

NEVADA STATE BOARD
of
DENTAL EXAMINERS



**DENTAL HYGIENE-DENTAL THERAPY
COMMITTEE MEETING**

WEDNESDAY, JUNE 21, 2023

6:00 P.M.

PUBLIC BOOK

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

NOTICE OF AGENDA & TELECONFERENCE MEETING FOR THE DENTAL HYGIENE-DENTAL THERAPY COMMITTEE MEETING

Meeting Date & Time

WEDNESDAY, June 21ST, 2023
6:00 P.M.

Meeting Location:

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy., Suite 104
Henderson, NV 89014

Video Conferencing / Teleconferencing Available

To access by phone, call Zoom teleconference Phone Number: (669) 900 6833

To access by video webinar, visit www.zoom.com or use the Zoom app

Zoom Webinar/Meeting ID#: 842 9498 4642

Zoom Webinar/Meeting Passcode: 481031

PUBLIC NOTICE:

Public comment by pre-submitted email/written form and live public comment in person by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting)). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov**. Written submissions received by the Board on or before **Tuesday, June 20th, 2023, 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 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

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.

1. **Call to Order**

- Roll call/Quorum

2. **Public Comment (Live public comment in person, by teleconference and 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.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, June 20th, 2023, 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.

*3. **Chairman's Report**: Dr. Branco, DMD (For Possible Action)

*a. **Request to remove agenda item(s)** (For Possible Action)

*b. **Approve Agenda** (For Possible Action)

*4. **New Business**: (For Possible Action)

*a. **"Review, discussion, and possible recommendations to the Board regarding implementation of Proposed Regulations of the Board of Dental Examiners of Nevada regarding LCB File No RO72-22, and the practice of dental therapists- NRS 631.190 (For Possible Action)"**

5. **Public Comment (Live public comment in person or 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.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before **Tuesday, June 20th, 2023, 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.

6. **Announcements**

*7. **Adjournment** (For Possible Action)

PUBLIC NOTICE POSTING LOCATIONS

Office of the N.S.B.D.E., 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014

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

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

Agenda Item 4:

New Business

Agenda Item 4(a):

**Review, discussion, and possible recommendations to the Board regarding implementation of Proposed Regulations of the Board of Dental Examiners of Nevada regarding LCB File No RO72-22, and the practice of dental therapists- NRS 631.190
(For Possible Action)**

NRS 631.271 Limited license to practice dentistry, dental hygiene or dental therapy; permit authorizing certain persons to practice dentistry or dental hygiene; regulations.

1. The Board shall, without a clinical examination required by [NRS 631.240](#), [631.300](#) or [631.3121](#), issue a limited license to practice dentistry, dental hygiene or dental therapy to a person who:

- (a) Is qualified for a license to practice dentistry, dental hygiene or dental therapy in this State;
- (b) Pays the required application fee;
- (c) Has entered into a contract with:

- (1) The Nevada System of Higher Education to provide services as a dental intern, dental resident or instructor of dentistry, dental hygiene or dental therapy at an educational or outpatient clinic, hospital or other facility of the Nevada System of Higher Education; or

- (2) An accredited program of dentistry, dental hygiene or dental therapy of an institution which is accredited by a regional educational accrediting organization that is recognized by the United States Department of Education to provide services as a dental intern, dental resident or instructor of dentistry, dental hygiene or dental therapy at an educational or outpatient clinic, hospital or other facility of the institution and accredited by the Commission on Dental Accreditation of the American Dental Association or its successor specialty accrediting organization;

- (d) Satisfies the requirements of [NRS 631.230](#), [631.290](#) or [631.312](#), as appropriate; and

- (e) Satisfies at least one of the following requirements:

- (1) Has a license to practice dentistry, dental hygiene or dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

- (2) Presents to the Board a certificate granted by the Western Regional Examining Board which contains a notation that the person has passed, within the 5 years immediately preceding the date of the application, a clinical examination administered by the Western Regional Examining Board;

- (3) Successfully passes a clinical examination approved by the Board and the American Board of Dental Examiners; or

- (4) Has the educational or outpatient clinic, hospital or other facility where the person will provide services as a dental intern or dental resident in an internship or residency program submit to the Board written confirmation that the person has been appointed to a position in the program. If a person qualifies for a limited license pursuant to this subparagraph, the limited license remains valid only while the person is actively providing services as a dental intern or dental resident in the internship or residency program and is in compliance with all other requirements for the limited license.

- 2. The Board shall not issue a limited license to a person:

- (a) Who has been issued a license to practice dentistry, dental hygiene or dental therapy if:

- (1) The person is involved in a disciplinary action concerning the license; or
 - (2) The license has been revoked or suspended; or

- (b) Who has been refused a license to practice dentistry, dental hygiene or dental therapy, ↪ in this State, another state or territory of the United States, or the District of Columbia.

3. Except as otherwise provided in subsection 4, a person to whom a limited license is issued pursuant to subsection 1:

- (a) May practice dentistry, dental hygiene or dental therapy in this State only:

(1) At the educational or outpatient clinic, hospital or other facility where the person is employed; and

(2) In accordance with the contract required by paragraph (c) of subsection 1.

(b) Shall not, for the duration of the limited license, engage in the private practice of dentistry, dental hygiene or dental therapy in this State or accept compensation for the practice of dentistry, dental hygiene or dental therapy except such compensation as may be paid to the person by the Nevada System of Higher Education or an accredited program of dentistry, dental hygiene or dental therapy for services provided as a dental intern, dental resident or instructor of dentistry, dental hygiene or dental therapy pursuant to paragraph (c) of subsection 1.

4. The Board may issue a permit authorizing a person who holds a limited license to engage in the practice of dentistry, dental hygiene or dental therapy in this State and to accept compensation for such practice as may be paid to the person by entities other than the Nevada System of Higher Education or an accredited program of dentistry, dental hygiene or dental therapy with whom the person is under contract pursuant to paragraph (c) of subsection 1. The Board shall, by regulation, prescribe the standards, conditions and other requirements for the issuance of a permit.

5. A limited license expires 1 year after its date of issuance and may be renewed on or before the date of its expiration, unless the holder no longer satisfies the requirements for the limited license. The holder of a limited license may, upon compliance with the applicable requirements set forth in [NRS 631.330](#) and the completion of a review conducted at the discretion of the Board, be granted a renewal certificate that authorizes the continuation of practice pursuant to the limited license for 1 year.

6. A permit issued pursuant to subsection 4 expires on the date that the holder's limited license expires and may be renewed when the limited license is renewed, unless the holder no longer satisfies the requirements for the permit.

7. Within 7 days after the termination of a contract required by paragraph (c) of subsection 1, the holder of a limited license shall notify the Board of the termination, in writing, and surrender the limited license and a permit issued pursuant to this section, if any, to the Board.

8. The Board may revoke a limited license and a permit issued pursuant to this section, if any, at any time if the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.

(Added to NRS by [1999, 1653](#); A [1999, 2849](#); [2001, 907](#); [2003, 1182](#); [2005, 46, 274](#); [2011, 74](#); [2015, 713](#); [2019, 3209, 4273](#))

NRS 631.273 Temporary license to practice dental therapy.

1. Except as otherwise provided in this section, the Board shall, without a clinical examination required by [NRS 631.3121](#), issue a temporary license to practice dental therapy to a person who:

(a) Has a license to practice dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Satisfies the requirements of [NRS 631.312](#);

(c) Has practiced dental therapy pursuant to the laws of another state or territory of the United States, or the District of Columbia, for at least 5 years immediately preceding the date that the person applies for a temporary license;

(d) Has not had a license to practice dental hygiene or dental therapy revoked or suspended in this State, another state or territory of the United States, or the District of Columbia;

(e) Has not been denied a license to practice dental hygiene or dental therapy in this State, another state or territory of the United States, or the District of Columbia;

(f) Is not involved in or does not have pending a disciplinary action concerning a license to practice dental hygiene or dental therapy in this State, another state or territory of the United States, or the District of Columbia;

(g) Pays the application, examination and renewal fees in the same manner as a person licensed pursuant to [NRS 631.3121](#); and

(h) Submits all information required to complete an application for a license.

2. A person to whom a temporary license is issued pursuant to this section may:

(a) Practice dental therapy for the duration of the temporary license; and

(b) Apply for a permanent license to practice dental therapy without a clinical examination required by [NRS 631.3121](#) if the person has held a temporary license to practice dental therapy issued pursuant to this section for at least 2 years.

3. The Board shall examine each applicant in writing concerning the contents and interpretation of this chapter and the regulations of the Board.

4. The Board shall not, on or after July 1, 2021, issue any additional temporary licenses to practice dental therapy pursuant to this section.

5. Any person who, on July 1, 2021, holds a temporary license to practice dental therapy issued pursuant to this section may, subject to the regulatory and disciplinary authority of the Board, practice dental therapy under the temporary license until July 1, 2023, or until the person is qualified to apply for and is issued or denied a permanent license to practice dental therapy in accordance with this section, whichever period is shorter.

6. The Board may revoke a temporary license at any time if the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.

(Added to NRS by [2003, 518](#); A [2005, 277](#), [278](#), [287](#), [2720](#), [2812](#); [2007, 507](#); [2015, 715](#); [2019, 3211](#))

NRS 631.274 Restricted geographical license to practice dentistry, dental hygiene or dental therapy.

1. The Board shall, without a clinical examination required by [NRS 631.240](#), [631.300](#) or [631.3121](#), issue a restricted geographical license to practice dentistry, dental hygiene or dental therapy to a person if the person meets the requirements of subsection 2 and:

(a) A board of county commissioners submits a request that the Board of Dental Examiners of Nevada waive the requirements of [NRS 631.240](#), [631.300](#) or [631.3121](#) for any applicant intending to practice dentistry, dental hygiene or dental therapy in a rural area of a county in which dental, dental hygiene or dental therapy needs are underserved as that term is defined by the officer of rural health of the University of Nevada School of Medicine;

(b) Two or more boards of county commissioners submit a joint request that the Board of Dental Examiners of Nevada waive the requirements of [NRS 631.240](#), [631.300](#) or [631.3121](#) for any applicant intending to practice dentistry, dental hygiene or dental therapy in one or more rural areas within those counties in which dental, dental hygiene or dental therapy needs are underserved as that term is defined by the officer of rural health of the University of Nevada School of Medicine; or

(c) The director of a federally qualified health center or a nonprofit clinic submits a request that the Board waive the requirements of [NRS 631.240](#), [631.300](#) or [631.3121](#) for any applicant who has entered into a contract with a federally qualified health center or nonprofit clinic which treats underserved populations in Washoe County or Clark County.

