he and his colleagues sit on that Board of Examiners and they are approving an awful lot of lease items; the state could save a lot of money and he did not want to put this off to the 2023 legislative session just because of the time the audit was issued. The Governor asked Mr. Patrick to get started on the recommendation as soon as possible. Administrator Patrick agreed.

Governor Sisolak asked how long will it take to get it done if we get a sponsor to carry a bill in the 2021 session? Mr. Patrick stated SPWD had an in-house Deputy Attorney General and would need to consult with her and get back within a day or two. The Governor directed Administrator Ward to get back to him by tomorrow (January 29, 2021).

G. (DIA 20-11) Department of Administration, Purchasing Division – Master Service Agreements for Direct Client Services & BOE Approval Process.

Heather Domenici, Audit Manager noted Kevin Doty, Administrator is representing the Purchasing Division. Of the three recommendations, all were partially implemented.

Recommendation one to delegate authority for procuring direct client services and recommendation three to allow the Clerk of the BOE to approve contracts for direct client services valued up to \$100,000 will be included in a BDR submitted to the 2021 Legislature. The direct client services contract will be approved as to form by the Attorney General. The division anticipates that these recommendations will be fully implemented by July 1, 2021.

Recommendation two is also partially implemented. The division is establishing a compliance review program for agencies with delegated procurement authority for direct client services. The division is reviewing Arizona's compliance plan with an emphasis on risk and developing an in-house compliance program based on that model. The recommendation will be fully implemented by July 2021.

H. (DIA 20-12) Governor's Finance Office – Statewide Cell Phone/Mobile Device Use.

Heather Domenici, Audit Manager stated DIA Report No. 20-12 contained three recommendations. One was fully implemented, one was partially implemented, and one has no action.

Recommendation three to revise SAM to reflect federal guidelines on cellphone stipends is fully implemented. The Board of Examiners approved the SAM update on October 13, 2020.

Per recommendation one, to develop a statewide cellphone mobile device use policy, GFO directed DIA to develop a statewide cellphone mobile device use policy and to update existing guidelines in SAM. DIA will collaborate with state agencies prior to finalizing the draft policy and following research from other states. This recommendation is expected to be implemented by October of 2021.

Recommendation two, to determine the best cellphone mobile device use option and assess if usage data supports cellphone mobile device expenditure, has no action as it is dependent upon the approval and implementation of recommendation one. If recommendation one is implemented, DIA expects recommendation two to be implemented by July 2022.

6. Presentation of Annual Follow-Up Status Reports.

A. (DIA 19-01) Secretary of State, Elections Division.

Heather Domenici, Audit Manager noted Chief Deputy Secretary of State Scott Anderson was representing the Office of the Secretary of State. There were five outstanding recommendations. Since the six month follow-up, the Elections Division fully implemented recommendation two to evaluate using Oregon's recall petition signature verification methodology. Around the same time as the audit, SB450 of the 2019 legislative session increased recall petition signature verification requirements and was signed into law by the Governor on June 1, 2019. The requirements were effective immediately.

The Elections Division reports it has partially implemented recommendations one and three through five. The division anticipates fully implementing recommendations one and three in early 2022 following full adoption of new and revised election regulations. The division anticipates implementing recommendations four and five within the next six to eight months.

Secretary of State Cegavske thanked the auditors for their patience and offered she loved what her office was doing. The Secretary noted everything that the auditors were saying, everything that they recommend is all very good and her office has done an excellent job. The Secretary thanked Governor Sisolak and said she was very grateful for former Governor Brian Sandoval for suggesting that we have an audit of our divisions.

B. (DIA 19-02) Department of Conservation and Natural Resources, Division of Forestry.

Heather Domenici, Audit Manager noted State Fire Warden Kasey KC was representing the division (NDF). Of the four recommendations made in the audit, one was fully implemented, two were partially implemented, and one has no action.

The recommendation to collaborate with NDOC to expedite the billing process has been fully implemented. The division reported that NDOC and NDF are collaborating to expedite the billing process through communication and process improvements; however, there are still

some delays in reimbursements. Recommendation one to automate the billing process was reported partially implemented but expected to be fully implemented by September 2020. Recommendation three to develop a strategic plan for the wildlife fire protection program is partially implemented; the division still needs to adopt the updated strategic plan. DIA will confirm in the next annual follow-up whether this recommendation has been implemented.

Recommendation four is to seek authority to require participation in the wildland fire protection program. NDF reported there is no action on this recommendation. NDF will not seek authority to require participation but will continue to encourage voluntary participation in the program.

Lieutenant Governor Marshall stated participation allows cost-sharing between the state, cities, and counties where costs are incurred across jurisdictions. The Lieutenant Governor noted it appears that if locals don't participate, then the state is saying it will pay the entire cost. The state paying the cost is a policy decision for the Governor's Office to make, whether or not to require participation in the program and to determine the desired policy.

Governor Sisolak followed up on the Lieutenant Governor's questions and asked if NDF had a reason that some local jurisdictions were not participating, was it because of cost or time or what is it?

State Fire Warden KC responded there were different reasons why some entities are not participating. She noted most agencies across the state participate. A lot of the reasons why they aren't participating is fire risk. Some of these departments just don't have a large fire risk. Other participants have a high fire risk and if they cannot budget appropriately for the fires that we're seeing, the increase in fires across the west, they choose to participate.

Clark County is one NDF has been working with over time. Mineral County is another example. NDF is working with Clark County and most entities have joined. NDF is waiting on Clark County, which will probably join this year.

The Governor asked if the problem was just Clark and Mineral Counties?

State Fire Warden KC responded those are the only non-participants other than Lyon County's General District issue that there isn't a fire protection district that's actually in charge. A lot of that county is a state park in which NDF is now responsible under the Department of Conservation and Natural Resources. Those are the holes right now.

Lieutenant Governor Marshall asked how much money would the state save if participation in the wildland fire protection program was required?

