NEVADA STATE BOARD of DENTAL EXAMINERS

Board Teleconference Meeting

Tuesday, March 16, 2021

6:00 P.M.

PUBLIC COMMENT BOOK
Public Comment:

Minette Galura-Boquiren, RDH, BS
NDHA President 2020-2021
March 15, 2021

To: Nevada State Board of Dental Examiners (NSBDE)

From: The Nevada Dental Hygienists’ Association (NDHA)

RE: Public Comment for March 16, 2021

The NDHA supports policies that increase access to care, increase medical-dental integration, and ensures public safety. Therefore, the NDHA continues to fully support:

Agenda 5 (e): Teledentistry is an integral part of access to care especially during this pandemic. With the schools being closed for over a year, some students did not have access to school-based oral health programs where many of their dental problems were identified and addressed. These programs were an important part of the children’s access to care. As a solution to help increase their access to care was the use of teledentistry. Teledentistry has provided a safe mean of healthcare to patients while still practicing social distancing (www.telehealth.hhs.gov). Providers can talk to patients regarding their concerns and provide solutions to their problems including the direction of how to apply fluoride varnish. If the NSBDE changes their advisory opinion on this matter that was decided on October 8, 2020, once again children’s access to care will be limited. Our hope that as schools begin to re-open that the oral health programs continue their progress in children’s oral health but in the meantime all teledentistry options need to remain in place.

Agenda 7 (a): The NDHA supports the safe administration of vaccinations by licensed dental professionals. The NDHA hosted a vaccine webinar for licensed dental professionals to give them the information they need to continue with their immunization training. The NDHA also continues to advocate and follow the bipartisan BDR 54-645 sponsored by Assemblyman O’Neill and Assemblywoman Thomas that will allow for the permanent language for vaccine administration by licensed dentists, dental hygienists, and dental therapists. In support of these oral health matters, the NDHA has send out vaccine administration infographs to all NV legislators to gain their backing.

Please feel free to reach out if any additional information is needed. Thank you for your time and consideration.

Respectfully,

Minette Galura-Boquiren, RDH, BS
President, Nevada Dental Hygienists’ Association
Public Comment:

Terrie Chandler, RDH
Future Smiles Founder and Executive Director
March 14, 2021

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

Dear Nevada State Board of Dental Examiners,

I urge you not to reconsider or amend the October 8, 2020, advisory opinion that approved, “a dental healthcare provider can instruct the parent/guardian to apply a single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform.”

The concept of dental telehealth is not new in fact, it was has been in existence since 1994 when the Department of Defense introduced the Total Dental Access Program (TDA) for the Army. The goals of TDA were to increase soldier's access to care and reduce associated costs. In the early nineteen nineties, video conferencing, e-mail, fax, and telephone calls were used, but more recently, video conferencing and high-quality image transfer have become easily accessible. According to the Gallup-Healthways Well-Being Index, nearly a third of all Americans don’t visit a dentist regularly enough. There are many reasons for this, most notably affordability, access, and dental anxiety and fear.

If we look at other Nevada dental professionals that offer dental telehealth options, Nevada Health Centers (NHC) is a leader in this movement. The following is NHC’s telehealth link from their website: https://www.nevadahealthcenters.org/telehealth/ Their website states, “Telehealth offers a convenient way to access healthcare through the use of secure video and audio connections to providers throughout Nevada. We also have the ability to evaluate dental emergencies virtually, using your Internet-connected smartphone, tablet, or computer.”

Future Smiles became a member of the Nevada Action Network after verifying in writing with this Board that the dental telehealth mode of delivery had been thoroughly vetted and approved by the Board. On January 4, 2021, Future Smiles sent the following letter via email to this Board requesting clarification of the October 8, 2020, Advisory Opinion.
An Advisory Opinion was issued at the October 8, 2020, NSBDE meeting:

Agenda item 7. New Business  
d. Request for an Advisory Opinion regarding whether dental healthcare provider can instruct parent/guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform – NRS 631.190

Can you confirm that a licensed dental healthcare provider, including a dentist or dental hygienist or PHDHE dental hygienist, may utilize a synchronous telehealth platform to benefit public health and instruct a parent or guardian to apply fluoride varnish to their child by a virtual platform? Once confirmed by the NSBDE, Future Smiles would like to initiate this program in 2021 and plans to collaborate with Liberty Dental and Dr. Antonina Capurro, DMD, the Nevada State Dental Health Officer of the NDHHS DPBH Oral Health Program.