2. A person may apply for a restricted geographical license if the person:

(a) Has a license to practice dentistry, dental hygiene or dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Is otherwise qualified for a license to practice dentistry, dental hygiene or dental therapy in this State;

(c) Pays the application, examination and renewal fees in the same manner as a person licensed pursuant to [NRS 631.240](#), [631.300](#) or [631.3121](#);

(d) Submits all information required to complete an application for a license; and

(e) Satisfies the requirements of [NRS 631.230](#), [631.290](#) or [631.312](#), as appropriate.

3. The Board shall not issue a restricted geographical license to a person:

(a) Whose license to practice dentistry, dental hygiene or dental therapy has been revoked or suspended;

(b) Who has been refused a license to practice dentistry, dental hygiene or dental therapy; or

(c) Who is involved in or has pending a disciplinary action concerning a license to practice dentistry, dental hygiene or dental therapy,

↪ in this State, another state or territory of the United States, or the District of Columbia.

4. The Board shall examine each applicant in writing on the contents and interpretation of this chapter and the regulations of the Board.

5. A person to whom a restricted geographical license is issued pursuant to this section:

(a) May practice dentistry, dental hygiene or dental therapy only in the county or counties which requested the restricted geographical licensure pursuant to paragraph (a) or (b) of subsection 1.

(b) Shall not, for the duration of the restricted geographical license, engage in the private practice of dentistry, dental hygiene or dental therapy in this State or accept compensation for the practice of dentistry, dental hygiene or dental therapy except such compensation as may be paid

to the person by a federally qualified health center or nonprofit clinic pursuant to paragraph (c) of subsection 1.

6. Within 7 days after the termination of a contract pursuant to paragraph (c) of subsection 1, the holder of a restricted geographical license shall notify the Board of the termination, in writing, and surrender the restricted geographical license.

7. A person to whom a restricted geographical license was issued pursuant to this section may petition the Board for an unrestricted license without a clinical examination required by [NRS 631.240](#), [631.300](#) or [631.3121](#) if the person:

(a) Has not had a license to practice dentistry, dental hygiene or dental therapy revoked or suspended in this State, another state or territory of the United States, or the District of Columbia;

(b) Has not been refused a license to practice dentistry, dental hygiene or dental therapy in this State, another state or territory of the United States, or the District of Columbia;

(c) Is not involved in or does not have pending a disciplinary action concerning a license to practice dentistry, dental hygiene or dental therapy in this State, another state or territory of the United States, or the District of Columbia; and

(d) Has:

(1) Actively practiced dentistry, dental hygiene or dental therapy for 3 years at a minimum of 30 hours per week in the county or counties which requested the restricted geographical licensure pursuant to paragraph (a) or (b) of subsection 1; or

(2) Been under contract with a federally qualified health center or nonprofit clinic for a minimum of 3 years.

8. The Board may revoke a restricted geographical license at any time if the Board finds, by a preponderance of the evidence, that the holder of the license violated any provision of this chapter or the regulations of the Board.

(Added to NRS by [2001, 1608](#); A [2005, 48](#), [50](#), [279](#), [281](#), [2720](#); [2015, 716](#); [2019, 3212](#))

NRS 631.312 Dental therapists: Eligibility to apply for license.

1. Any person is eligible to apply for a license to practice dental therapy in this State who:
 - (a) Is of good moral character;
 - (b) Is over 18 years of age;
 - (c) Is a graduate of a program of dental therapy from an institution which is accredited by a regional educational accrediting organization that is recognized by the United States Department of Education. The program of dental therapy must:
 - (1) Be accredited by the Commission on Dental Accreditation of the American Dental Association or its successor specialty accrediting organization; and
 - (2) Include a curriculum of not less than 2 years of academic instruction in dental therapy or its academic equivalent; and
 - (d) Is in possession of a current special endorsement of his or her license pursuant to [NRS 631.287](#) to practice public health dental hygiene.
2. 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 in any disciplinary action concerning his or her license in that state.

(Added to NRS by [2019, 3199](#))

NRS 631.3121 Dental therapists: Examination; issuance of certificate of registration.

1. Any person desiring to obtain a license to practice dental therapy, after having complied with [NRS 631.312](#) and the regulations of the Board to determine eligibility:

(a) Except as otherwise provided in [NRS 622.090](#), must pass a written examination given by the Board upon such subjects as the Board deems necessary for the practice of dental therapy or must present a certificate granted by the Joint Commission on National Dental Examinations which contains a notation that the applicant has passed the applicable national examination with a score of at least 75; and

(b) Except as otherwise provided in this chapter, must:

(1) Successfully pass a clinical examination approved by the Board and the American Board of Dental Examiners; or

(2) Present to the Board a certificate granted by the Western Regional Examining Board which contains a notation that the applicant has passed a clinical examination administered by the Western Regional Examining Board.

2. The Board shall examine each applicant in writing on the contents and interpretation of this chapter and the regulations of the Board.

3. All persons who have satisfied the requirements for licensure as a dental therapist must be registered as licensed dental therapists on the board register, as provided in this chapter, and are entitled to receive a certificate of registration, signed by all members of the Board.

(Added to NRS by [2019, 3199](#))

NRS 631.3122 Dental therapists: Practice settings; written practice agreement with authorizing dentist required; limitations on provision of services; qualifications of authorizing dentist.

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

(a) Not less than 500 hours, if the dental therapist has a license to practice dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Not less than 1,000 hours, if the dental therapist has practiced dental hygiene pursuant to the laws of this State, another state or territory of the United States, or the District of Columbia, for 5 years or more; or

(c) Not less than 1,500 hours, if paragraphs (a) and (b) are not applicable.

2. A dental therapist may provide services to a patient who has not first seen a dentist for an examination if the authorizing dentist has given the dental therapist written authorization and standing protocols for the services and reviews the patient records as provided by the written practice agreement. The standing protocols may require the authorizing dentist to personally examine patients either face-to-face or by the use of electronic means.

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

(a) A hospital, as defined in [NRS 449.012](#).

(b) A rural health clinic, as defined in 42 U.S.C. § 1395x(aa)(2).

(c) A health facility or agency, other than a hospital, that is reimbursed as a federally qualified health center as defined in 42 U.S.C. § 1395x(aa)(4) or that has been determined by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to meet the requirements to receive funding under section 330 of the Public Health Service Act, 42 U.S.C. § 254b, as amended.

(d) A federally qualified health center, as defined in 42 U.S.C. § 1395x(aa)(4), that is licensed as a health facility or agency by the Department of Health and Human Services.

(e) An outpatient health program or facility operated by a tribe or tribal organization under subchapter I of the Indian Self-Determination and Education Assistance Act, 25 U.S.C. §§ 5321 to 5332, inclusive, as amended, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act, 25 U.S.C. §§ 1651 to 1660h, inclusive, as amended.

(f) A school-based health center as defined in [NRS 41.495](#).

(g) Any other clinic or practice setting, including, without limitation, a mobile dental unit, in which at least 50 percent of the total patient base of the dental therapist will consist of patients who:

(1) Are enrolled in a health care program administered by the Department of Health and Human Services;

(2) Have a medical disability or chronic condition that creates a significant barrier to receiving dental care; or

(3) Do not have dental health coverage through a public health care program or private insurance and have a household income which is less than 200 percent of the federally designated level signifying poverty as provided in the most recent federal poverty guidelines published in the Federal Register by the United States Department of Health and Human Services.

4. The holder of a license or renewal certificate to practice dental therapy may practice only under the authorization of a dentist who:

(a) Holds an active license to practice dentistry in this State;

(b) Maintains a location from which to practice dentistry; and

(c) Actively practices dentistry in this State by treating patients.

(Added to NRS by [2019, 3199](#))

NRS 631.3123 Dental therapists: Required provisions of written practice agreement.

The written practice agreement required pursuant to [NRS 631.3122](#) between the authorizing dentist and a dental therapist must include:

1. The services and procedures and the practice settings for those services and procedures that the dental therapist may provide, together with any limitations on those services and procedures.
2. Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency.
3. Procedures to be used with patients treated by the dental therapist for informed consent and creating and maintaining dental records.
4. A plan for the monthly review of patient records by the authorizing dentist and dental therapist.
5. A plan for managing medical emergencies in each practice setting in which the dental therapist provides care.
6. A quality assurance plan for monitoring care, including patient care review, referral follow-up, and a quality assurance and chart review.
7. Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed.
8. Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation before initiating care.
9. Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the dental therapist's capabilities or the scope of practice as a dental therapist.
10. A requirement that when an appointment is made for a patient, it must be disclosed to the patient whether the patient is scheduled to see the dentist or a dental therapist.

(Added to NRS by [2019, 3201](#))

NRS 631.3124 Dental therapists: Authorized services; referral of patient to authorizing dentist for certain purposes; supervision of dental assistants and dental hygienists.

1. In accordance with the written practice agreement required pursuant to [NRS 631.3122](#), a dental therapist may perform the following acts:

- (a) Expose radiographs.
- (b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.
- (c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.
- (d) Take the following types of impressions:
 - (1) Those used for the preparation of diagnostic models;
 - (2) Those used for the fabrication of temporary crowns or bridges; and
 - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (e) Remove stains, deposits and accretions, including dental calculus.
- (f) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.
- (g) Provide dental hygiene care that includes:
 - (1) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients pursuant to paragraph (c).
 - (2) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (1) in order to identify the subsequent treatment, continued care and referral needs of the patient.
- (h) Perform subgingival curettage.
- (i) Remove sutures.
- (j) Place and remove a periodontal pack.
- (k) Remove excess cement from cemented restorations and orthodontic appliances. A dental therapist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (l) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (m) Recement and repair temporary crowns and bridges.
- (n) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (o) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (p) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
 - (1) Antimicrobial agents;
 - (2) Fluoride preparations;
 - (3) Topical antibiotics;
 - (4) Topical anesthetics; and

(5) Topical desensitizing agents.

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

2. After performing any of the services set forth in subsection 1, the dental therapist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental therapist is not authorized to perform.

3. A dental therapist may supervise dental assistants and dental hygienists to the extent permitted in a written practice agreement.

(Added to NRS by [2019, 3201, 3203](#))

NRS 631.3125 Dental therapists: Additional authorized care and services.