State Fire Warden KC responded it is not a matter of saving; participation costs the state more money. Once a county decides to participate, it pays in a portion of funds. NDF has a formula that was created through this audit based on fire risk and also the areas within the county where we might be able to reduce those risks. Once a participant, access into NDF's emergency response account, budget account 4196, is granted, which allows NDF to assist counties in paying fire bills after 24 hours. NDF does not cover costs for the first 24 hours.

Lieutenant Governor Marshall asked why we would not want to require participation in something that allows us to reduce risk from fires and work together and collaborate across jurisdictions with respect to fire protection, given that we are in an area of the world where fires are a huge concern.

State Fire Warden KC agreed and noted NDF pulled together a panel of local fire chiefs as well as state and federal wildland and fire managers to discuss participation in the program. The consensus of the fire chiefs was they wanted to have the ability to opt in or opt out, particularly with the cost of opting in for them. NDF continues to show them every year how much the state pays on their behalf for fires. Most all of them are getting a pretty good deal to be in the system. In addition, NDF has beefed up the risk reduction piece in the last few years. NDF is working very closely with each of these departments to do reduction projects in high priority areas and to try to reduce that risk as NDF then owns it, to get them fire trucks or whatever we possibly can do to reduce that risk. It was the consensus of the fire departments to not want to require participation.

In particular, Elko County is an example. When NDF created the formula based on the data, it greatly increased Elko's cost. Elko's cost was just over a million dollars, though the average payout for Elko County is about \$2.5 to \$5 million annually because the fire risk is high. Elko wanted to continue the option, though they haven't opted out. They wanted the option to be able to opt out. If they opt out, they ought to pay for their fire bills.

Governor Sisolak interjected that he did not understand. NDF is saying they get to opt in or out but if they do not opt in they still get help, NDF still covers the costs. The Governor concluded that doesn't make any sense.

State Fire Warden KC responded that if they opt out NDF does not cover any fire costs. NDF and all responding agencies bill the county, which is responsible for the fire costs.

Governor Sisolak asked to clarify that the local jurisdictions want to maintain the option of opting in or out. If not opting in, are they opting out or is there a middle, Switzerland position? State Fire Warden KC replied most of them are opting in. Most of the local jurisdictions continue to see value and are choosing to opt in other than the couple of counties that don't have a large wildland fire risk.

The Governor asked is Elko in or Elko out? State Fire Warden KC answered Elko is currently in; Elko has been in since the inception of the program. Elko is currently paying at a lesser rate. She noted in the last budget session, NDF tried to give Elko an increased rate annually to try to not have such a high increase at one time.

Governor Sisolak asked how much is Elko paying? Is there a payment plan or what's going on? State Fire Warden KC thought Elko was paying \$800,000 on its \$1.2 million buy-in rate.

Governor Sisolak advised NDF to get Elko County up to the \$1.2 million because everybody has got to pay their fair share. State Fire Warden KC responded that was NDF's goal. The Governor acknowledged the goal and advised it needed to get done.

Lieutenant Governor Marshall stated her view is that costs, work, and best practices need to be coordinated and shared across all jurisdictions and we should be working together. She noted that if Nevada has the kinds of fires seen in Australia and in California, we're all going to be on the hook for the cost, one way or the other. The Lieutenant Governor advised NDF to make sure we are doing this in the most cost effective manner that allows us to potentially mitigate fire risk whether or not a particular area of the state is a high fire risk or not. The Lieutenant Governor suggested this issue deserved further review.

Governor Sisolak thanked the Lieutenant Governor and understood what she was saying but if you're going to be in and opt in and we're obligated to pay the entire expense that's related to a fire, you've got to pay your fair share of opting in. If NDF is telling me there are participants that are \$300,000 or \$400,000 light, they have to pay or otherwise the other jurisdictions are all subsidizing them again. The Governor said he would appreciate the State Fire Warden taking care of the issue. State Fire Warden KC responded she would and that NDF is negotiating the contracts currently; she appreciated the guidance.

C. (DIA 19-03) Occupational and Professional Licensing Boards – Governance.

Jeff Landerfelt, Audit Manager noted Terry Reynolds, Director was representing the department (B&I). Mr. Landerfelt stated that because legislative action is required, both recommendations contained in DIA Report No. 19-03 on Board governance remain partially implemented. The first recommendation is to establish executive branch oversight of boards under B&I. Currently, B&I has no such authority to oversee the activities of the Boards. B&I reports it will address any related legislation that emerges during the 2021 session. As with the first recommendation, B&I expects to implement the second recommendation to establish standards for regulatory, financial, and administrative operations after it receives the necessary authority.

D. (DIA 19-04) Nevada State Board of Dental Examiners – Board Operations.

Heather Domenici, Audit Manager noted Dr. David Lee, Board Secretary Treasurer, Frank DiMaggio, Executive Director, and Phil Su, General Counsel were representing the Board. DIA Report No. 19-04 focused on enhancing dental board operations. The first annual follow-up was a good news story.

There were four outstanding recommendations. Since the six-month follow-up, the Board fully implemented recommendations one through three by ensuring license compliance monitoring is conducted by investigators instead of at the discretion of the Executive Director; consulting with the Commission on Ethics; requiring ethics law trainings for board members; and hiring employee investigators instead of contractors. The Board reports it has partially implemented recommendation four and anticipates full implementation by April 2022 following adoption of revised regulations by the Legislature.

Governor Sisolak asked if the Board continued to maintain an outside lobbyist? General Counsel Phil Su responded the Board did and recently retained Alfredo Alonzo and his team to assist the Board. The Governor noted the Board had changed outside lobbyists. Mr. Su

responded they met in subcommittee to review and consider lobbyist candidates and went to the Board for final approval.

E. (DIA 19-05) Department of Conservation and Natural Resources, Division of Environmental Protection – Petroleum Fund.

Jeff Landerfelt, Audit Manager noted Greg Lovato, Administrator was representing the division (NDEP). Of the five recommendations contained on DIA Report No. 20-06, NDEP has fully implemented three and partially implemented two.