The October 8, 2020, NSBDE Meeting Minutes state that the NSBDE issued an opinion that “a dental healthcare provider can instruct a parent/guardian to apply a single unit dose of fluoride varnish to their child’s teeth through a synchronous telehealth program.” All were in favor, and the motion passed.

On January 11, 2021, the following communication via email confirmed that a single unit dose of fluoride varnish can be applied to a child’s teeth via synchronous teledentistry platform.

After speaking with Phil, he confirms that based on the October 8, 2020 Board meeting, the Board issued the advisory opinion that a dental healthcare provider can instruct parent/guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform.

After this confirmation, Future Smiles began working with Liberty Dental to implement a pilot program through the Nevada Action Network. The March 16, 2021, NSBDE agenda line item 5. *e denotes that it may be a possible action item.

*e. Request to Reconsider or Amend the Advisory Opinion issued by the Board on October 20, 2020 regarding whether dental healthcare provider can instruct parent/guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform – NAC 631.279; NAC 631.220(2) (For Possible Action) (1) David Lee, DMD

To shed some light on Future Smiles’ process with the Nevada Action Network’s synchronous dental telehealth visit the following is our process:

1) On the Liberty Dental website, members (patients) may request a virtual dental screening by text messaging NVKIDS.
3) Liberty Dental’s staff, to include its Dental Director, review the member request and distribute the Liberty Dental client (patient) information to a Liberty Dental provider (dental office).

4) The Liberty Dental client’s (patient) information is shared by-way-of a secured email from Liberty Dental.

5) Once Future Smiles receives the secure email, our dental hygienist (who holds a PHDHE) will call the family to schedule a dental telehealth visit.

6) A dental telehealth visit includes the following:
   
   a. GoToMeeting link is emailed to the family and is HIPAA compliant video communication product.
   
   b. Future Smiles will mail a telehealth packet (English and Spanish are available) to include an introductory letter, Nevada Action Network program letter, step-by-step fluoride varnish application, and a single unit dose of fluoride varnish (Pulpdent Embrace).
   
   c. Fluoride varnish is only provided if the family requests and if the child has not had a prior application within the last 3-4 months based on AAPD caries risk assessment.
   
   d. The virtual visit includes caries risk assessment (see our attached document), oral health education, and parent questions. The dental hygienist guides parents to apply the fluoride varnish using an applicator brush on a typodont while the parent applies at home on their child.
   
   e. A client electronic health record (EHR) is created in Dentrix on our Future Smiles cloud-based platform managed by dental IT expert Pact One. The caries risk assessment is scanned into the Dentrix document center, and an electronic form is filled out on the Liberty Dental provider portal.
   
   f. Families are advised to schedule a routine dental visit at their dental home assigned by Liberty Dental Plan.

The Nevada Action Network dental telehealth program has rolled-out slowly. To-date, Future Smiles has received contact information from four families. Of these, only one family completed the entire dental telehealth experience of caries risk assessment (screening), oral health education, and fluoride varnish application.

Thank you for your leadership with this matter.

Sincerely,

Terri Chandler, RDH
Future Smiles Founder and Executive Director
Teledentistry Caries Risk Assessment

For completion by LIBERTY Staff Dentists and Dental Hygienists.