In accordance with the written practice agreement, a dental therapist may provide any of the following additional care or services:

1. Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals to such persons.
2. Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.
3. Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional.
4. Pulp and vitality testing.
5. Applying desensitizing medication or resin.
6. Fabricating mouth guards.
7. Changing periodontal dressings.
8. Simple extraction of erupted primary teeth.
9. Emergency palliative treatment of dental pain related to a care or service described in this section.
10. Preparation and placement of direct restoration in primary and permanent teeth.
11. Fabrication and placement of single tooth temporary crowns.
12. Preparation and placement of preformed crowns on primary teeth.
13. Indirect and direct pulp capping on permanent teeth.
14. Suturing and suture removal.
15. Minor adjustments and repairs on removable prostheses.
16. Placement and removal of space maintainers.
17. Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal.
18. Performing other related services and functions authorized and for which the dental therapist is trained.

(Added to NRS by [2019, 3203](#))

NRS 631.3126 Dental therapists: Arrangements for or referrals of patients to other dental or health care professionals in certain circumstances.

In accordance with the written practice agreement required pursuant to [NRS 631.3122](#):

1. The authorizing dentist shall arrange for another dentist or specialist to provide any services needed by a patient of a dental therapist that exceed the dental therapist's capabilities or the authorized scope of practice of the dental therapist and that the authorizing dentist is unable to provide; and
2. A dental therapist shall refer patients to another qualified dental or health care professional to receive needed services that exceed the scope of practice of the dental therapist.

(Added to NRS by [2019, 3201](#))

NRS 631.3127 Dental therapists: Prohibition on prescription of certain controlled substances.

A dental therapist shall not prescribe a controlled substance that is included in schedules II, III, IV or V of the Uniform Controlled Substances Act.

(Added to NRS by [2019, 3203](#))

NRS 631.3128 Dental therapists: Limitation on number with whom authorizing dentist may simultaneously maintain written practice agreements.

An authorizing dentist may not simultaneously maintain written practice agreements required pursuant to [NRS 631.3122](#) with more than four full-time or full-time equivalent dental therapists.

(Added to NRS by [2019, 3201](#))

NRS 631.342 Continuing education: Required courses and training; regulations.

1. The Board shall adopt regulations concerning continuing education in dentistry, dental hygiene and dental therapy. The regulations must include:

- (a) Except as provided in [NRS 631.3425](#), the number of hours of credit required annually;
- (b) The criteria used to accredit each course; and
- (c) The requirements for submission of proof of attendance at courses.

2. Except as otherwise provided in subsection 3, as part of continuing education, each licensee must complete a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

- (a) An overview of acts of terrorism and weapons of mass destruction;
- (b) Personal protective equipment required for acts of terrorism;
- (c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- (d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- (e) An overview of the information available on, and the use of, the Health Alert Network.

3. Instead of the course described in subsection 2, a licensee may complete:

- (a) A course in Basic Disaster Life Support or a course in Core Disaster Life Support if the course is offered by a provider of continuing education accredited by the National Disaster Life Support Foundation; or
- (b) Any other course that the Board determines to be the equivalent of a course specified in paragraph (a).

4. Notwithstanding the provisions of subsections 2 and 3, the Board may determine whether to include in a program of continuing education additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

5. Each licensee must complete, as part of continuing education, at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

6. As used in this section:

- (a) “Act of terrorism” has the meaning ascribed to it in [NRS 202.4415](#).
 - (b) “Biological agent” has the meaning ascribed to it in [NRS 202.442](#).
 - (c) “Chemical agent” has the meaning ascribed to it in [NRS 202.4425](#).
 - (d) “Radioactive agent” has the meaning ascribed to it in [NRS 202.4437](#).
 - (e) “Weapon of mass destruction” has the meaning ascribed to it in [NRS 202.4445](#).
- (Added to NRS by [1985, 379](#); A [2003, 2956](#); [2009, 301](#); [2019, 3215](#); [2021, 389](#))

**PROPOSED REGULATION OF THE
BOARD OF DENTAL EXAMINERS OF NEVADA**

LCB File No. R072-22

August 30, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1, 2, 11, 15, 16, 21, 25, 26 and 28, NRS 631.190; § 3, NRS 631.190 and 631.312; § 4, NRS 631.190 and 631.3121; § 5, NRS 631.190, 631.3122 and 631.3123; § 6, NRS 631.190 and 631.3124; § 7, NRS 631.190 and 631.350; § 8, NRS 631.190 and 631.345; § 9, NRS 622.530, 631.190 631.220, 631.255, 631.272, 631.274, 631.290 and 631.312; §§ 10 and 12, NRS 631.190 and 631.330; § 13, NRS 631.160, 631.190, 631.260, 631.290 and 631.312; § 14, NRS 631.190 and 631.240; § 17, NRS 631.190 and 631.335; § 18 and 19, NRS 631.190 and 631.342; § 20, NRS 631.190, 631.330, 631.335 and 631.342; § 22, NRS 631.190, 631.250 and 631.255; § 23, NRS 631.190, 631.313 and 631.317; § 24, NRS 631.190, 631.346 and 631.350; § 27, NRS 631.190 and 631.215.

A REGULATION relating to oral health; prescribing certain qualifications for licensure as a dental therapist; prescribing certain requirements governing the practice of a dental therapist; authorizing the summary suspension of authorization for a dentist to supervise a dental therapist under certain circumstances; making various provisions relating to providers of oral healthcare also applicable to dental therapists; prescribing certain fees; providing that mandatory supervision constitutes discipline for certain purposes; authorizing the Board of Dental Examiners of Nevada to require certain persons to pass an examination before the issuance or reinstatement of a license to practice dentistry, dental therapy or dental hygiene; requiring a licensee to notify the Board of certain information; prescribing certain requirements relating to an applicant for a license who has previously voluntarily surrendered his or her license; prescribing continuing education requirements for dental therapists; expanding the circumstances under which the failure to provide proof of continuing education constitutes unprofessional conduct; revising provisions governing audits of compliance with continuing education requirements; expanding the specialties for which the Board may issue a specialist's license; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Senate Bill No. 366 of the 2019 Legislative Session enacted provisions to authorize the practice of dental therapy by licensed dental therapists in this State. (Chapter 532, Statutes of Nevada 2019, at page 3198) Existing law requires the Board of Dental Examiners of Nevada to adopt rules and regulations necessary to carry out the provisions relating to the profession and

practice of dental therapy and the examination of applicants for licensure as dental therapists. (NRS 631.190)

Existing law requires a person who applies for a license to practice dental therapy to be a graduate of a program of dental therapy that: (1) is accredited by a regional education accrediting organization; (2) is accredited by the Commission on Dental Accreditation of the American Dental Association; and (3) includes not less than 2 years of academic instruction. (NRS 631.312) **Section 3** of this regulation additionally requires such a program of dental therapy to include: (1) at least 500 hours of clinical practice; and (2) at least 3 years of academic instruction.

Existing law requires an applicant for a license to practice dental therapy to have passed certain clinical examinations. (NRS 631.3121) **Section 4** of this regulation prescribes the required contents of those clinical examinations.

Existing law requires a dental therapist to practice under the authorization and supervision of a dentist. A dental therapist is only authorized to perform the services that are within the scope of his or her supervising dentist, authorized by the dentist and provided according to written practices and protocols. (NRS 631.3122) Existing law further requires: (1) a dental therapist to enter into a written practice agreement with his or her authorizing dentist; and (2) such a written practice agreement to include certain provisions. (NRS 631.3122, 631.3123) **Section 5** of this regulation additionally requires a written practice agreement to include certain provisions regarding the maintenance of records and responding to medical emergencies.

Existing law authorizes the Board to discipline a person who engages in unprofessional conduct or violates any regulation adopted by the Board. (NRS 631.350) **Section 7** of this regulation authorizes the Board to summarily suspend a dentist from supervising a dental therapist if an investigation reasonably finds that the safety, health or welfare of the public or a patient is at risk. **Section 7** requires a hearing to be held and a decision made concerning the summary suspension not later than 60 days after the issuance of the order unless the dentist and the Board agree to a longer time period.

Existing law authorizes a dental therapist to perform certain procedures. (NRS 631.3124) **Section 6** of this regulation prescribes the procedures that a dental therapist is authorized to perform: (1) under the direct supervision of the authorizing dentist; (2) under the indirect supervision of the authorizing dentist; and (3) without the authorizing dentist examining the patient before the procedure. **Sections 2 and 6** of this regulation defines the terms “direct supervision” and “indirect supervision,” respectively, for those purposes.

Sections 8-10, 12, 13, 15, 17, 21 and 23-28 of this regulation add references to dental therapy and dental therapists to certain provisions governing licensing and standards of practice for providers of oral health care. **Sections 18-20** of this regulation prescribe continuing education requirements for dental therapists.

Existing law requires the Board to establish by regulation fees associated with the performance of its duties. (NRS 631.345) Existing regulations establish a fee for the inspection of a facility required by the Board to ensure compliance with infection control guidelines. (NAC 631.029) **Section 8** of this regulation adds a reduced fee for a second or subsequent inspection of a facility to ensure compliance with infection control guidelines. **Section 8** also imposes a fee for a second or subsequent audit of a licensee to ensure compliance with continuing education requirements.

Existing regulations: (1) require an applicant for licensure as a dentist, dental therapist or dental hygienist to provide to the Board information concerning discipline imposed against the

applicant in another jurisdiction; and (2) authorize the Executive Director or Secretary-Treasurer of the Board to reject an application for licensure if the applicant has been subject to such discipline. (NAC 631.030, 631.050) **Sections 9 and 13** of this regulation clarify that being subject to mandatory supervision constitutes discipline for those purposes.

Existing law provides that the term “substance abuse” is a term disfavored for use in the Nevada Revised Statutes and the Nevada Administrative Code. (NRS 220.125, 233B.062) **Sections 9 and 13** replace the term “substance abuse” with terminology that is preferred by the Legislature.

Section 11 of this regulation removes an obsolete reference to an Internet website from a provision adopting by reference certain standards relating to the use of laser radiation in the practice of dentistry. **Section 21** of this regulation updates a reference to an Internet website with the correct address for guidelines relating to disinfection and sterilization. **Section 27** of this regulation updates a statutory reference to reflect technical changes made during the 2019 Legislative Session.

Existing regulations provide that the Board may require a licensee whose license has been placed on inactive status for 2 years or more and who is not actively practicing in another state to pass such examinations for licensure as the Board may prescribe before his or her license is reinstated. (NAC 631.170) **Section 14** of this regulation provides that the Board may similarly require a former licensee who has not held a license in this State for 2 years or more and has not maintained an active practice outside this State to pass such examinations before issuing a new license to the applicant. **Section 17** of this regulation provides that the Board may require a licensee whose license has been suspended for 2 years or more and who has not maintained an active practice outside this State to pass such examinations before reinstating his or her license. **Sections 14 and 17** further clarify that a licensee or former licensee is not maintaining an active practice outside this State if he or she is not practicing because of disciplinary action in another jurisdiction.