Regarding the first of the three fully implemented recommendations, to adopt internal controls and processes to monitor costs and reduce risks of fraud and/or abuse of the fund by auditing cases and conducting site visits, NDEP developed user guides to ensure consistency when processing claims and to strengthen the approval of claims payments. Additionally, a new Board to Review Claims policy resolution was adopted to consolidate and update several existing policies and resolutions with provisions that outline an inventory and inspection process for remediation equipment reimbursed by the fund. To address the recommendation to revise enrollment and reimbursement policies, NDEP revised an existing Board policy resolution to clarify what clean-up costs are eligible for reimbursement. Additionally, NDEP created a bill draft request for the 2021 legislative session proposing statutory language to clarify pre-registration tank testing requirements. For the final fully implemented recommendation to develop additional risk-based decision making tools to assist in reducing clean-up times, NDEP expanded coordination between responsible units to establish consistency in utilizing risk based decision making tools to expedite the clean-up of cases. NDEP completed a comparative analysis of open cases based on EPA data. This comparison showed Nevada's main clean-up time is about seven years, which is consistent with other states benchmarked in the audit. NDEP has reduced the number of active cases by 18 of the 24 legacy cases identified during the six-month follow-up for possible closure; only six remain in need of additional remediation or monitoring.

For the first of the two partially implemented recommendations to follow statute for third party liability, the audit reported that third party liability funds may only be paid to satisfy third party claims. NDEP staff, citing Board resolution 2007-10, asserted that third party liability funds may be used for corrective actions to mitigate potential third party liability claims. The audit concludes that resolution 2007-10 exceeds the regulatory authority expressed in NAC 445C.280. NDEP supplied legal analysis from staff in the Attorney General's office supporting its interpretation. DIA's position remains that owner-operators may not access funds earmarked for public protection. If additional funds are needed for clean-up, NDEP should seek legislative action to increase regulatory limits. DIA drafted a request for an official opinion from the OAG as to whether the board resolution comports with the intent of NAC 445C.280; this request remains in process.

Regarding the final partially implemented recommendation to adhere to legislative intent for Petroleum Fund awards, NDEP developed a bill draft request for the 2021 legislative session that redefines small business. Proposed definitions include thresholds based on gross income, net income, fuel sales, and fuel through put.

Secretary Cegavske asked if any of the site visits that she questioned at the last meeting had been done or are being considered to be done and when the OAG opinion regarding the third party liability and funding would be coming? The Secretary asked if the audit staff talked with tank owners during the audit?

Mr. Landerfelt deferred the site visit question to NDEP but noted from the audit that NDEP had changed the resolution to set up a field inspection process for remediation of equipment. He told the Secretary the OAG request had been drafted and submitted to the OAG but had no further status update. In response to the Secretary, Mr. Landerfelt said audit staff did not speak directly with owner operators of underground storage tanks as it was not necessary for data collection in the audit.

Attorney General Ford responded to Secretary Cegavske and said he would check into the status of the OAG opinion request.

Administrator Lovato responded to Secretary Cegavske about the field visits. He said as a part of that recommendation, NDEP has been continuing to verify that the systems are in place and that NDEP had set up processes for doing that. NDEP is requesting additional funding from the petroleum fund as a part of this budget cycle to add a position in order to perform those field visits for the upcoming biennium.

7. Status of Outstanding Audit Recommendations.

Heather Domenici, Audit Manager reported the status of audit recommendations that were still outstanding as of June 30, 2020 and asked for any questions.

Governor Sisolak stated he did not want audit staff to go through the report in detail. The Governor noted this report is 16 pages of outstanding recommendations. The Governor asked when using language like the division represents there will be no further work on the recommendation, that is kind of like an in your face, they're not going to work on the recommendation anymore, is that how I should take that or not?

Warren Lowman, Administrator replied the Governor's interpretation is exactly correct. He explained DIA talks with the agencies to understand why they are making the decision and in some cases ask to continue to follow-up to get to the intent of the recommendation. Essentially what the Governor described is what it is.

Governor Sisolak stated he had a problem with that situation. The Governor noted if DIA has done these audits, and he commended DIA for doing a great job that was absolutely incredible and saving the state a lot of money, and this committee takes the time to listen to them and accept them, and then there are agencies saying well, geez, thanks for the recommendation but stick it, we're not doing anything, he did not like that. The Governor advised sending a letter to each of these agencies and say that's not an acceptable response or do something because he didn't know what the rest of the committee feels but a lot of time goes into this work and if agencies categorically dismiss them, he didn't appreciate it.

Treasurer Conine interjected he couldn't agree more.

Attorney General Ford agreed and noted the committee may want to take it beyond a recommendation and make it a directive. He advised that approach would be something to consider as well because he could understand why someone would think that they have the discretion to define a recommendation.

Secretary of State Cegavske offered that she too was not happy about it but we may not know all the circumstances. If Administrator Lowman could go over all of those with the Governor, that would be preferable to make sure. The Secretary agreed with sending a letter asking for more detail why the agencies cannot or are not going to take any more action.

The Governor said he agreed with some of what the Secretary said and noted, for example, the Secretary of State status notes are acceptable. The Governor highlighted the Secretary has a plan and made an adjustment. The Governor thought some agencies just seem dismissive. The Governor directed Administrator Lowman to get with his office on this issue and expressed his intent to follow-up with agencies. Administrator Lowman said he would follow up with the Governor's Office.

8. Estimated Benefits to Nevadans from Audit Recommendations.

Heather Domenici, Audit Manager reported the estimated dollar benefits to Nevadans from audit recommendations that had been implemented. DIA calculates the dollar benefit for nine years following the recommendation being implemented. In Fiscal Year 2020, for every dollar invested in the Internal Audits Section there was a return of \$77.

Governor Sisolak commented he had circled that number and said it shows that it is working. The Governor stated he had served on audit committees for Clark County and the university system and he appreciated DIA did not play gotcha with audits and was not trying to catch somebody or embarrass them. The Governor noted these were great recommendations and that is why he was concerned why agencies dismissed recommendations because it is \$77 for every dollar invested, \$98 million in total, which is absolutely outstanding.