<table>
<thead>
<tr>
<th>Member Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>Member Number:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>PROVIDER NAME:</td>
<td>DATE OF EVALUATION:</td>
</tr>
</tbody>
</table>

### Assessment (check as applicable):  

<table>
<thead>
<tr>
<th>Low Risk (0 points)</th>
<th>Moderate Risk (1 point)</th>
<th>High Risk (2 points)</th>
</tr>
</thead>
</table>

### Contributing Conditions

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td><strong>Fluoride Exposure</strong> (through drinking water, supplements, professional applications, toothpaste)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>II.</td>
<td><strong>Sugary Foods/Drinks</strong> (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)</td>
<td>□ Primarily at mealtimes</td>
<td>□ Frequent or prolonged between meal exposures/day</td>
</tr>
<tr>
<td>III.</td>
<td><strong>Caries experience of mother, caregiver, and/or other siblings</strong> (for patients aged 0-14)</td>
<td>□ No carious lesions in last 24 months</td>
<td>□ Carious lesions in last 7-23 months</td>
</tr>
<tr>
<td>IV.</td>
<td><strong>Dental Home</strong> (receiving regular dental care in a dental office within the past 18 months)</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>V.</td>
<td><strong>Brushing with toothpaste containing Fl (OTC or RX)</strong></td>
<td>□ Yes (2X daily)</td>
<td>□ Yes (1X or non Fl)</td>
</tr>
</tbody>
</table>

### General Health Conditions

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
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<tbody>
<tr>
<td>I.</td>
<td><strong>Special health care needs</strong> (developmental, physical, medical, or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)</td>
<td>□ No</td>
<td>□ Yes (over age 14)</td>
</tr>
<tr>
<td>II.</td>
<td><strong>Chemo/radiation therapy</strong></td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td><strong>Eating disorders</strong></td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td>IV.</td>
<td><strong>Medications that reduce salivary flow</strong></td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
</tbody>
</table>

### Clinical Conditions

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td><strong>Cavitated carious lesions or restorations</strong> (visually evident)</td>
<td>□ No new carious lesions or restorations in last 36 months</td>
<td>□ 1-2 new carious lesions or restorations in last 36 months</td>
</tr>
<tr>
<td>II.</td>
<td><strong>Teeth missing due to caries in past 36 months</strong></td>
<td>□ No</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td><strong>Dental/orthodontic appliances</strong> (fixed or removable)</td>
<td>□ No</td>
<td>□ Yes</td>
</tr>
<tr>
<td>IV.</td>
<td><strong>Severe dry mouth</strong> (Xerostomia)</td>
<td>□ No</td>
<td></td>
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</tbody>
</table>

### Overall Assessment:

<table>
<thead>
<tr>
<th>Dental Caries Risk:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
</tbody>
</table>

### Scoring Instructions

- **5 POINTS AND UP** - **HIGH RISK**
- **2-4 POINTS** - **MEDIUM RISK**
- **0-1 POINT** - **LOW RISK**
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If your child is school age, where does your child attend school?</td>
<td>a. Completely Online  b. Home Schooled  c. Hybrid (in-person and online) d. In Person</td>
</tr>
<tr>
<td>2. Has your child ever received school-based health services in the past?</td>
<td>a. Yes  b. No</td>
</tr>
<tr>
<td>3. Due to COVID-19, do you feel comfortable coming into a dental office for an appointment?</td>
<td>a. Yes b. No</td>
</tr>
<tr>
<td>4. How would you rate the condition of your child’s teeth and gums? (circle one)</td>
<td>a. Excellent  b. Very good  c. Good  d. Fair  e. Poor</td>
</tr>
<tr>
<td>5. How many times do you/do your child brush his/her teeth in one day? (circle one)</td>
<td>a. Enter # b. Child does not brush yet c. Does not brush everyday d. Don’t know</td>
</tr>
<tr>
<td>6. How many times a day does your child have sugary drinks or snacks?</td>
<td>a. 2 or less  b. 3 to 5  c. 6 or more</td>
</tr>
<tr>
<td>7. During the past 12 months, has your child had frequent or chronic difficulty with any of the following? (Check all that apply)</td>
<td>a. Toothaches (no/yes) b. Bleeding gums (no/yes) c. Decayed teeth or cavities (no/yes)</td>
</tr>
<tr>
<td>8. What was the main reason your child last visited a dentist? (check one)</td>
<td>a. Went in on own for check-up, examination or cleaning b. Was called in by the dentist for check-up, examination or cleaning c. Something was wrong, bothering or hurting d. Went for treatment of a condition that dentist discovered at earlier check-up or examination e. Other f. Don’t know/don’t remember</td>
</tr>
<tr>
<td>9. During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (check one)</td>
<td>a. No b. Yes c. Don’t know/don’t remember</td>
</tr>
</tbody>
</table>
Public Comment:

Janet Crosswhite, RDH, BS, PHE
March 16, 2021
NSBDE Board Meeting

Dear Nevada State Board of Dental examiners,

I am writing to you all in regard to item 5e of the board’s agenda, that members of the board Do Not eliminate or amend the advisory opinion issued on October 8th, 2020 (correct date) allowing dental professionals to instruct a parent/guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform. The new Nevada Action Network has over 300,000 children who are enrolled in our state’s Medicaid dental program. Teledentistry allow these children the opportunity to get online checkups with dental professionals and receive their fluoride application at home. This great program was specifically created to create access to care for Nevadan’s children.

Due to the Covid-19 Pandemic, Access to care has been even more restricted to those in need of care. We all are aware that this pandemic is far from being over, many children especially for rural areas in Nevada who have not been able to have access to dental care, medical care, or the COVID-19 vaccination need assistance. Many medical entities have accepted new applications and tools that allow them to adapt Telehealth practices to communicate and treat patients online as well. Medicaid has partnered with the Oral Health Program to create new ways and opportunities for children to enroll and receive preventative treatment, such as fluoride application, to avoid a rise in dental diseases. Reconsidering, amending, or eliminating this advisory opinion impedes the efforts of many public health programs to reach these at-risk communities. A recent visit to provide care to assisted living home residents this past weekend proved the Need for teledentistry were we able to get the patient the necessary care they needed to determine if they had a case of oral cancer. Our goal for Public Health Dentistry is to provide the public with access to necessary care. Thank you for your time and considerations.

Respectively,

Janet Crosswhite RDH, BS, PHE
Public Comment:

Antonio Ventura, RDH, BSDH
March 15, 2021

To: Nevada State Board of Dental Examiners

RE: Public Comment for March 16, 2021

The Southern Nevada Dental Hygienists’ Association (SNDHA) ask the NSBDE NOT reconsider, or Amend the Advisory Opinion issued by the Board on October 20, 2020 Agenda item 5 (E).

In conjunction with NDHA, we support policies that increase access to care for our most vulnerable populations. As the COVID-19 pandemic continues, our state has seen an increased demand for synchronous telehealth. In addition, many dental healthcare entities were required to change the way dental healthcare is delivered to our communities. We believe licensed dental health care providers should be able to instruct a parent/guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous telehealth platform. Single dose fluoride varnish is a quick, simple, and non-invasive way to provide much needed preventative and cost-effective dental care to Nevada’s children.

If the NSBDE chooses to eliminate this advisory opinion they will be placing barriers to access to care to thousands of school age children by preventing them from receiving much needed safe, and basic preventative dental health care during these challenging times.

The SNDHA strongly opposes the reconsideration or amendment of the advisory opinion.

Thank you for your time,
Antonio Ventura, BSDH, RDH
Immediate Past-President, Southern Nevada Dental Hygienists’ Association
Public Comment:

Annette Lincicome, BS, RDH
March 14, 2021

To: The Nevada State Board of Dental Examiners (NSBDE)

From: The Nevada Dental Hygienists’ Association

RE: Agenda item #5(e)

The NDHA supports policies that increase access to care, utilize Nevada’s dental workforce to its full potential, and which ensure public safety. Therefore, the NDHA supports the Advisory Opinion handed down by the board on October 8, 2020 (listed as October 20, 2020 in tonight’s agenda) whereby a Nevada Licensed Dental Practitioner can instruct a parent/guardian to apply a single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform.