Existing law authorizes the Board to discipline a licensee for certain conduct, including malpractice, disciplinary action imposed against the licensee in another jurisdiction or conviction of certain crimes. (NRS 631.3475, 631.350) Existing regulations require a licensee to notify the Board if he or she receives such discipline or is convicted of such crimes. (NAC 631.155) **Section 15** of this regulation similarly requires a licensee to notify the Board of any claim or complaint of malpractice served and filed on the licensee.

Existing regulations authorize the Board to accept the voluntary surrender of a license by a licensee. (NAC 631.160) **Section 16** of this regulation prescribes certain requirements that a licensee who has voluntarily surrendered his or her license must satisfy before applying for a new license.

Existing regulations: (1) require a licensee to provide proof of his or her continuing education credits; and (2) provide that the third or subsequent failure of a licensee to provide such proof constitutes unprofessional conduct, which is grounds for discipline under existing law. (NAC 631.177) **Section 20** of this regulation instead provides that the second or subsequent such failure constitutes unprofessional conduct.

Existing regulations provide that the Board will conduct audits of providers of oral health care to ensure compliance with continuing education requirements. (NAC 631.177) **Section 20** clarifies that the Board may conduct follow-up audits after an initial audit.

Existing law authorizes the Board to issue a specialist’s license, which authorizes a dentist to hold himself or herself out as a specialist in a special area of dentistry. (NRS 631.250)

Section 22 of this regulation adds dental anesthesiology, oral medicine and orofacial pain to the list of specialties for which the Board may issue a specialist license.

Section 1. Chapter 631 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive, of this regulation.

Sec. 2. *For the purposes of this chapter and NRS 631.3122, the Board will interpret “direct supervision” to mean supervision by a dentist where the dentist:*

1. Documents in the record of the patient the name of the dental therapist providing care to the patient;

2. Examines the patient before the dental therapist performs the procedure;

3. Provides instructions for treating the patient before the dental therapist begins treating the patient; and

4. Examines the patient upon completion of the procedures performed by the dental therapist.

Sec. 3. *1. In addition to the requirements set forth in NRS 631.312, a program of dental therapy completed pursuant to paragraph (c) of subsection 1 of NRS 631.312 must include, without limitation:*

(a) At least 500 hours of clinical practice, including, without limitation, practice hours in extractions and restorations; and

(b) At least 3 years of academic instruction in dental therapy or its academic equivalent.

2. The hours of clinical practice required by subsection 1 may not be used to fulfill the hours of clinical practice required pursuant to NRS 631.3122.

Sec. 4. *Except as otherwise provided in NRS 622.090, in fulfillment of the requirements of paragraph (b) of subsection 1 of NRS 631.3121, an applicant taking the clinical*

examination approved by the Board and the American Board of Dental Examiners or the clinical examination administered by the Western Regional Examining Board must:

- 1. Pass a simulated clinical examination in dental therapy or a comparable examination administered by the Western Regional Examining Board, as applicable;*
- 2. Demonstrate proficiency in endodontics on a simulated mannequin as the organization administering the clinical examination requires;*
- 3. Demonstrate proficiency in the preparation and placement of pre-formed crowns on a simulated mannequin as the organization administering the clinical examination requires;*
and
- 4. Demonstrate proficiency in restorative dentistry on a live patient as the organization administering the clinical examination requires.*

Sec. 5. In addition to the items required by NRS 631.3123, a written practice agreement between a dentist and a dental therapist must include, without limitation:

- 1. Procedures for the duplication, maintenance and storage of the records of the patients of the dental therapist by the authorizing dentist;*
- 2. Specific procedures for the management of medical emergencies, including, without limitation:*
 - (a) A requirement that the dental therapist may be certified in the administration of cardiopulmonary resuscitation in accordance with NAC 631.173; and*
 - (b) Procedures for the administration of first aid, an automated external defibrillator and supplemental oxygen;*
- 3. The tasks every staff member is required to perform when a medical emergency occurs;*
and

4. Procedures for the maintenance of a written log to document the monthly review of the records of patients which must include, without limitation:

(a) Evaluations of each referral of a patient made by the dental therapist to an authorizing dentist or an appropriate dental specialist and any follow-up of such a referral;

(b) The demographic information of the authorizing dentist and dental therapist, with any personally identifying information removed; and

(c) Procedures for making the written log available to the Board for review and examination upon request.

Sec. 6. 1. A dental therapist may provide the following services to a patient under the indirect supervision or direct supervisor of the authorizing dentist:

(a) Making and exposing cone-beam radiographs;

(b) Application of topical preventive or prophylactic agents, including, without limitation, fluoride varnishes and pit and fissure sealants when a radiograph was obtained not less than 6 months ago;

(c) Removal of excess cement from cemented restorations or orthodontic appliances without rotary;

(d) Re-cementing permanent crowns and bridges with nonpermanent material as a palliative treatment;

(e) Administering local intraoral chemotherapeutic agents in any form except aerosol including, without limitation, antimicrobial agents, fluoride preparations, topical anesthetics and topical desensitizing agents;

(f) Minor adjustments and repairs of removable partial dentures; and

(g) Placement and removal of space maintainers.

2. A dental therapist may provide the following services to a patient only under the direct supervision of a dentist:

(a) Cavity preparation;

(b) Restoration of primary and permanent teeth;

(c) Extractions of primary teeth and permanent teeth with grade three plus mobility with recorded periodontal charting;

(d) Preparation and placement of preformed crowns on primary teeth;

(e) Indirect and direct pulp capping of permanent teeth;

(f) Administration of local anesthetic;

(g) Sub-gingival curettage;

(h) Fabricating mouth guards for temporomandibular joint dysfunction or sleep disorders;

and

(i) Definitive charting of the oral cavity.

3. A dental therapist may provide the following services to a patient who has not first seen a dentist for examination:

(a) Making a radiograph through periapical, bitewing or panorex;

(b) Mechanical polishing;

(c) Application of desensitizing medication or resin;

(d) Preliminary charting of an oral cavity;

(e) Removal of sutures;

(f) Instruction and education on oral health and disease prevention, including, without limitation, nutritional counseling and dietary analysis; and

(g) Fabricating mouth guards for use in sports protection.

4. *As used in this section, “indirect supervision” means that the dentist:*

(a) Documents in the record of the patient the name of the dental therapist providing care to the patient;

(b) Examines the patient before the dental therapist performs the procedure;

(c) Provides instructions for treatment of the patient before the dental therapist begins treating the patient; and

(d) Is not on the premises of the dental office when the procedure occurs.

Sec. 7. 1. *If an investigation by the Board regarding the supervision by an authorizing dentist of a dental therapist reasonably determines that the health, safety or welfare of the public or any patient served by the dentist or dental therapist is placed at risk of imminent or continued harm by the continued supervision by the authorizing dentist of the dental therapist, the Board may summarily suspend the dentist from supervising any dental therapist pending the conclusion of a hearing to consider a formal complaint against the dentist or dental therapist.*

2. The order of summary suspension may be issued only by the Board, the President of the Board, the presiding officer of an investigative committee convened by the Board to investigate the dentist or dental therapist or the member, employee, investigator or other agent of the Board who conducted the investigation.

3. If the Board, the President of the Board, the presiding officer of an investigative committee convened by the Board to investigate the dentist or dental therapist or a member, employee, investigator or other agent of the Board issues an order to summarily suspend a dentist from supervising a dental therapist pursuant to subsection 1, the Board must hold a hearing to consider the formal complaint against the dentist or dental therapist. The Board

must hold the hearing and render a decision concerning the formal complaint not later than 60 days after the date of issuance of the order, unless the Board and the dentist or dental therapist agree to a longer period of time.

Sec. 8. NAC 631.029 is hereby amended to read as follows:

631.029 The Board will charge and collect the following fees:

Application fee for an initial license to practice dentistry if the applicant has successfully passed a clinical examination administered by the Western Regional Examining Board or a clinical examination approved by the Board and the American Board of Dental Examiners and administered by a regional examination organization other than the Board	\$1,200
Application fee for an initial license to practice <i>dental therapy or</i> dental hygiene	600
Application fee for a specialty license by credential.....	1,200
Application fee for a temporary restricted geographical license to practice dentistry	600
Application fee for a temporary restricted geographical license to practice <i>dental therapy or</i> dental hygiene	150
Application fee for a specialist’s license to practice dentistry	125
Application fee for a limited license or restricted license to practice dentistry , <i>dental therapy</i> or dental hygiene.....	125
Application and examination fee for a permit to administer general anesthesia, moderate sedation or deep sedation	750

Application and examination fee for a site permit to administer general anesthesia, moderate sedation or deep sedation	500
Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, moderate sedation or deep sedation.....	500
Fee for the inspection of a facility required by the Board to ensure compliance with infection control guidelines.....	250
<i>Fee for a second or subsequent inspection of a facility required by the Board to ensure compliance with infection control guidelines</i>	<i>150</i>
Biennial renewal fee for a permit to administer general anesthesia, moderate sedation or deep sedation.....	200
Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, moderate sedation or deep sedation.....	350
Biennial license renewal fee for a general license or specialist’s license to practice dentistry	600
Biennial license renewal fee for a restricted geographical license to practice dentistry	600
Biennial license renewal fee for a restricted geographical license to practice <i>dental therapy or</i> dental hygiene	300
Biennial license renewal fee for a general license to practice <i>dental therapy or</i> dental hygiene	300
Annual license renewal fee for a limited license to practice dentistry , <i>dental therapy or</i> dental hygiene.....	200
Annual license renewal fee for a restricted license to practice dentistry	100

Biennial license renewal fee for an inactive dentist	200
Biennial license renewal fee for an inactive <i>dental therapist or</i> dental hygienist	50
<i>Fee for a second or subsequent audit to ensure compliance with continuing education requirements</i>	<i>200</i>
Reinstatement fee for a suspended license to practice dentistry , <i>dental therapy</i> or dental hygiene	300
Reinstatement fee for a revoked license to practice dentistry , <i>dental therapy</i> or dental hygiene	500
Reinstatement fee to return an inactive or retired dentist , <i>dental therapist</i> or dental hygienist or a dentist , <i>dental therapist</i> or dental hygienist with a disability to active status	300
Fee for the certification of a license	25
Fee for the certification of a license to administer nitrous oxide or local anesthesia.....	25
Fee for a duplicate wall certificate	25
Fee for a duplicate pocket card receipt.....	25
Application fee for converting a temporary license to a permanent license	125
Fee for an application packet for an examination	25
Fee for an application packet for licensure by credentials	25