9. Approval of the Division's Annual Report Pursuant to NRS 353A.065.

Jeff Landerfelt, Audit Manager, asked the committee for approval of the 2020 annual report. Mr. Landerfelt described the report contained various details of DIA's accomplishments through the year and asked if any members had questions.

Governor Sisolak commented he appreciated the report and that it was very well done. The Governor asked for a motion on acceptance and approval of the DIA 2020 annual report.

Ms. Dulong, Public Member commented as being a career auditor she would love to motion for approval because it's a great report. Ms. Dulong thanked the DIA staff.

Motion: Approve the DIA 2020 Annual Report.
By: Public Member Trudy Dulong
2nd: Secretary of State Cegavske
Vote: Passed unanimously

10. Approval of the Annual Audit Plan Pursuant to NRS 353A.038.

Jeff Landerfelt, Audit Manager introduced the 2021 annual audit plan and noted that audits in red are additions resulting from DIA's internal risk assessment process since the last audit plan was approved. The 2021 plan will also include the requested audit from Lieutenant Governor Marshall on SPWD/B&G rent calculations.

Motion: Approve the DIA 2021 Audit Plan as amended.
By: Lieutenant Governor Marshall
2nd: Secretary of State Cegavske
Vote: Passed unanimously

11. Committee Members' Comments

Lieutenant Governor Marshall thanked the audit staff for the great jobs they were doing. Governor Sisolak added the committee members appreciate the work of the audit staff.

12. Public Comments

There were no requests to make public comment.

13. Adjournment

Motion: Adjourn the January 28, 2021 EBAC meeting.
By: Attorney General Ford
2nd: Treasurer Conine
Vote: Passed unanimously

Agenda Item (7)(a):

NAC 631.173

NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. ([NRS 631.190](#), [631.342](#))

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.
2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.
3. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.
4. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:
 - (a) The American Dental Association or the societies which are a part of it;
 - (b) The American Dental Hygienists' Association or the societies which are a part of it;
 - (c) The Academy of General Dentistry;
 - (d) Any nationally recognized association of dental or medical specialists;
 - (e) Any university, college or community college, whether located in or out of Nevada; or
 - (f) Any hospital accredited by The Joint Commission.
5. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

6. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 5 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.
7. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.
8. Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.
9. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

Agenda Item (8)(a):

NAC 631.190

NAC 631.190 Specialties. ([NRS 631.190](#), [631.250](#), [631.255](#)) The only specialties for which the Board will issue licenses are:

1. Oral and maxillofacial pathology;
2. Oral and maxillofacial surgery;
3. Orthodontia;
4. Periodontia;
5. Prosthodontia;
6. Pediatric dentistry;
7. Endodontia;
8. Public health; and
9. Oral and maxillofacial radiology.

Agenda Item (8)(a):

**Letter from Shanna K. Kim, DDS
regarding Orofacial Pain**

Shanna K. Kim, D.D.S.

Diplomate, American Board of Orofacial Pain

Reno, Nevada | [REDACTED] | [REDACTED]

March 23, 2021

Dear Frank DiMaggio,

On March 3, 2020, Orofacial Pain (OFP) was officially recognized as the newest ADA dental specialty by the National Commission on Recognition of Dental Specialties and Certifying Boards. **To maintain alignment with national dental organizations, we respectfully request that the Nevada State Board of Dental Examiners formally recognize orofacial pain as a dental specialty.**

OFP is a branch of dentistry that encompasses the assessment, diagnosis, and management of chronic pain disorders involving structures of the jaw, mouth, and associated head and neck regions. The American Academy of Orofacial Pain (AAOP) attained formal specialty recognition after meeting the American Dental Association (ADA) Requirements for Recognition of Dental Specialties. OFP providers ensure patient access to high quality, evidence-based treatment for a range of debilitating orofacial pain disorders, while also ameliorating issues of chronic pain and opioid abuse, patient disability, and rising healthcare costs.

Background

OFP disorders include, but are not limited to, temporomandibular joint (TMJ) disorders (TMD), jaw movement disorders, neuropathic and neurovascular pain disorders, headache, and sleep disorders. These common and debilitating conditions are highly complex. But because the underlying pathophysiology spans both medicine and dentistry, they are frequently misdiagnosed, undertreated, or incorrectly treated. Moreover, there are very few providers with formal residency training in OFP.

OFP specialists typically undertake 1-3 years of residency training at a Commission of Dental Accreditation (CODA) accredited program. Formally trained OFP specialists become board-certified diplomates by fulfilling the requirements of the American Board of Orofacial Pain (ABOP).

Some dentists without formal OFP training attempt to treat these complex conditions after completion of a rudimentary continuing education course, without a firm background and clinical experience in the treatment of orofacial pain conditions. Due to this lack of expertise, patients frequently suffer from issues of over-treatment and progression of chronic pain conditions.

Dental and medical predoctoral curriculums provide minimal exposure to orofacial pain or sleep disorders. Yet the orofacial region is functionally and neurologically complex and is intimately associated with vital life-sustaining functions such as digestion, verbal and non-verbal communication, appearance, taste, balance, hearing and touch. Ailments in the head and neck can trigger and refer significant pain and dysfunction throughout the vast trigeminal nerve complex. Delays in care or

inappropriate treatment of orofacial pain disorders increases the risk of opioid addiction, mental health disorders, financial strain, and chronic disability. For example, a recent study revealed that full-time employees who suffer from orofacial pain disorders miss more days from work compared to employees who experienced pain in other areas of the body. Since OFP disorders share many known risk factors and medical comorbidities (fibromyalgia, low back pain, depression, hypothyroidism), it is necessary for practitioners to be involved in specialized interdisciplinary collaborative care that orofacial pain specialists provide.

