

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, OCTOBER 25TH, 2023

6:00 P.M.

PUBLIC COMMENT BOOK

Expanding Access to Care through Dental Therapy

The American Dental Hygienists' Association (ADHA®) advocates on behalf of the dental hygiene profession to improve the public's oral and overall health.

Dental hygienists are formally educated and licensed by each state and are poised to help prevent oral health diseases. ADHA is committed to working on the development and implementation of new workforce models, nationally referred to as dental therapists.

In a [2018 report](#), the U.S. Departments of Health and Human Services (HHS), Treasury, and Labor in collaboration with the U.S. Federal Trade Commission and White House offices, made policy recommendations on state and federal policies to improve choice and competition in the health care markets. The report says "emerging healthcare occupations, such as dental therapy, can increase access and drive down costs for consumers, while still ensuring safe care. States should be particularly wary of undue statutory and regulatory impediments to the development of such new occupations." Furthermore, the report recommends "States should evaluate emerging healthcare occupations, such as dental therapy, and consider ways in which their licensure and scope of practice can increase access and drive down consumer costs while still ensuring safe, effective care."¹

In 2017, the U.S. Federal Trade Commission wrote a [comment letter](#) to an Ohio state senator stating "workforce modifications expanding the use of mid-level providers, such as dental therapists, can increase the supply of basic services and improve the overall quality and convenience of care. Such measures are viewed as an important strategy to address access and cost challenges."

Currently, 42 states allow dental hygienists to initiate patient care in a setting outside of the private dental office without the presence of a dentist. These policies enable dental hygienists to practice in community settings and reach a variety of patient populations.

ADHA policies highlight the association's flexibility in considering various workforce models as well as ADHA's commitment to the development of providers who are appropriately educated and committed to deliver safe, quality oral healthcare to those in need.

Arizona, Colorado, Connecticut, Maine, Michigan, Minnesota, Nevada, New Mexico, Oregon, and Vermont, as well as tribal lands in Alaska, Idaho, Montana and Washington, have moved forward to address their access to care challenges and now recognize dental therapy as a viable model.

On Feb. 6, 2015, the Commission on Dental Accreditation (CODA) adopted the Accreditation Standards for Dental Therapy Education Programs. CODA is the single accrediting body in the United States that accredits all dental schools and dental education programs. Two important highlights are the requirement that education programs include at least three years of academic study and that programs may grant credit for coursework completed prior to entry. A specific academic degree is not identified. These nationally adopted standards are important as they allow for educational institutions the flexibility to work with the specific needs of the state. The standards are [available here](#).

ADHA supports oral health care workforce models that culminate in:

- Graduation from an accredited institution
- Professional licensure
- Direct access to patient care

ADHA is committed to advocating in support of new dental hygiene-based models for oral health care for many reasons:

1. The dental hygiene workforce is ready and available; there are currently **200,000+ licensed dental hygienists in the United States**.
2. The **educational infrastructure is developed**; there are over 300 entry-level dental hygiene programs
3. The public will benefit from providers with a **broad range of skills sets which include preventive and specific restorative services**.

¹ U.S. Department of Health and Human Services. (2018). *Reforming America's Healthcare System Through Choice and Competition*. Retrieved from: <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

Dental Therapy is Authorized by State Law

Minnesota: Advanced Dental Therapist, (Signed into Law, 2009)

- May be dually licensed as a RDH and ADT
- ADT services can be provided under general supervision
- An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist:
 - Oral assessment and treatment planning.
 - Routine, nonsurgical extractions of certain diseased teeth.

Maine: Dental Hygiene Therapist, (Signed into Law, 2014; Amended, 2019)

- Preventive and restorative scope
- Licensure required, dually licensed as DHT and RDH
- Direct supervision by a licensed dentist and a written practice agreement is required
- *Amendment aligned education with CODA standards*

Vermont: Dental Therapist, (Signed into Law, 2016)

- General supervision by a licensed dentist and collaborative agreement is required
- Preventive and restorative scope
- Licensure required; Must be dually licensed

Washington: Dental Health Aide Therapist, (Signed into Law, 2017 and expanded in 2023.)

- Not CODA Accredited
- Preventive and restorative scope
- Licensure Required
- May be dually licensed

Arizona: Dental Therapist, (Signed into Law, 2018)

- Preventive and restorative scope
- Licensure required, must be dually licensed
- Allows dental therapists to work under direct supervision OR pursuant to a collaborative practice agreement after practicing 1,000 hours under direct supervision
- Requires that dental therapists perform nonsurgical extractions of permanent teeth only under direct supervision

Michigan: Dental Therapist, (Signed into Law, 2018)

- Preventive and restorative scope
- Licensure required
- Allows dental therapists to practice under general supervision of a dentist and through a written agreement after practicing 500 clinical hours under direct supervision

New Mexico: Dental Therapist, (Signed into Law, 2019)

- Preventive and restorative scope
 - Full scope requires completing a dental therapy post-graduate clinical experience approved by the Board
- Licensure required, must be dually licensed
- General supervision by a licensed dentist and dental therapy practice agreement
- Tribes exempt

Idaho: Dental Therapist, (Signed into Law, 2019)

- Limited to Tribal Lands
- Must graduate from CODA accredited program
- Not full scope, supervision to be determined by negotiated rulemaking

Montana: Community Health Aide Program, (Signed into Law, 2019)

- Limited to tribal land
- Not CODA accredited
- No extractions or invasive procedures