Sec. 9. NAC 631.030 is hereby amended to read as follows:

631.030 1. An applicant for licensure must provide the following information and documentation in his or her application:

(a) The date and place of his or her birth;

(b) Certification of graduation from an accredited dental school or college, *from an accredited school or college of dental therapy* or from an accredited school or college of dental hygiene, whichever is applicable;

(c) Whether he or she has applied for similar licensure in another state or a territory of the United States or the District of Columbia and, if so, the name of the state or territory of the United States or the District of Columbia, the date and the result of his or her application;

(d) If he or she has practiced dentistry, *dental therapy* or dental hygiene in another state or a territory of the United States or the District of Columbia, certification from the licensing authority of each state or territory of the United States or the District of Columbia in which he or she has practiced or is practicing that he or she is in good standing and that there are not any disciplinary proceedings affecting his or her standing pending against him or her in the other state or territory of the United States or the District of Columbia;

(e) Whether he or she has terminated or attempted to terminate a license from another state or territory of the United States or the District of Columbia and, if so, the reasons for doing so;

(f) If he or she is not a natural born citizen of the United States, a copy of his or her certificate of naturalization or other document attesting that he or she is legally eligible to reside and work in the United States;

(g) All scores obtained on the examination in which he or she was granted a certificate by the Joint Commission on National Dental Examinations and the date it was issued;

(h) Whether he or she has ever been convicted of a crime involving moral turpitude or has entered a plea of nolo contendere to a charge of such a crime and, if so, the date and place of the conviction or plea and the sentence, if any, which was imposed;

(i) Whether he or she has had any misdemeanor or felony convictions and, if so, any documents relevant to any misdemeanor or felony convictions;

(j) Whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;

(k) Whether he or she has a history of substance ~~abuse;~~ *misuse or substance use disorder* and, if so, any documents relevant to the substance ~~abuse;~~ *misuse or substance use disorder;*

(l) Whether he or she has been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia, or any regional testing agency recognized by the Board and, if so, any documents relevant to the refusal;

(m) Whether he or she has been denied licensure by this State, any other state or territory of the United States or the District of Columbia and, if so, any documents relevant to the denial;

(n) Whether he or she has had his or her license to practice dentistry, *dental therapy* or dental hygiene suspended, revoked or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry, *dental therapy* or dental hygiene, including, without limitation, *being subject to mandatory supervision or* receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the suspension, revocation, probation or other discipline;

(o) A copy of current certification in administering cardiopulmonary resuscitation;

(p) Whether he or she is currently involved in any disciplinary action concerning his or her license to practice dentistry , *dental therapy* or dental hygiene in this State, another state or territory of the United States or the District of Columbia and, if so, any documents relevant to the reprimand or disciplinary action;

(q) Two sets of certified fingerprint cards and an authorization form allowing the Board to submit the fingerprint forms to law enforcement agencies for verification of background information;

(r) Whether he or she has any claims against him or her or has committed any actions that would constitute unprofessional conduct pursuant to NRS 631.3475 or NAC 631.230;

(s) An application form that he or she has completed and signed which:

(1) Is furnished by the Board; and

(2) Includes, without limitation, a properly executed request to release information;

(t) If applicable, the statement and proof required by subsection 3;

(u) Evidence that he or she is eligible to apply for a license to practice:

(1) Dentistry pursuant to NRS 631.230; ~~for~~

(2) Dental hygiene pursuant to NRS 631.290; *or*

(3) Dental therapy pursuant to NRS 631.312;

(v) The statement required by NRS 425.520; and

(w) Any other information requested by the Board.

2. An applicant for licensure by endorsement pursuant to NRS 622.530 must provide the following information and documentation with his or her application:

(a) The information and documentation listed in subsection 1;

(b) A certificate granted by a nationally recognized, nationally accredited or nationally certified examination or other examination approved by the Board which proves that the applicant has achieved a passing score on such an examination; and

(c) Proof that the applicant has actively practiced dentistry , *dental therapy* or dental hygiene for the 5 years immediately preceding the date of submission of the application.

3. An applicant for licensure who wishes to use laser radiation in his or her practice of dentistry , *dental therapy* or dental hygiene must provide to the Board:

(a) A statement certifying that each laser that will be used by the licensee in the practice of dentistry , *dental therapy* or dental hygiene has been cleared by the Food and Drug Administration for use in dentistry; and

(b) Proof that he or she has successfully completed a course in laser proficiency that:

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

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

Sec. 10. NAC 631.033 is hereby amended to read as follows:

631.033 Each licensee who uses or wishes to use laser radiation in his or her practice of dentistry , *dental therapy* or dental hygiene must include with the application for renewal of his or her license:

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

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

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

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

Sec. 11. NAC 631.035 is hereby amended to read as follows:

631.035 1. The Board hereby adopts by reference the *Curriculum Guidelines and Standards for Dental Laser Education*, adopted by the Academy of Laser Dentistry. The *Curriculum Guidelines and Standards for Dental Laser Education* is available, free of charge, from the Academy of Laser Dentistry:

(a) By mail, at P.O. Box 8667, Coral Springs, Florida 33075;

(b) By telephone, at (954) 346-3776; or

(c) At the Internet address

~~http://www.laserdentistry.org/prof/edu_curriculumguidelines.cfm~~

<http://www.laserdentistry.org/certification#curriculum-guidelines>.

2. The Board will periodically review the *Curriculum Guidelines and Standards for Dental Laser Education* and determine within 30 days after the review whether any change made to those guidelines and standards is appropriate for application in this State. If the Board does not disapprove a change to an adopted guideline or standard within 30 days after the review, the change is deemed to be approved by the Board.

Sec. 12. NAC 631.045 is hereby amended to read as follows:

631.045 A licensed dentist who owns an office or facility where dental treatments are to be performed in this State must, on the application for renewal of his or her license, execute a certified statement that includes:

1. The location of each office or facility owned by the licensed dentist where dental treatments are to be performed;

2. The name and address of each employee, other than a licensed dentist , *dental therapist* or dental hygienist, who assists at the office or facility in procedures for infection control and the date the employee began to assist in procedures for infection control at the office or facility;

3. A statement that each employee identified in subsection 2:

(a) Has received adequate instruction concerning procedures for infection control; and

(b) Is qualified to:

(1) Operate sterilization equipment and other equipment in compliance with the guidelines adopted by reference in NAC 631.178; and

(2) Perform all other applicable activities in compliance with the guidelines adopted by reference in NAC 631.178; and

4. If the licensed dentist is registered to dispense controlled substances with the State Board of Pharmacy pursuant to chapter 453 of NRS, an attestation that the licensed dentist has conducted annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

Sec. 13. NAC 631.050 is hereby amended to read as follows:

631.050 1. If the Executive Director or Secretary-Treasurer finds that:

(a) An application is:

(1) Deficient; or

(2) Not in the proper form; or

(b) The applicant has:

(1) Provided incorrect information;

(2) Not attained the scores required by chapter 631 of NRS; or

(3) Not submitted the required fee,

↳ the Executive Director or Secretary-Treasurer shall reject the application and return it to the applicant with the reasons for its rejection.

2. If the Executive Director or Secretary-Treasurer finds that an applicant has:

- (a) A felony conviction;
- (b) A misdemeanor conviction;
- (c) Been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
- (d) A history of substance ~~abuse;~~ *misuse or substance use disorder;*
- (e) Been refused permission to take an examination for licensure by this State, any other state or territory of the United States or the District of Columbia;
- (f) Been denied licensure by this State, any other state or territory of the United States or the District of Columbia;
- (g) Had his or her license to practice dentistry , *dental therapy* or dental hygiene suspended, revoked or placed on probation, or has otherwise been disciplined concerning his or her license to practice dentistry , *dental therapy* or dental hygiene, including, without limitation, *being subject to mandatory supervision or* receiving a public reprimand, in this State, another state or territory of the United States or the District of Columbia;
- (h) Not actively practiced dentistry , *dental therapy* or dental hygiene, as applicable, for 2 years or more before the date of the application to the Board; or
- (i) Is currently involved in any disciplinary action concerning his or her license to practice dentistry , *dental therapy* or dental hygiene in this State, another state or territory of the United States or the District of Columbia,

↳ the Executive Director or Secretary-Treasurer may reject the application. If rejected, the application must be returned to the applicant with the reasons for its rejection.

3. If an application is rejected pursuant to subsection 2, the applicant may furnish additional relevant information to the Executive Director or Secretary-Treasurer, and request that the application be reconsidered. If an application is rejected following reconsideration by the Executive Director or Secretary-Treasurer, the applicant may petition the Board for a review of the application at the next regularly scheduled meeting of the Board.

Sec. 14. NAC 631.090 is hereby amended to read as follows:

631.090 **1.** Except as otherwise provided in NRS 622.090, in fulfillment of the statutory requirements of paragraph (b) of subsection 1 of NRS 631.240, an applicant taking the clinical examination approved by the Board and the American Board of Dental Examiners or the clinical examination administered by the Western Regional Examining Board must:

~~11.1~~ **(a)** Pass the Dental Simulated Clinical Examination or a comparable examination administered by the Western Regional Examining Board, as applicable;

~~12.1~~ **(b)** Demonstrate proficiency in endodontics as the organization administering the clinical examination requires;

~~13.1~~ **(c)** Demonstrate proficiency in fixed prosthodontics as the organization administering the clinical examination requires;

~~14.1~~ **(d)** Demonstrate proficiency in restorative dentistry as the organization administering the clinical examination requires;

~~15.1~~ **(e)** Demonstrate proficiency in periodontics as the organization administering the clinical examination requires; and

~~16.1~~ **(f)** Perform such other procedures as the Board requires.

2. The Board may require an applicant for licensure to practice dentistry, dental hygiene or dental therapy to pass such additional examinations for licensure as the Board may prescribe if the applicant:

(a) Has been previously licensed in this State and has not held such a license for 2 years or more, including, without limitation, because the license was revoked or voluntarily surrendered; and

(b) Has not maintained an active practice outside of this State, including, without limitation, because his or her license to practice in another jurisdiction has been suspended, revoked, surrendered or because of any other order by a competent authority of another jurisdiction.