Orofacial Pain and Health Plans

Over the past 40 years, OFP-trained dentists have become an integral part of the healthcare system and reimbursed by medical health plans for effective evidence-based care. Historically, care for orofacial pain disorders has existed in an unrecognized chasm between dentistry and medicine. Several state legislative efforts in the 1980s, mandated all medical health policies, plans, and contracts to specifically include coverage for non-surgical and surgical treatment protocols for orofacial pain disorders, and that all coverage of benefits be the same as that for treatment to any other area of the body. This legislation also mandated coverage of benefits for OFP disorders to equally apply, whether the services and procedures are provided by a licensed physician or dentist. For many years, credentialed OFP specialist providers have utilized the AMA ICD-10/CPT based coding system, employed electronic health records and electronic billing, and have been reimbursed by private sector and government health insurance plans.

On a national level, several efforts have recently clarified the need for increased access to care for orofacial pain disorders.

- *The National Uniform Claim Committee (NUCC)* added the new Taxonomy Code of 1223X22120X to identify OFP Specialist providers on July 1, 2019.
- *The Council on Affordable Quality Healthcare (CAQH)* officially added the OFP Specialty to its recognized list of specialties, contained in its national credentialing system in June 2020.
- *The National Academy of Science, Engineering and Medicine (NASEM)* published a 340-page report in March of 2020, on Temporomandibular Disorders (TMD) and Orofacial Pain (OFP). This consensus report concluded that:
 1. There is a priority need in the US to improve access to care for patients with TMD and OFP disorders, as provided by well-trained dental and medical specialists.
 2. There is a priority need for private sector and government health insurance reimbursement that is consistent with other pain conditions, regardless of whether it is provided by dentists or physicians.
 3. Many providers (including dentists, physicians, and surgeons), continue to rely on high-risk, high-cost invasive dental, medical, or surgical protocols as their first-line treatment, often poorly supported by research. Instead, evidence-based assessment, stabilization and rehabilitation protocols, including intra-oral appliances, physical therapy, health counseling/coaching and self-care training is recommended as the most successful initial approach; this protocol has the least risk and lowest cost.

4. All medical and dental professionals need to improve their recognition, evidence-based assessment, diagnosis, and initial treatment of TMD/OFP disorders, and when indicated, provide referral to Orofacial Pain specialists.
5. Significant increases in National Institutes of Health (NIH) funding for OFP/TMD research and education is recommended to improve understanding, access to care, education and training within the curricula of all medical and dental schools, with expansion of OFP specialty resident/fellowship training programs.

Orofacial Pain in Nevada

While our specialty has received ADA-recognition, OFP specialists still encounter many roadblocks in medical credentialing and reimbursement. We ultimately need assistance and recognition from each state board.

The Nevada State Board of Dental Examiners can serve an important role in improved access to care for patients who suffer from orofacial pain disorders. The recognition of OFP specialists by all state boards is necessary to improve the outcomes of those that suffer from chronic pain conditions. We request that the Nevada State Board of Dental Examiners take the following actions:

- 1) **Recognize orofacial pain as a dental specialty in the state of Nevada.**
 - a) **Issue requirements for OFP specialty education and training for licensure for orofacial pain specialists. These requirements should be consistent with ADA guidelines and include the use of evidence-based assessment, diagnosis, management, and prevention of chronic OFP disorders.**
- 2) **Support professional announcements and marketing by specialists in orofacial pain, consistent with the state board regulations.**
- 3) **Encourage medical health plans that operate in the state to credential orofacial pain specialists.**
 - a) **Require health plans to reimburse covered services and procedures related to the assessment, diagnosis, management, and prevention of orofacial pain disorders, *on an equal basis as physicians.***

In summary, orofacial pain has been an ADA recognized specialty for over a year. We respectfully request that the Nevada State Board of Dental Examiners recognize orofacial pain as a dental specialty in the state of Nevada and assist in insurance credentialing and reimbursement. These actions will allow patients with debilitating chronic orofacial pain disorders access to the most effective, least invasive and most cost-effective interdisciplinary management protocols. Please do not hesitate to contact us if you have any questions.

Sincerely;

A handwritten signature in cursive script that reads "Shanna Kim".

Shanna K. Kim, D.D.S.

Diplomate, American Board of Orofacial Pain

Member, American Board of Orofacial Pain

Member, AAOP Access to Care Committee

Written in collaboration with members and providers of the

American Academy of Orofacial Pain

174 S. New York Avenue

P.O. BOX 478

Oceanville, NJ 08231

Agenda Item (8)(a):

**National Commission on Recognition of
Dental Specialties and Certifying Boards**



National Commission on Recognition of Dental Specialties and Certifying Boards

Approved and Adopted by the National Commission on Recognition of Dental Specialties and Certifying Boards.

Dental Anesthesiology: Dental anesthesiology is the specialty of dentistry and discipline of anesthesiology encompassing the art and science of managing pain, anxiety, and overall patient health during dental, oral, maxillofacial and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety as well as access to care for all dental patients, including the very young and patients with special health care needs. (Adopted March 2019)

Oral Medicine: Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region. (Adopted September 2020)

Orofacial Pain: Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidencedbased understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. (Adopted September 2020)

Agenda Item (8)(b) & (8)(d):

NAC 631.2254

NAC 631.2254 Temporary permits. ([NRS 631.190](#), [631.265](#))

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).
2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.
3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

Agenda Item (8)(c):

NAC 631.2235

NAC 631.2235 Inspections and evaluations: Grading; report of recommendation of evaluator; issuance of permit for passing; failure to pass; request for reevaluation; issuance of order for summary suspension. ([NRS 631.190, 631.265](#))