Nevada: Dental Therapist (Signed into Law, 2019)

- Preventive and restorative scope
- Licensure required, must be dually licensed
- Must obtain Public Health Dental Hygiene Endorsement
- May practice under written practice agreement following completion of 500, 1000 or 1,500 hours of clinical practice, depending on experience

Connecticut: Dental Therapist (Signed into Law, 2019)

- Preventive and restorative scope
- Licensed as RDH; certified as dental therapist
- May practice under collaborative agreement after completing 1,000 clinical hours under direct supervision and complete 6 hours of CE related to dental therapy

Oregon: Dental Therapist (Signed into Law, 2021)

- Preventive and restorative scope
- Licensure required; CODA or Dental Pilot Project participant
 - May practice only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist

Colorado: Dental Therapist (Signed into Law, 2022)

- Preventive and restorative scope
- Licensure required
- May practice under indirect supervision of a dentist and pursuant to a written articulated plan following 1,000 of direct supervision; hours may be reduced through waiver

States Pursuing Dental Therapy

Florida: Dental Therapist

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Massachusetts: Dental Therapist

- Preventive and restorative scope
- Licensure required
- May be dually licensed

New York: Dental Therapist

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Kansas: Dental Therapist

- Preventive and restorative scope
- Licensure required
- May be dually licensed

New Jersey: Dental Therapist

- Preventive and restorative scope
- Certificate required
- Must be dually licensed

Wisconsin: Dental Therapist

- Preventive and restorative scope
- Licensure required
- May be dually licensed

Dental Therapy Education Programs

Alaska

Ilisagvik College Alaska Dental Therapy Education Program (ADTEP)

Address: 4115 Ambassador Dr
Anchorage, AK 99508

Website: <https://www.ilisagvik.edu/programs/dental-therapy/>

Program Chair: Sarah Shoffstall-Cone, DDS, MPH; sarah.shoffstall@ilisagvik.edu

Michigan

Ferris State University (*program under development*)

Address: 1201 S. State Street
Big Rapids, Michigan USA 49307

Program Director: TBD

Minnesota

Metropolitan State University's Master of Science in Advanced Dental Therapy Program

Address: 405 Maria Avenue
Saint Paul, MN 55106

Website: <https://www.metrostate.edu/academics/programs/advanced-dental-therapy-msadt>

Department Chair: Andrea Jordan, RDH, MS; andrea.jordan@metrostate.edu

Minnesota State University, Mankato, Master of Science in Advanced Dental Therapy Program

Address: 120 Clinical Sciences Building
Mankato, MN 56001

Website: <https://ahn.mnsu.edu/academic-programs/dental-education/advanced-dental-therapy-ms/>

Department Chair: Brigitte Cooper; brigitte.cooper@mnsu.edu

University of Minnesota, School of Dentistry, Division of Dental Therapy

Address: Moos Health Sciences Tower, 515 Delaware Street
Minneapolis, MN 55455

Website: <https://www.dentistry.umn.edu/degrees-programs/dental-therapy/our-division>

Program Director: Karl Self, DDS, MBA; selfx001@umn.edu

Vermont

Vermont Technical College, Dental Therapy Education Program (*program under development*)

Address: P.O Box 500, 124 Admin Drive
Randolph Center, VT 05061

Program Director: TBD

Washington

Skagit Valley College

Address: 2405 East College Way
Mount Vernon, WA 98273

Program Director: Rachel Hogan, DDS; Rachael.Hogan@skagit.edu

Testimony to be read at the first Public Comment of the NSBDE Dental Hygiene/Dental Therapy Committee meeting on October 25, 2023

The Governmental Affairs Committee of the Nevada Dental Hygienist's Association commends this committee on finally taking steps to implement the 2019 statute regarding dental therapy in Nevada.

NDHA recommends on page 1 in the posted Public Book:

Section 2 Stipulate that the dental therapist shall provide such services only under the direct supervision of the authorizing dentist until the required hours of the statute NRS 631.3122 are met.

NDHA recommends on Page 12-13 of the Public Book:

Section 3 Striking this entire section as the State Board of Dental Examiners and Nevada statutes already accept the educational standards of the Commission on Dental Accreditation for the educational curricula and training of dental professionals. NRS 631.312 c (2) states the dental therapy education must be not less than 2 years or its equivalent. The Board cannot supersede what is stated in the statute by requiring 3 years of dental therapy education.

Section 4 Striking this entire section because the license testing agencies that the Board accepts already examine applicants on these proficiencies. Additionally, live patient examinations are being eliminated and those results are also currently accepted by this board.

NDHA recommends on Page 15 of the Public Book:

Section 6 2 Remove "only under direct supervision" and replace with the current NRS 631.3125 verbiage that states "In accordance with the written practice agreement, a dental therapist may provide any of the following additional care or services"

The written practice agreement, according to the statute, must contain the services that the authorizing dentist and dental therapist agree to, thus allowing the dentist to decide what services will be provided by the dental therapist. The statute is clear that there is no direct supervision required once the dental therapist has completed the required supervised hours. Limiting the provision of dental therapy services does not meet the intent of the statute in providing access to care for the populations that are in need of public health care.

Thank you for considering the NDHA recommendations in crafting the best regulations for the safe and efficient delivery of dental therapy services to our citizens.

NDHA Governmental Affairs Committee

Antonio Ventura, RDH

Caryn Solie, RDH FADHA

Annette Lincicome, RDH