Sec. 15. NAC 631.155 is hereby amended to read as follows:

631.155 Each licensee shall, within 30 days after the occurrence of the event, notify the Board in writing by certified mail of:

1. The death of a patient during the performance of any dental procedure;
2. Any unusual incident occurring in his or her dental practice which results in permanent physical or mental injury to a patient or requires the hospitalization of a patient;
3. The suspension or revocation of his or her license to practice dentistry , *dental therapy or dental hygiene* or the imposition of a fine or other disciplinary action against him or her by any agency of another state authorized to regulate the practice of dentistry , *dental therapy or dental hygiene, as applicable*, in that state;
4. The conviction of any felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry , *dental therapy or dental hygiene, as applicable*, in this State or the conviction of any violation of chapter 631 of NRS; ~~for~~

5. *The filing and service of any claim or complaint of malpractice against the licensee; or*

6. Being held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession.

Sec. 16. NAC 631.160 is hereby amended to read as follows:

631.160 1. If a licensee desires voluntarily to surrender his or her license, he or she may submit to the Board a sworn written surrender of the license accompanied by delivery to the Board of the certificate of registration previously issued to him or her. The Board may accept or reject the surrender of the license. If the Board accepts the surrender of the license, the surrender is absolute and irrevocable. The Board will notify any agency or person of the surrender as it deems appropriate.

2. The voluntary surrender of a license does not preclude the Board from hearing a complaint for disciplinary action filed against the licensee.

3. A former licensee who has voluntarily surrendered his or her license may apply for a new license if he or she meets all criteria required for licensure by this chapter and chapter 631 of NRS. If a former licensee surrendered his or her license voluntarily while being disciplined by the Board or during a pending investigation, the Board may require the former licensee to complete any terms of discipline or corrective action not completed as a result of the surrender and require additional terms be completed before issuing a new license.

Sec. 17. NAC 631.170 is hereby amended to read as follows:

631.170 1. A licensee may request the Board to place his or her license in an inactive or retired status. Such a request must be made in writing and before the license expires.

2. The Secretary-Treasurer may reinstate an inactive license upon the written request of an inactive licensee who has maintained an active license and practice outside this State during the

time his or her Nevada license was inactive. To reinstate the license, such an inactive licensee must:

- (a) Pay the appropriate renewal fees;
 - (b) Provide a list of his or her employment during the time the license was inactive;
 - (c) Report all claims of unprofessional conduct or professional incompetence against him or her or any violation of the law which he or she may have committed, including administrative disciplinary charges brought by any other jurisdiction;
 - (d) Report whether he or she has been held civilly or criminally liable in this State, another state or territory of the United States or the District of Columbia for misconduct relating to his or her occupation or profession;
 - (e) Report any appearance he or she may have made before a peer review committee;
 - (f) Submit proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status;
 - (g) Provide certification from each jurisdiction in which he or she currently practices that his or her license is in good standing and that no proceedings which may affect that standing are pending;
 - (h) Satisfy the Secretary-Treasurer that he or she is of good moral character; and
 - (i) Provide any other information which the Secretary-Treasurer may require,
- ↪ before the license may be reinstated. In determining whether the licensee is of good moral character, the Secretary-Treasurer may consider whether the license to practice dentistry , *dental therapy or dental hygiene* in another state has been suspended or revoked or whether the licensee is currently involved in any disciplinary action concerning the license in that state.

3. If a person whose license has been on inactive status for less than 2 years has not maintained an active license or practice outside this State, *including, without limitation, because his or her license to practice in another jurisdiction has been suspended, revoked or surrendered or because of any other order by a competent authority of another jurisdiction*, or if a person's license has been on retired status for less than 2 years, he or she must submit to the Board:

- (a) Payment of the appropriate renewal fees;
 - (b) A written petition for reinstatement that has been signed and notarized;
 - (c) Proof of his or her completion of an amount of continuing education, prorated as necessary, for the year in which the license is restored to active status; and
 - (d) A list of his or her employment, if any, during the time the license was on inactive or retired status,
- ↪ before the license may be reinstated.

4. If a person whose license has been on inactive status for 2 years or more has not maintained an active license or practice outside this State, *including, without limitation, because his or her license to practice in another jurisdiction has been suspended, revoked or surrendered or because of any other order by a competent authority of another jurisdiction*, or if a person's license has been on retired status for 2 years or more, he or she must:

- (a) Satisfy the requirements set forth in paragraphs (a) to (d), inclusive, of subsection 3; and
 - (b) Pass such additional examinations for licensure as the Board may prescribe,
- ↪ before the license may be reinstated.

5. If the license of a person has been placed on disabled status, the person must:

- (a) Satisfy the requirements of paragraphs (a), (b) and (c) of subsection 3;

(b) Submit to the Board a list of his or her employment, if any, during the time the license was on disabled status;

(c) Pass such additional examinations for licensure as the Board may prescribe; and

(d) Submit to the Board a statement signed by a licensed physician setting forth that the person is able, mentally and physically, to practice dentistry, *dental therapy or dental hygiene, as applicable,*

↳ before the license may be reinstated.

6. If the license of a person has been suspended for 2 years or more and the person has not maintained an active practice outside of this State, including, without limitation, because his or her license to practice in another jurisdiction has been suspended, revoked or surrendered or because of any other order by a competent authority of another jurisdiction, the Board may require the person to pass such examinations for licensure as the Board may prescribe before reinstating the license.

Sec. 18. NAC 631.173 is hereby amended to read as follows:

631.173 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 therapist licensed to practice in this State must annually complete at least 18 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 dental

therapist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. 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.~~ 4. In addition to the hours of instruction prescribed in subsections 1, ~~and~~ 2 ~~and~~ 3, each dentist, *dental therapist* 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.~~ 5. Any provider of or instructor for a course in continuing education relating to the practice of dentistry, *dental therapy* 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.

~~15.1~~ 6. 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.

~~16.1~~ 7. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection ~~15.1~~ 6 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.

~~17.1~~ 8. Credit may be allowed for attendance at a meeting or a convention of a dental ~~and~~, *dental therapy or* dental hygiene society.

~~18.1~~ 9. 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.

~~19.1~~ 10. Credit may be allowed for dental , *dental therapy* and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

Sec. 19. NAC 631.175 is hereby amended to read as follows:

631.175 1. Approved subjects for continuing education in dentistry , *dental therapy* and dental hygiene are:

(a) Clinical subjects, including, without limitation:

- (1) Dental and medical health;
- (2) Preventive services;

- (3) Dental diagnosis and treatment planning; and
 - (4) Dental clinical procedures, including corrective and restorative oral health procedures and basic dental sciences, dental research and new concepts in dentistry; and
- (b) Nonclinical subjects, including, without limitation:
- (1) Dental practice organization and management;
 - (2) Patient management skills;
 - (3) Methods of health care delivery; and
 - (4) Teaching methodology.

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

3. In completing the hours of continuing education required pursuant to NAC 631.173, a dental hygienist must annually complete at least 12 hours in clinical subjects approved pursuant to subsection 1 or biennially complete at least 24 hours in clinical subjects approved pursuant to subsection 1, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dental hygienist.

4. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist, *dental therapist* or dental hygienist must annually complete at least 2 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in NAC 631.178 or biennially complete at least 4 hours in the clinical subject of infection control in accordance with the provisions of the guidelines adopted by reference in

NAC 631.178, as applicable, based on the renewal period set forth in NRS 631.330 for the type of license held by the dentist , *dental therapist* or dental hygienist.

5. In completing the hours of continuing education required pursuant to NAC 631.173, a dentist who is registered to dispense controlled substances pursuant to NRS 453.231 must complete at least 2 hours of training relating specifically to the misuse and abuse of controlled substances, the prescribing of opioids or addiction during each period of licensure.

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

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

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

(c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 , ~~for~~ 2 *or* 3 of NAC 631.173, as applicable.

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

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

Sec. 20. NAC 631.177 is hereby amended to read as follows:

631.177 1. When requesting a renewal or reinstatement of his or her license, each:

(a) Dentist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I,, hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 20 approved hours of instruction in continuing education during the period July 1,, through and including June 30,, I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this (day) of (month) of (year)

.....

Signature of Dentist

(b) *Dental therapist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:*

I,, hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 18 approved hours of instruction in continuing education during the period July 1,, through and including June 30,, I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering

cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this (day) of (month) of (year)

.....
Signature of Dental Therapist

(c) Dental hygienist shall submit a signed, written statement in substantially the following language for each year since his or her last renewal:

I,, hereby certify to the Board of Dental Examiners of Nevada that I have obtained at least 15 approved hours of instruction in continuing education during the period July 1,, through and including June 30,, I also certify to the Board of Dental Examiners of Nevada that I am currently certified in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life.

Dated this (day) of (month) of (year)

.....
Signature of Dental Hygienist

~~(e)~~ (d) Dentist , *dental therapist* or dental hygienist shall submit proof of his or her current certification in administering cardiopulmonary resuscitation or other medically acceptable means of maintaining basic bodily functions which support life.

2. Legible copies of all receipts, records of attendance, certificates and other evidence of attendance by a dentist , *dental therapist* or dental hygienist at an approved course in continuing education must be retained by the dentist , *dental therapist* or dental hygienist and made available to the Board for inspection or copying for 3 years after attendance at the course is submitted to meet the continuing education requirements of the Board. Proof of attendance and completion of the required credit hours of instruction must be complete enough to enable the Board to verify the attendance and completion of the course by the dentist , *dental therapist* or dental hygienist and must include at least the following information:

- (a) The name and location of the course;
- (b) The date of attendance;
- (c) The name, address and telephone number of its instructor;
- (d) A synopsis of its contents; and
- (e) For courses designed for home study, the number assigned to the provider by the Board at the time the course was approved and the name, address and telephone number of the producer or author of the course.

3. The ~~third~~ *second* or subsequent failure of a dentist ~~and~~ , *dental therapist or* dental hygienist to obtain or file proof of completion of the credit hours of instruction required by this section and NAC 631.173 and 631.175 is unprofessional conduct.

4. The Board will conduct random *initial* audits of dentists , *dental therapists* or dental hygienists *and additional follow-up audits, as necessary*, to ensure compliance with the requirements of this section and NAC 631.173 and 631.175.

Sec. 21. NAC 631.178 is hereby amended to read as follows:

631.178 1. Each person who is licensed pursuant to the provisions of chapter 631 of NRS shall comply with:

(a) The provisions of the *Guidelines for Infection Control in Dental Health-Care Settings-2003* adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>; and

(b) As applicable to the practice of dentistry, *dental therapy and dental hygiene*, the provisions of the *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*, adopted by the Centers for Disease Control and Prevention which is hereby adopted by reference. The publication is available, free of charge, from the Centers for Disease Control and Prevention at the Internet address

~~http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf.~~

<http://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf>.