1. The persons performing an inspection or evaluation of a dentist and his or her office for the issuance or renewal of a general anesthesia permit or moderate sedation permit shall grade the dentist as passing or failing to meet the requirements set forth in [NAC 631.2219 to 631.2231](#), inclusive. Within 72 hours after completing the inspection or evaluation, each evaluator shall report his or her recommendation for passing or failing to the Executive Director, setting forth the details supporting his or her conclusion.
2. If the dentist meets the requirements set forth in [NAC 631.2219 to 631.2231](#), inclusive, the Board will issue the general anesthesia permit or moderate sedation permit, as applicable.
3. If the dentist does not meet the requirements set forth in [NAC 631.2219 to 631.2231](#), inclusive, the Executive Director shall issue a written notice to the dentist that identifies the reasons he or she failed the inspection or evaluation.
4. A dentist who has received a notice of failure from the Board pursuant to subsection 3:
 - (a) Must cease the administration of any general anesthesia, deep sedation or moderate sedation until the dentist has obtained the general anesthesia permit or moderate sedation permit, as applicable; and
 - (b) May, within 15 days after receiving the notice, request the Board in writing for a reevaluation. The request for a reevaluation must state specific grounds supporting it.
5. If the reevaluation is granted by the Board, it will be conducted by different persons in the manner set forth by [NAC 631.2219 to 631.2231](#), inclusive, for an original evaluation.
6. No dentist who has received a notice of failing an inspection or evaluation from the Board may request more than one reevaluation within any period of 12 months.
7. Pursuant to subsection 3 of [NRS 233B.127](#), if an inspection or evaluation of a dentist or his or her office indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the dentist pending proceedings for revocation or other action. An order of summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order of summary suspension. The President of the Board shall not participate in any further proceedings relating to the order.

Agenda Item (8)(e):

**Email Correspondence from
WREB & ADEX**

Frank DiMaggio

From: Beth Cole <[REDACTED]>
Sent: Wednesday, March 17, 2021 1:24 PM
To: Frank DiMaggio
Subject: RE: Dental and Dental Hygiene Exams
Attachments: 2021 Dental Schedule 3.12.2021.pdf; 2021_WREB_EXAM_SCHEDULE_ANE_HYG_RES_03122021.pdf

Hi Frank,

Please see the attached exam schedules.

I do need to point out that many of the schools are moving away from the patient based exams as we get closer to the actual exam dates. Most states are accepting manikin exams, so if they have no candidates that require a patient for where they intend to become licensed, they drop that option. Also, our plans are still unfortunately subject to the uncertainty around COVID.

One suggestion that your Board might consider is extending the period for completion of a patient based exam after the pandemic ends to 12 months.

Please let me know if you need anything else.

Happy St. Patrick's Day!

Beth

From: Frank DiMaggio <[REDACTED]>
Sent: Wednesday, March 17, 2021 10:41 AM
To: Beth Cole <[REDACTED]>
Subject: Dental and Dental Hygiene Exams

Good morning, Beth!

I just had a question for you:

Assuming I am either a dental grad or a dental hygiene grad from a year other than 2021, would I have any difficulty in scheduling a live patient exam within 90 days of today?

I look forward to your response.

Thanks,

Frank DiMaggio
Executive Director
Nevada State Board of Dental Examiners
6010 S Rainbow Blvd., Suite A-1
Las Vegas, NV 89118
Office Number (702) 486-7044

Frank DiMaggio

From: Kimber Cobb [REDACTED]
Sent: Wednesday, March 17, 2021 10:50 AM
To: Frank DiMaggio
Subject: Re: Dentist and Dental Hygiene Exams

Hi Frank,

We have definitely received some feedback from DH students in particular that they're struggling to find schools who are open to outside candidates.

Many of the open sites posted on our calendar currently for both Dental & DH are waitlisted. 90 days may be feasible for some but difficult for others, depending on where they're located.

Some of our hybrid DH exams (pt & manikin) may become open to outside candidates as we progress through the season.

I had a conflict for the call last night, apologies for missing it, did the Board approve the extensions and Acceptance listed in the agenda last night?

Thanks for your help, hope all went well!

Best,
Kimber

Kimber Cobb
National Director, Licensure Acceptance and Portability



The Commission on Dental Competency Assessments
1304 Concourse Drive, Suite 100 | Linthicum, MD | 21090
443.270.4626 | [REDACTED] | www.cdcaexams.org

From: Frank DiMaggio [REDACTED]
Sent: Wednesday, March 17, 2021 1:39:07 PM
To: Kimber Cobb [REDACTED]
Subject: Dentist and Dental Hygiene Exams

Good day, Kimber!

I just had a question for you:

Assuming I am either a dental grad or a dental hygiene grad from a year other than 2021, would I have any difficulty in scheduling a live patient exam within 90 days of today?

I look forward to your response.

Agenda Item (8)(g):

**OSAP-DALE
Program Information**

The Infection Control Educational Program for Everyone in Dentistry

The OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™ is a comprehensive, baseline educational program. It is intended for everyone in dentistry or anyone who wants to learn more about dental infection prevention and control.

How does it benefit me?

The OSAP-DALE Foundation Certificate Program can help you enhance your infection control knowledge and demonstrate your commitment to patient safety. Successful completion of this comprehensive infection control education is an important accomplishment for those who want to boost their credibility and potential job prospects. Completing this educational program:

- Validates your knowledge of a standardized dental infection prevention and control curriculum – developed and validated by experts
- Demonstrates your commitment to your patients, students, team members, customers, and many other stakeholder groups
- Awards a recognized certificate that can be framed
- Meets one of the eligibility requirements for both OSAP-DANB infection control certification programs
- Fulfills a requirement for the American Association of Dental Office Management Mastership (MAADOM) designation

Why this program?

Ensuring a safe dental visit is a team effort. Everyone from the dental assistant to the dental hygienist to the dental practice manager to the dentist is involved. And so are the educators, consultants, and sales representatives who sell dental infection control products and services. With patient and provider safety on the line, OSAP and the DALE Foundation developed this comprehensive educational program based on federal standards and evidence-based guidelines. This educational program was developed and reviewed by experts in dental infection control – so you can trust that the information is accurate and validated.

What is it?