The current pandemic has caused significant upheaval to the deliver of dental care in the state of Nevada over the last year. Thanks to a NSBDE advisory opinion from July 2019 where telehealth was recognized to be within the scope of NRS 631.215, the majority of dental practices were able to incorporate telehealth measures during the pandemic to continue the delivery of dental care while ensuring the safety of their patients and the dental workforce.

Unfortunately, the pandemic has increased many health disparities in our state causing the low-income, at-risk populations to suffer disproportionately. Most of Nevada’s neediest children have received no dental care during the pandemic. The Advisory Opinion of October 8, 2020 offers an opportunity to address the access to care issues of some of Nevada’s neediest residents by allowing Nevada Licensed Dental Practitioners to instruct parents/guardians in the application of single unit dose fluoride varnish to their child’s teeth via a synchronous teledentistry platform. Amending or altering the Advisory Opinion of October 8, 2020 would appear to unfairly place restrictions on telehealth for Nevada’s neediest residents, while allowing telehealth measures to continue unhampered in the private sector. Unfairly placing barriers to access to care for Nevada’s neediest residents is antithetical to the mission of the NSBDE to protect Nevada’s citizens.

NDHA strongly opposes the reconsideration or amendment of the Advisory Opinion issued by the Board on October 8, 2020 (listed as October 20, 2020 in the agenda) regarding whether dental healthcare providers can instruct parents/guardians to apply a single unit dose of fluoride to their child’s teeth through a synchronous teledentistry platform.

Respectfully submitted,

Annette Lincicome, BS, RDH
Member, NDHA Legislative Committee
Public Comment:

Jessica Woods, MPH, RDH
March 16, 2021

Dear Nevada State Board of Dental Examiners,

I am writing in reference to agenda item 5e and ask the members of the Board NOT to amend or eliminate the advisory opinion approved on October 8, 2020 (the agenda reflects the incorrect date).

During a phone call on March 12, 2021 with Mr. DiMaggio, I was informed that this proposed amendment stems from concerns by some members of the Board on the lack of teledentistry language currently in statute. However, on July 19, 2019 a request of an advisory opinion regarding teledentistry was made. At that time Board Member Moore made a motion to approve the request for an advisory opinion to establish that “telehealth is in fact within the scope of NRS 631.215.” Therefore, allowing those that who practice dentistry to utilize teledentistry delivery methods.

Should the Board choose to amend or eliminate the advisory opinion, which allows for synchronous fluoride application by a parent/guardian under the direction of a licensed dental practitioner during a teledentistry visit, they would be undoing countless hours of good work by various organization throughout the state. An infrastructure has already been put in place since October that will help to better reach the 300,000 children currently enrolled in Nevada Medicaid (Liberty) and provide preventive dental services to those at-risk children. This change comes with heavy consequences, making the Board responsible for an additional barrier to the very population they are charged with protecting.

In addition, I ask the Board to stop hindering public health dental hygiene programs, like Dental Hygiene Direct, who are seeking approval from the Board to utilize this innovative model and include the consideration of endorsement to the agenda for the next scheduled Board meeting since the program was not included on tonight’s agenda as requested. All follow-up program information as requested by the Board was provided prior to the submission deadline so it is unclear as to why the Board choose not to include it.

The COVID-19 pandemic has called for innovative and bold models of care that adapt to the many challenges that have developed over the past year. Nevada has the opportunity to lead that charge by keeping this advisory opinion intact and serving some of Nevada’s most vulnerable children.

Sincerely,

Jessica L. Woods, MPH, RDH
Public Comment:

Nichelle Venable, BSDH, RDH
March 16th, 2021 NSBDE Meeting

Responding to agenda item 5e

Dear Nevada State Board of Dental examiners,

I am writing to request, regarding item 5e, that you do not reconsider or amend the advisory opinion issued on October 8th, 2020 (correct date) allowing dental professionals to instruct a parent/guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform. Because of the new Nevada Action Network over 300,000 children who are enrolled in our state’s Medicaid dental program can get online checkups with dental professionals and receive their fluoride application at home. This program was specifically created to create access to care for Nevadan’s children.