2. The Board will periodically review the guidelines adopted by reference in this section and determine within 30 days after the review whether any change made to the guidelines is appropriate for application in this State. If the Board does not disapprove a change to the guidelines within 30 days after the review, the change is deemed to be approved by the Board.

Sec. 22. NAC 631.190 is hereby amended to read as follows:

631.190 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 ~~H~~;

10. Dental anesthesiology;

11. Oral medicine; and

12. Orofacial pain.

Sec. 23. NAC 631.220 is hereby amended to read as follows:

631.220 1. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision to perform the following procedures before the patient is examined by the dentist:

- (a) Expose radiographs; and
- (b) Take impressions for the preparation of diagnostic models.

2. A dentist who is licensed in the State of Nevada may authorize a dental assistant in his or her employ and under his or her supervision only to do one or more of the following procedures after the patient has been examined by the dentist:

- (a) Retract a patient's cheek, tongue or other tissue during a dental operation.

- (b) Remove the debris that normally accumulates during or after a cleaning or operation by the dentist by using mouthwash, water, compressed air or suction.
- (c) Place or remove a rubber dam and accessories used for its placement.
- (d) Place and secure an orthodontic ligature.
- (e) Remove sutures.
- (f) Place and remove a periodontal pack.
- (g) Remove excess cement from cemented restorations and orthodontic appliances. A dental assistant may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (h) Administer a topical anesthetic in any form except aerosol.
- (i) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (j) Take the following types of impressions:
- (1) Those used for the preparation of counter or opposing models;
 - (2) Those used for the fabrication of temporary crowns or bridges; and
 - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (k) Fabricate and place temporary crowns and bridges. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.
- (l) Retract gingival tissue if the retraction cord contains no medicaments that have potential systemic side effects.
- (m) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist, *dental*

therapist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

(n) Administer a topical fluoride.

(o) Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dentist before dismissal of the patient from the office of the dentist.

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

3. A dentist who is licensed in the State of Nevada may authorize a *dental therapist or* dental hygienist to supervise a dental assistant in the assistance of the ~~hygienist's~~ performance of *the dental therapist or dental hygienist of* one or more of the following ~~H~~ *procedures:*

(a) Retract a patient's cheek, tongue or other tissue during a dental operation.

(b) Remove the debris that normally accumulates during or after a cleaning or operation by the *dental therapist or* dental hygienist by using mouthwash, water, compressed air or suction.

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

(d) Remove soft plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with a rubber cup or brush and a suitable polishing agent. A licensed dentist, *dental therapist* or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material.

(e) Administer a topical fluoride.

4. A dental hygienist ~~H~~ who is authorized by the Board to perform the services described in subsection 6 of NAC 631.210 ~~H~~ *or a dental therapist* may authorize a dental assistant under his

or her supervision to assist the hygienist *or therapist, as applicable*, in the performance of the services described in paragraphs (a) to (e), inclusive, of subsection 3.

Sec. 24. NAC 631.230 is hereby amended to read as follows:

631.230 1. In addition to those specified by statute and subsection 3 of NAC 631.177, the following acts constitute unprofessional conduct:

- (a) The falsification of records of health care or medical records.
- (b) Writing prescriptions for controlled substances in such excessive amounts as to constitute a departure from prevailing standards of acceptable dental practice.
- (c) The consistent use of dental procedures, services or treatments which constitute a departure from prevailing standards of acceptable dental practice even though the use does not constitute malpractice or gross malpractice.
- (d) The acquisition of any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge.
- (e) Making an unreasonable additional charge for laboratory tests, radiology services or other testing services which are ordered by the dentist and performed outside his or her own office.
- (f) The failure to report to the Board as required in NAC 631.155 or to sign any affidavit required by the Board.
- (g) Employing any person in violation of NAC 631.260 or failing to report to the Board as required by that section.
- (h) The failure of a dentist who is administering or directly supervising the administration of general anesthesia, deep sedation or moderate sedation to be physically present while a patient is under general anesthesia, deep sedation or moderate sedation.

(i) Administering moderate sedation to more than one patient at a time, unless each patient is directly supervised by a person authorized by the Board to administer moderate sedation.

(j) Administering general anesthesia or deep sedation to more than one patient at a time.

(k) The failure to have any patient who is undergoing general anesthesia, deep sedation or moderate sedation monitored with a pulse oximeter or similar equipment required by the Board.

(l) Allowing a person who is not certified in basic cardiopulmonary resuscitation to care for any patient who is undergoing general anesthesia, deep sedation or moderate sedation.

(m) The failure to obtain a patient's written, informed consent before administering general anesthesia, deep sedation or moderate sedation to the patient or, if the patient is a minor, the failure to obtain his or her parent's or guardian's consent unless the dentist determines that an emergency situation exists in which delaying the procedure to obtain the consent would likely cause permanent injury to the patient.

(n) The failure to maintain a record of all written, informed consents given for the administration of general anesthesia, deep sedation or moderate sedation.

(o) The failure to report to the Board, in writing, the death or emergency hospitalization of any patient to whom general anesthesia, deep sedation or moderate sedation was administered. The report must be made within 30 days after the event.

(p) Allowing a person to administer general anesthesia, deep sedation or moderate sedation to a patient if the person does not hold a permit to administer such anesthesia or sedation unless the anesthesia or sedation is administered in a facility for which a permit is held as required by NRS 449.442.

(q) The failure of a dentist who owns a dental practice to provide copies of the records of a patient to a dentist, *dental therapist* or dental hygienist who provided the services as an

employee or independent contractor of the dentist when the records are the basis of a complaint before the Board. Nothing in this paragraph relieves the treating dentist , *dental therapist* or dental hygienist from the obligation to provide records of the patient to the Board.

(r) The failure of a dentist who owns a dental practice to verify the license of a dentist , *dental therapist* or dental hygienist before offering employment or contracting for services with the dentist , *dental therapist* or dental hygienist as an independent contractor.

(s) The failure of a dentist who owns a dental practice and participates in the diagnosis and treatment of any patient to ensure that the services rendered by a dentist , *dental therapist* or dental hygienist who is an employee or independent contractor of that dentist meet the prevailing standards of acceptable dental practice. If a dentist , *dental therapist* or dental hygienist who is an employee or independent contractor of the dentist is found by substantial evidence to have provided services below the prevailing standards of acceptable dental practice, the dentist who owns the dental practice may be required to reimburse the patient to whom the services were provided pursuant to paragraph (l) of subsection 1 of NRS 631.350.

(t) The failure of a dentist who owns a dental practice to record the name of the dentist , *dental therapist* or dental hygienist who provided the services in the records of a patient each time the services are rendered.

(u) The failure of a dentist who is registered to dispense controlled substances with the State Board of Pharmacy pursuant to chapter 453 of NRS to conduct annually a minimum of one self-query regarding the issuance of controlled substances through the Prescription Monitoring Program of the State Board of Pharmacy.

2. For purposes of NRS 631.347, a plan or practice requiring a patient to select a dentist from a specific group does not provide the patient with a reasonable opportunity to select a

dentist of his or her own choice, and constitutes unprofessional conduct on the part of any dentist participating in such a plan or practice, unless it, or another plan concurrently available to the patient, allows the patient to:

(a) Have an annual opportunity, lasting for a minimum of 30 days, to select a dentist of his or her own choice for all dental work to be performed during the subsequent 12 months. Any new patient added to the plan or practice must immediately be given an initial opportunity, lasting at least 30 days, to select the coverage supplied by the plan or practice or a dentist of his or her own choice.

(b) Receive the allowance for a procedure performed by a dentist of his or her own choice in substantially the same amount as he or she would if he or she used the services of one of the group of dentists specified by the plan or practice.

Sec. 25. NAC 631.260 is hereby amended to read as follows:

631.260 1. Each patient who is undergoing a radiographic procedure must be covered with a lead apron.

2. Each licensee who employs any person, other than a *dental therapist or* dental hygienist, to assist him or her in radiographic procedures shall include with his or her application for renewal of his or her license a certified statement:

(a) Containing the name of each person so employed, his or her position and the date he or she began to assist the licensee in radiographic procedures; and

(b) Attesting that each such employee has received:

(1) Adequate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of NAC 459.552;

(2) Training in cardiopulmonary resuscitation at least every 2 years while so employed;

(3) A minimum of 4 hours of continuing education in infection control every 2 years while so employed; and

(4) Before beginning such employment, a copy of this chapter and chapter 631 of NRS in paper or electronic format.

Sec. 26. NAC 631.273 is hereby amended to read as follows:

631.273 1. If, upon the death of a dentist licensed pursuant to chapter 631 of NRS, a surviving member of his or her family desires to own or control his or her practice, share in the fees therefrom, or control the services offered, the surviving member shall, within 2 months after the dentist's death, notify the Board of that fact by furnishing the Secretary-Treasurer with a certified copy of the death certificate.

2. Upon receipt of the death certificate, the Board will appoint one or more of its members, agents or employees to investigate the operation of the dental practice of the decedent to determine whether the practice is being conducted in full compliance with the requirements of chapter 631 of NRS and the regulations of the Board, paying particular attention to the health, welfare and safety of the public.

3. If, upon investigation, the Board finds that the practice is not being conducted in full compliance with the requirements of chapter 631 of NRS or the regulations of the Board, it will apply to the district court to enjoin the continuation of the practice and will further institute any disciplinary action it deems necessary against any licensed dentist, *dental therapist* or dental hygienist associated with the practice.