The OSAP-DALE Foundation Dental Infection Prevention and Control Certificate is a voluntary assessment-based certificate program that is perfect for new and experienced dental professionals and anyone who wants to learn more about dental infection prevention and control. In addition, the program is:

- Able to be completed at your own schedule in a convenient online format
- Compatible with desktop, tablet, and mobile
- Based on the most up-to-date content from multiple, high-quality sources with links to other sources for more advanced training
- Developed from national standards and aligned to the specific educational components developed by a national dental infection control consortium of seven organizations and the CDC

**Note: Completing this educational program leads to an assessment-based certificate. This is not a certification. Learn more about the difference between a certificate program and a professional certification.*

Certificate vs. Certification: What's the Difference? – Institute for Credentialing Excellence Distinguishing Features of the OSAP-DALE Foundation Certificate Program and the OSAP-DANB Professional Certification Programs (PDF)

Get Started Today

The OSAP-DALE Foundation Dental Infection Prevention and Control Certificate program includes two educational steps and an online assessment. Everyone in dentistry and the dental trade is encouraged to complete this program. Steps 1 and 2 can be completed in either order.

Step 1

Complete the OSAP-DALE Foundation online CDEA® module Understanding CDC's Summary of Infection Prevention Practices in Dental Settings (\$30).

Step 2

Complete the OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™ (\$225 for 6-month access). For more information on the eHandbook, click [HERE](#)

Step 3

Pass the OSAP-DALE Foundation eHandbook Assessment™ (You will only be eligible to access the OSAP-DALE Foundation eHandbook Assessment after you have successfully completed the first two steps of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate Program. Those who have completed both steps will be notified via email.) (\$50 for 60-day access).

The total cost for completing all three steps of the OSAP-DALE Foundation Certificate Program is \$305. Visit [the DALE Foundation website](#) to learn more about discounts available for the purchase of multiple courses and for groups of learners.



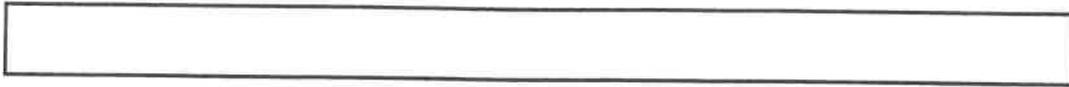
Convince Your Employer

Are you interested in completing the certificate program and would like to ask your employer to provide funding to you for the program? Use our justification letter to help you make the case to your employer. **Download the Justification Letter.**

Have questions? Click **[HERE](#)** to learn more.

Special thanks to the Division of Oral Health of the U.S. Centers for Disease Control and Prevention for their review of the course content to ensure consistency with current guidelines.

The total cost for completing all three steps of the OSAP-DALE Foundation Certificate Program is \$305. Visit the [DALE Foundation website](#) to learn more about discounts available for the purchase of multiple courses and for groups of learners.



Convince Your Employer

Are you interested in completing the certificate program and would like to ask your employer to provide funding to you for the program? Use our justification letter to help you make the case to your employer. **Download the Justification Letter.**

Have questions? Click [HERE](#) to learn more.

Special thanks to the Division of Oral Health of the U.S. Centers for Disease Control and Prevention for their review of the course content to ensure consistency with current guidelines.

Understanding CDC's Summary of Infection Prevention Practices in Dental Settings

This online article will help expand your knowledge of infection control topics. This product was jointly developed by the Organization for Safety, Asepsis and Prevention (OSAP) and the DALE Foundation.

\$30.00 Buy for Me

[BUY FOR OTHERS](#)

DANB CDE credits:

2 (Category 1)

Pre-assessment:

N/A

Access to course:

6 months from purchase

Estimated completion time:

2 hours

Post-course assessment:

20 questions

Compatibility:

Desktop, laptop and tablet

Product Details

- [Objectives](#)
- [Course Demo](#)
- [Reviews](#)

Improve your infection control

Dealing with infection prevention practices is one of the most important challenges to you and your patients' safety.

This interactive, online article addresses the *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* introduced in 2016 by the Centers for Disease Control and Prevention (CDC). It is a great resource for those who wish to earn CDE credits to renew DANB certification or are simply interested in learning about this critical topic.

The interactive format allows you to take notes and access a glossary and links to related resources to help you understand the information before you take the 20-question assessment. You can read and review the article at your own pace, on your own schedule, for up to six months.

You will earn 2 CDE credits when you achieve a passing score of 75% on the assessment. You

will receive your pass or fail result immediately after completing the assessment, and you can take the assessment more than once if needed.

This article is part of a collaborative partnership between the Organization for Safety, Asepsis and Prevention (OSAP) and the DALE Foundation.

AND! This online module meets requirements for step 1 of the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate program, which includes 2 educational steps and an online assessment. Everyone in dentistry and the dental trade is encouraged to complete this program. For more information, visit <https://dentalinfectioncontrol.org/education>.

Course credentials

Creation date: January 2017

Updated: September 2019

Date of next review: September 2022

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the DALE Foundation and the Organization for Safety, Asepsis and Prevention (OSAP).



ADA CERP® | Continuing Education Recognition Program

The DALE Foundation is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada/cerp.



PACE ACADEMY OF GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

The DALE Foundation is designated Approved PACE Program Provider of General Dentistry. The formal CE education programs of this program accepted by AGD for Fellowship, A membership maintenance credit. A not imply acceptance by a state or board of dentistry or AGD endorse current term of approval extends fr 8/31/2021. Provider ID# 355127

will receive your pass or fail result immediately after completing the assessment, and you can take the assessment more than once if needed.

This article is part of a collaborative partnership between the Organization for Safety, Asepsis and Prevention (OSAP) and the DALE Foundation.

AND! This online module meets requirements for step 1 of **the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate program**, which includes 2 educational steps and an online assessment. Everyone in dentistry and the dental trade is encouraged to complete this program. For more information, visit <https://dentalinfectioncontrol.org/education>.

Course credentials

Creation date: January 2017

Updated: September 2019

Date of next review: September 2022

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the DALE Foundation and the Organization for Safety, Asepsis and Prevention (OSAP).