Access to care has been restricted even more so because of the COVID-19 pandemic. This pandemic is far from over, especially for rural areas in Nevada, who have not been able to have access to dental care, medical care, or the COVID-19 vaccination. Many medical entities have accepted new applications and tools that allow them to communicate and treat patients online as well. Medicaid has partnered with the Oral Health Program to create new ways and opportunities for children to enroll and receive preventative treatment, such as fluoride application, to avoid a rise in dental diseases. Reconsidering, amending, or eliminating this advisory opinion impedes the efforts of many public health programs to reach these at-risk communities.

Thank you for your considerations,

Nichelle Venable, BSDH, RDH
Public Comment:

Lancette VanGuilder, RDH, BS
It is our hope that the dental board does not impede or hinder the efforts of licensed dental Practitioners to increase access to care in our state. This includes telehealth, dental therapy and public health endorsed programs and providers. This is a prime time for this dental board to demonstrate leadership and acceptance of innovative, safe and streamlined methods to bring dental care to underserved/vulnerable populations. We encourage this board to not restrict the trade of any licensed dental practitioner and advocate to allow licensed dental Practitioners to practice to the full extent of their education and abilities.

Across the nation, and in Nevada, medical and dental practitioners are using innovative options to help increase access to care, including telehealth for screenings, care, triage and referrals. States like Minnesota have proven that licensed Dental Therapists are a safe and effective model of care for over 10 years and public health endorsed Practitioners in Nevada have been practicing safely for nearly 2 decades.

We would like to respectfully ask that the board to seek an advisory opinion from the State of Nevada Attorney General’s Office regarding agenda items 5 (c) and 5 (e) and 7 (j) to ensure that the dental board members do not overstep their authority in regards to Nevada Statutes, Board best practices and Governors COVID-19 Directives.

**In regards to Agenda Item 5 (e):** please consider upholding the decision the board previously made to allow licensed dental Practitioners to provide screenings, education and synchronous fluoride application via Teledentistry under the Nevada telehealth laws.

In 2015, the Nevada Legislature passed Assembly Bill 292, declaring it the public policy of the State to encourage and facilitate the provision of health care services through telehealth to improve public health and the quality of health care while also lowering the cost. In order to provide telehealth services

As part of the COVID-19 pandemic response, on August 17, 2020, Governor Sisolak issued a press release that Nevada joined forces with Colorado, Oregon and Washington to support telehealth services for residents of our states. Best practices were outlined and include access, equity, standard of care, stewardship, patient choice, confidentiality, reimbursement and patient choice. According to the press release from Governor Sisolak “Telehealth should be available to every member, regardless of race, ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, immigration status, nationality, religious belief, language proficiency or geographic location.”

**For agenda item 7 (a)** the NDHA has worked extensively with Assemblyman O’Neall on language for AB 269 and support vaccine administration by licensed dental Practitioners and encourage the dental board members to familiarize themselves with the bill language that has been supported by various dental entities in our state in a collaborative and public health geared effort.

We would like to ask the board to be mindful of the health disparities in our state, the oral health crisis that exists among all populations and the needs of all Nevadans. We would also like to encourage the dental board to maintain confidence in the licensed dental workforce in Nevada and utilize existing state of Nevada laws as new legislation and regulation is under development.  
Lancette VanGuilder, NDHA
Public Comment:

Tyree G. Davis, DDS and Bryce Putnam, DMD
Nevada Health Centers
March 15, 2021

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

Dear Members of the Nevada State Board of Dental Examiners,

It has come to our attention at Nevada Health Centers, Inc. that the Nevada State Board of Dental Examiners is reconsidering, or possibly amending a previous advisory opinion issued by the Board on October 20, 2020, regarding whether a dental healthcare provider can instruct a parent/guardian to apply single dose fluoride varnish to their child’s teeth through a synchronous teledentistry platform. Our hope is that any reconsideration or amendment will not take away Nevada’s dental healthcare providers opportunity to continue to provide a valuable access point for the citizens of our state.

Teledentistry is relatively new to our profession in Nevada. However, our counterparts in the medical field have been using telehealth for several years to instruct patients with techniques such as teaching them how to take their own blood pressure, instruct them to sterilize and lance their fingers for testing their blood sugar, and how to complete a colorectal test. These techniques require a greater skill set than what we are asking or our parents and guardians to do when applying a fluoride varnish. Additionally, as dental providers we have all provided some form of visual teaching to our patients and parents, such as brushing and flossing. Dental healthcare providers are more than capable of using a teledentistry platform for instructing the application of fluoride varnish. Teledentistry is the future of dentistry, and the citizens of Nevada, especially in the rural and frontier areas of our state, need every opportunity they can to access dental care.

The Nevada Department of Health and Human Service (DHHS) and Liberty Dental Plan (LDP) have created a Nevada Action Network Information Guide for dental healthcare providers with instructions for a simple process for working with parents to deliver and administer fluoride varnish. Additionally, LDP has created a teledentistry carries risk assessment to be completed prior to selecting a patient for fluoride varnish application. Finally, DHHS and LDP have a simple instruction sheet for parents for fluoride varnish application, as well as oral hygiene instruction.
We would like to continue to support dental healthcare provider’s ability to provide fluoride varnish to patient’s teeth, utilizing synchronous teledentistry. Further, we hope that any reconsideration or amendment will not prevent providers for utilizing an important access opportunity for the citizens of Nevada. If you have any questions, please contact us at the numbers listed below. Thank you for your time to present public opinion.

Respectfully,

Tyree G. Davis, D.D.S.
Chief Dental Officer

Bryce Putnam, D.M.D.
Associate Dental Director

Carson City Administrative Office
3325 Research Way, Carson City, Nevada 89706 • phone (775)887-1590 • fax (775)887-7047
Las Vegas Administrative Office
1799 Mt. Mariah Drive, Las Vegas, Nevada 89106 • phone (702)307-5414 • fax (702)307-5421
www.nvhealthcenters.org
Public Comment:

Ashley M. Yuill
From: Ashley Yuill  
To: Board of Dental Examiners  
Subject: Concerned citizen of the state  
Date: Monday, March 15, 2021 3:07:11 PM

Dear Nevada State Board of Dental Examiners,

As a citizen of this state, I want to go on record as voicing my concern for the actions of dental board in regards to the issuing of subpoenas in administrative matters and without proper procedure. Specifically, I am referencing item # 5 b and c on the March 16th Nevada State Board of Dental Examiners(NSBDE) meeting. Never in the last 20 years has NSBDE issued a subpoena to an outside party and it is unheard of for subpoenas to be issued at the beginning of an investigation.

Are board members aware that on March 10th this Board lost a case in District Court Department 2 in which subpoenas and depositions were improperly issued without the Board’s knowledge or approval? I urge the Board members to read these public documents and acquaint themselves with this case. Do not make the same mistake two weeks in a row. As Board members you can be held personally responsible.

The public deserves transparency. It seems that the Board is using its authority for personal retaliation and in so doing does not have the public’s best interest at heart.

The Board has a duty to protect the health of the public and it is not meeting that responsibility when it violates due process, does not follow NRS correctly, and particularly when Board staff work outside of the Board’s authority as evident by the recent public court case. The Board was audited in 2019, and I urge the Board to choose a better path for the health of Nevadans. Follow your own process correctly and deal with administrative matters internally. I urge you to vote NO to the requests in item # 5 b and c.

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Ashley M. Yuill
Public Comment:

Mark Funke, DDS and Lancette VanGuilder, RDH, BS
Nevada Dental Association and Nevada Dental Hygienists' Association
March 15, 2021

Nevada Board of Dental Examiners
Attention: Mr. DiMaggio and NSBDE Board Member
6010 S. Rainbow Blvd., Bldg. A, Suite 1
Las Vegas, NV 89118
nsbde@nsbde.nv.gov

Re: Public Comment March 15, 2021 NSBE Agenda, Item 5

Dear Mr. DiMaggio:

On behalf of the Nevada Dental Association and the Nevada Dental Hygienists Association, we respectfully ask the members of the Nevada Board of Dental Examiners to perform their due diligence and ask on the record for an official Attorney General Opinion regarding Item 5.b and Item 5.c of the March 16, 2021 Nevada State Board of Dental Examiners public board meeting.