ADA CERP® | Continuing Education
Recognition Program

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PACE
ACADEMY
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

The DALE Foundation is designate Approved PACE Program Provider of General Dentistry. The formal cc education programs of this program accepted by AGD for Fellowship, A membership maintenance credit. A not imply acceptance by a state or board of dentistry or AGD endorse current term of approval extends fr 8/31/2021. Provider ID# 355127

OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook

This comprehensive online resource on infection control is designed for everyone on the dental team, as well as educators, consultants, dental sales representatives, and state dental board investigators and inspectors

\$225.00

BUY FOR ME

BUY FOR OTHERS

DANB CDE credits:
10 (Category 1)

Pre-assessment:
N/A

Access to course:
6 months from purchase

Estimated completion time:
10 hours

Post-course assessment:
N/A

Compatibility:
Desktop, laptop, tablet and mobile

Product Details	Objectives	Course Demo
	Reviews	

Demonstrate your commitment to patient safety

Infection control lapses in dental settings can have a life-threatening impact, yet national surveys of dental settings reveal a critical lack of standardized education and training protocols for all aspects of infection control.

The OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™ is designed to help users fill gaps in their infection control knowledge and ensure compliance with federal and state regulations, guidelines and standards.

Intended for any oral healthcare professional who is responsible for infection control procedures in a dental setting, this comprehensive, interactive resource allows users to apply their knowledge and experience in a highly relevant, goal-oriented format. Photos, case studies and other methodologies reinforce learning and application of a dental infection control curriculum into each individual's practice setting, educational venue or in consultative selling.

In addition, the eHandbook includes a 49-page downloadable companion workbook for guided note taking. Long after the user has completed the eHandbook, this companion workbook and its links to key resources will serve as a valuable reference.

See the instructions on how to navigate and complete the eHandbook

[OSAP-DALE Foundation eHandbook Chapters Learning Objectives \(PDF\)](#)

[OSAP-DALE Foundation eHandbook Assessment FAQs \(PDF\)](#)

The eHandbook is a required step to earning the **OSAP-DALE Foundation Dental Infection Prevention and Control Certificate**. The other required step is completing the OSAP-DALE Foundation **Understanding CDC's Summary of Infection Prevention Practices in Dental Settings**.

Course credentials

Subject Matter Experts:

- Eve Cuny, M.S.
- Kathy Eklund, RDH, M.H.P.
- Mary Govoni, CDA, RDH, MBA
- Virginia Jorgensen, CDA, EFDA, EFODA, A.A.S.
- Chris Miller, M.S, Ph.D.

Staff Reviewers:

- Cynthia Durley, M.Ed., MBA
- Therese Long, MBA, CAE

Creation date: May 2019

Updated: N/A

Date of next review: May 2022

Educational method: Electronically Mediated Activity (e.g., photos, case studies, guided note taking)

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between the DALE Foundation and the Organization for Safety, Asepsis and Prevention (OSAP).





Dental Infection Prevention and Control Certificate Program™

The Organization for Safety, Asepsis and Prevention (OSAP) and the DALE Foundation have developed a *Dental Infection Prevention and Control Certificate Program*. This online certificate program is perfect for new and experienced dental professionals who are responsible for infection control duties.



3 steps to earn the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate



Step 1

Complete the OSAP-DALE Foundation online CDEA® module:

[Understanding CDC's Summary of Infection Prevention Practices in Dental Settings](#)



Step 2

Complete the [OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™](#)



Step 3

Pass the OSAP-DALE Foundation eHandbook Assessment™

TAKE THE NEXT STEP!

Steps 1 and 2 can be completed in any order. A great way to get started is with the OSAP-DALE Foundation module: [Understanding CDC's Summary of Infection Prevention Practices in Dental Settings](#), since it includes many downloadable resources and forms the basis for the OSAP-DALE Foundation eHandbook contents.

<https://dentalinfectioncontrol.org/education/>

Agenda Item (8)(j):

Assembly Bill 269 Chart

Proposed Bill Section (AB 269)	Dental Board completed? And Date completed	Yet to be completed? Status
Sections 1-9 address NRS 631; NRS 631.310, NRS 631.3122		
Section 1: - Permission to Administer	Yes. - Emergency Regulations approved by SOS 3/8/21 and effective through 7/6/21; - Temporary Regulations approved by Board on 3/16/21, will be submitted to SOS on or about 4/20/21 (35 day waiting period); - Permanent Regulations will be submitted to LCB on or about 7/1/21	n/a
Section 2-3: - Req. NSBDE to issue special endorsement to administer vaccines	N/a. - No specific requirement to provide "endorsement"	- Board would provide a "certification," instead of "endorsement" under its permanent regulation
Section 4: - Standing Order; - Comply w/ Mfg. Orders and Instructions	Yes. - Emergency and Temporary Regulations address these requirements (NAC 631.2273; NAC 631.2280(2)&(3))	- Permanent regulations will follow Temporary regulation language
Section 5: - Provide VIS; - obtain written informed consent; - rely on physician/PAC/ARNP conclusions regarding whether to administer	Yes. - Emergency and Temporary Regulations address these requirements (NAC 631.2275; NAC 631.2280(2)&(6); NAC 631.2284.	- Permanent regulations will follow Temporary regulation language
Section 6: - Maintain vaccination records	Yes. - Emergency and Temporary Regulations address these requirements (NAC 631.2280(3); NAC 631.2285.	- Permanent regulations will follow Temporary regulation language
Section 7: - CE requirements	Yes. - Emergency and Temporary Regulations address these requirements (NAC 631.2282).	- Permanent regulations will follow Temporary regulation language

Section 8: - Authorizes Board discipline for (1) Administering vaccination w/o endorsement; (2) failing to comply with requirements to report information regarding vaccinations	Not specifically. Other portions of NRS 631 address unprofessional conduct generally (NRS 631.346 et seq.; NRS 631.349; NAC 631.230)	- Board can include specific permanent regulations in NAC 631.230 to establish violation of vaccine regulations constitute unprofessional conduct
Sections 9-10 address 439.272; 439.279		
Section 9: - Revise requirements for State Dental Health Officer to allow person who is not a licensed dentist to serve as SDHO if they have a masters or doctorate degree in public health or a related field and is a graduate of an accredited dental college or residency program	No.	n/a
Section 10: - Authorizes State Dental Hygiene Officer to pursue another business or vocation with approval of the DPBH/ DHHS	No.	n/a