Specifically, Item 5.b is a return to the former way of doing business, where past boards have exhausted board resources and time investigating into administrative issues and not disciplinary claims. According to NRS 631.271 (8) the board can revoke or suspend a limited license for violations of NRS 631 and regulations. While we respect the authority of the board to investigate any claims of violation for discipline, this Item (5.b) appears to be an administrative investigation that we do not believe the Nevada Revised Statutes affords this board the right to investigate due to conflicts of interest and lack of authority.

Can the deputy attorney general provide an opinion as to whether or not the Dental Board of Examiners can investigate administrative issues that do not result in a disciplinary review?

Second, Item 5.c is another power grab, like boards of the past, that delegates all subpoena authority to one member of the board. This lacks transparency and public engagement. Moreover, we do not believe that this delegation has statutory authority, nor follows Open Meeting Laws.

Can the deputy attorney general provide an opinion as to whether or not delegating the authority to approve subpoenas to one member of the board is legal and proper, moreover, if it is in violation of the state’s Open Meeting Laws?

As the professional associations that jointly represent all professionals governed by this board, we would like to thank you for your time and attention to this matter, and take steps to not returning to the practices of past boards that overreached in their authority and violated multiple Open Meeting Laws. The board’s delegation for the Secretary to issue subpoenas is outside of NRS 631.360(4) which states that only the Executive Director may issue subpoenas. This is an attempt not of delegation, but of legislation.

Sincerely,

Dr. Mark Funke, DDS
Lancette VanGuilder, RDH, BS
President
NDHA Legislative Chair
Nevada Dental Association
Nevada Dental Hygienists Association

cc:
Rosalie Bordelove, Esq.
Chief Deputy Attorney General
Boards and Open Government Division
State of Nevada, Office of the Attorney General
RBordelove@ag.nv.gov
Public Comment:

Jennifer Henderson, RDH, BSDH
March 15, 2021

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

Dear Nevada State Board of Dental Examiners,

According to the Agenda for the Board Meeting scheduled for Tuesday, March 16, 2021 Section “5. e. Request to Reconsider or Amend the Advisory Opinion issued by the Board on October 20, 2020 regarding whether dental healthcare provider can instruct parent.guardian to apply single unit dose of fluoride varnish to their child’s teeth through a synchronous teledentistry platform – NAC 631.279; NAC 631.220(2)” is up for reconsideration.

I am not sure why this is up for reconsideration or amendment as it has already been passed. As a public health dental hygienist, with a public health endorsement, I have begun this procedure. With Liberty Dental Plan and Future Smiles we have served several families already. We make sure to follow our procedures and only send fluoride to patients who have not had fluoride and would benefit from the application. Parents are not permitted to place the fluoride application until our telehealth visit. Our parents/guardians are perfectly capable of doing this procedure with a dental professional assisting them virtually.

Since the start of this pandemic, physicians using telehealth has increased dramatically and are able to provide service to their patients. Providing oral health education, a caries risk assessment, as well as fluoride treatment is no different. The benefit through this telehealth service is a dental professional is able to walk the parent through the fluoride process, which is better than the many prescriptions doctors write (illegibly I might add) and expect parents to remember how to do it.

I have worked in the public health dental field for 9-1/2 years and the amount of dental disease observed in the underserved population is astronomical. The fluoride procedure can benefit so many children in our community who during a pandemic are our most vulnerable. There is no reason in my mind why this should be reconsidered. All the patients that receive this service will be referred to a dental home where they can get the many other services offered/needed at a dental office.

Please do not amend this program, as it could detrimentally be affecting the families that need it in the most. Thank you.

Sincerely,

[Signature]

Jennifer Henderson, RDH, BSDH