Sec. 27. NAC 631.275 is hereby amended to read as follows:

631.275 1. For the purposes of paragraph ~~(h)~~ (i) of subsection 2 of NRS 631.215, the Board will deem a person to exercise authority or control over the clinical practice of dentistry if

the person, by agreement, lease, policy, understanding or other arrangement, exercises authority or control over:

(a) The manner in which a licensed dentist, *a dental therapist*, a dental hygienist or a dental assistant uses dental equipment or materials for the provision of dental treatment;

(b) The use of a laboratory or the decision to purchase or not to purchase dental equipment or materials against the advice of a licensed dentist if the dentist reasonably concludes that such use, purchase or failure to purchase would impair the ability of the dentist, *a dental therapist* or a dental hygienist to provide dental care to a patient consistent with the standard of care in the community;

(c) A decision of a licensed dentist regarding a course or alternative course of treatment for a patient, the procedures or materials to be used as part of a course of treatment or the manner in which a course of treatment is carried out by the dentist, *a dental therapist*, a dental hygienist or a dental assistant;

(d) The length of time a licensed dentist, *a dental therapist* or a dental hygienist spends with a patient or if the person otherwise places conditions on the number of patients a licensed dentist, *a dental therapist* or a dental hygienist may treat in a certain period of time;

(e) The length of time a licensed dentist, *a dental therapist*, a dental hygienist or a dental assistant spends performing dental services, against the advice of the dentist, if the dentist reasonably believes that the ability of the dentist, *dental therapist*, dental hygienist or dental assistant to provide dental care to a patient consistent with the standard of care in the community would be impaired;

(f) The referrals by a licensed dentist to another licensed dentist or otherwise places any restriction or limitation on the referral of patients to a specialist or any other practitioner the licensed dentist determines is necessary;

(g) The clinical practices of a *dental therapist or* dental hygienist regarding appropriate *dental therapy care or* dental hygiene care , *as applicable*, or the duties that a licensed dentist may delegate to a *dental therapist or* dental hygienist;

(h) Patient records at any time to the exclusion of the applicable licensed dentist or the applicable patient;

(i) A decision of a licensed dentist to refund payments made by a patient for clinical work that is not performed or is performed incorrectly by:

(1) The dentist; or

(2) A *dental therapist or* dental hygienist employed by the licensed dentist or a professional entity of the licensed dentist;

(j) A decision regarding the advertising of the practice of a licensed dentist if the decision would result in a violation of the provisions of NRS 631.348 by the dentist;

(k) A decision to establish fees for dental services against the advice of a licensed dentist if the dentist reasonably concludes that those fees would impair the ability of the dentist , ~~for~~ a *dental therapist or a* dental hygienist to provide dental care to patients consistent with the standard of care in the community;

(l) A decision relating to the clinical supervision of *dental therapists or* dental hygienists and ancillary personnel regarding the delivery of dental care to patients of a licensed dentist;

(m) The hiring or firing of licensed dentists , *dental therapists* or dental hygienists or the material clinical terms of their employment relationship with a licensed dentist or a professional entity of a licensed dentist;

(n) A decision regarding the hiring of ancillary personnel against the advice of a licensed dentist or a decision by a licensed dentist to fire or refuse to work with ancillary personnel if that advice, firing or refusal is related to the clinical competence of that ancillary personnel to render dental care to patients, regardless of who employs such ancillary personnel; and

(o) The material terms of any provider contracts or arrangements between a licensed dentist or a professional entity of a licensed dentist and third-party payors against the advice of the dentist, if the dentist reasonably concludes that the contract or arrangement would impair the ability of the dentist to provide dental care to patients consistent with the standard of care in the community.

2. For the purposes of this section:

(a) “Ancillary personnel” means a person, other than a licensed dentist , *a dental therapist* or a dental hygienist, who:

(1) Directly provides dental care to a patient under the supervision of a licensed dentist , *a dental therapist* or a dental hygienist; or

(2) Assists a licensed dentist , *a dental therapist* or a dental hygienist in the provision of dental care to a patient.

(b) “Clinical” means relating to or involving the diagnosis, evaluation, examination, prevention or treatment of conditions, diseases or disorders of the maxillofacial area, oral cavity or the adjacent and associated structures and their impact on the human body, as typically provided by a licensed dentist or, if applicable, a *dental therapist or* dental hygienist, within the

scope of the education, experience and training of the dentist , *dental therapist* or dental hygienist, in accordance with applicable law and the ethics of the profession of dentistry.

Sec. 28. NAC 631.279 is hereby amended to read as follows:

631.279 1. Any applicant or licensed dentist , *dental therapist* or dental hygienist may obtain a determination or advisory opinion from the Board as to the applicability of any provision of chapter 631 of NRS or any regulation adopted pursuant thereto by bringing an action for a declaratory judgment before the Board.

2. The Board will construe any statute or regulation reviewed pursuant to this section in a manner consistent with the declared policy of the State of Nevada.

Previously Submitted Public Comments

Testimony to the Nevada State Board of Dental Examiners meeting May 30, 2023

Agenda item 6a (5) Strike [supervision] and replace with employment. To read ~NAC 631.210 sec 4. If a dentist who is licensed in this State has in his or her employ and under his or her [supervision]employment a dental hygienist who has:

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

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

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

JUSTIFICATION: This change from supervision to authorization would then be congruent with the current NAC regulation 4 (b) as stated above (in blue). The change would also be in compliance with the following statutes.

NRS 631.215 2b 2. Nothing in this section: (b) Prevents a dental therapist or dental hygienist from administering local anesthesia] for pain management during treatment or using X-ray radiation or laser radiation for dental treatment or dental diagnostic purposes, upon authorization of a licensed dentist.

NRS 631.311 Dentist not required to be present when dental hygienist provides services authorized by dentist. A dentist who provides a written or oral authorization to a dental hygienist for the provision of services by that dental hygienist is not required to be present when those services are provided.

Agenda item 6a (10) Section 2. "direct supervision" should apply only to **Section 1** as it pertains to the supervised hours the dental therapist must obtain according to the statute.

NRS 631.3122 1. The holder of a license or renewal certificate to practice dental therapy may practice only in the settings provided in subsection 3, under the authorization of a dentist meeting the requirements of subsection 4 and in accordance with a written practice agreement signed by the dental therapist and the authorizing dentist. A dental therapist may provide only the services that are within his or her scope of practice, the scope of practice of the dentist, are authorized by the dentist, and are provided according to written protocols or standing orders established by the authorizing dentist. A dental therapist may not provide any services that are outside the scope of practice of the authorizing dentist. A dental therapist shall provide such services only under the direct supervision of the authorizing dentist until such time as the dental therapist has obtained the following hours of clinical practice as a dental therapist:

(a) Not less than 500 hours, if the dental therapist has a license to practice dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia;

(b) Not less than 1,000 hours, if the dental therapist has practiced dental hygiene pursuant to the laws of this State, another state or territory of the United States, or the District of Columbia, for 5 years or more; or

(c) Not less than 1,500 hours, if paragraphs (a) and (b) are not applicable

Section 3. Strike the entire section as the State Board of Dental Examiners and statute already accepts the educational standards of Commission on Dental Accreditation for the educational curricula and training of dental professionals. NRS states the education must be 2 years or its equivalent, the Board cannot supersede the statutes.

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

Section 6. 2 Substitute all of section 6.2 with the current statute regarding services that may be provided.

NRS 631.3124 Dental therapists: Authorized services; referral of patient to authorizing dentist for certain purposes; supervision of dental assistants and dental hygienists. [Effective January 1, 2020.]

1. In accordance with the written practice agreement required pursuant to [NRS 631.3122](#), a dental therapist may perform the following acts:

- (a) Expose radiographs.
- (b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.
- (c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.
- (d) Take the following types of impressions:
 - (1) Those used for the preparation of diagnostic models;
 - (2) Those used for the fabrication of temporary crowns or bridges; and
 - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (e) Remove stains, deposits and accretions, including dental calculus.
- (f) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.
- (g) Provide dental hygiene care that includes:
 - (1) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients pursuant to paragraph (c).
 - (2) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (1) in order to identify the subsequent treatment, continued care and referral needs of the patient.
- (h) Perform subgingival curettage.
- (i) Remove sutures.
- (j) Place and remove a periodontal pack.
- (k) Remove excess cement from cemented restorations and orthodontic appliances. A dental therapist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (l) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (m) Recement and repair temporary crowns and bridges.
- (n) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
- (o) Place a temporary restoration with nonpermanent material as a palliative treatment.
- (p) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
 - (1) Antimicrobial agents;
 - (2) Fluoride preparations;
 - (3) Topical antibiotics;
 - (4) Topical anesthetics; and
 - (5) Topical desensitizing agents.
- (q) Apply pit and fissure sealant to the dentition for the prevention of decay.

2. After performing any of the services set forth in subsection 1, the dental therapist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental therapist is not authorized to perform.

3. A dental therapist may supervise dental assistants and dental hygienists to the extent permitted in a written practice agreement.

(Added to NRS by [2019, 3201, 3203](#), effective January 1, 2020)

NRS 631.3125 Dental therapists: Additional authorized care and services. [Effective January 1, 2020.] In accordance with the written practice agreement, a dental therapist may provide any of the following additional care or services:

1. Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals to such persons.

2. Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.

3. Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional.

4. Pulp and vitality testing.

5. Applying desensitizing medication or resin.

6. Fabricating mouth guards.

7. Changing periodontal dressings.

8. Simple extraction of erupted primary teeth.

9. Emergency palliative treatment of dental pain related to a care or service described in this section.

10. Preparation and placement of direct restoration in primary and permanent teeth.

11. Fabrication and placement of single tooth temporary crowns.

12. Preparation and placement of preformed crowns on primary teeth.

13. Indirect and direct pulp capping on permanent teeth.

14. Suturing and suture removal.

15. Minor adjustments and repairs on removable prostheses.

16. Placement and removal of space maintainers.

17. Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal.

18. Performing other related services and functions authorized and for which the dental therapist is trained.

(Added to NRS by [2019, 3203](#), effective January 1, 2020)

JUSTIFICATION: The written practice agreement will contain the services that the authorizing dentist and dental therapist agree to thus allowing the dentist to decide what services will be provided. The statute is clear that there is no supervision required once the dental therapist has completed the supervised hours. Limiting the provision of services does not meet the intent of the statute in providing access to care for the population that so needs it.

Section 18.2 The continuing education hours do not align with the hours stated in **Section 19.2**

The board needs to have the number of continuing education hours be the same in each section.

Respectfully submitted,

Nevada Dental Hygienist's Association Legislative Committee

Lancette VanGuilder, Caryn Solie, Annette Lincicome, Antonio Ventura

May 26, 2023

Dear Nevada State Board of Dental Examiners,

I have been a practicing public health dental hygienist since 2017 and have provided preventive dental services to almost every rural and frontier community in the state - both north and south - in most of which there has not been a dentist in sight. For areas where there have been *maybe* one or two dentists, very few are Medicaid providers so access is still limited. Additionally, I have served as a subject matter expert (SME) for the NSBDE Dental Hygiene and Dental Therapy Sub-Committee to provide background on best practices and legislative intent of adding dental therapist into the dental workforce within Nevada. The dental therapy regulatory language in current form does not align with best practice nor legislative intent of SB366 that was provide to NSBDE by the SMEs appointed to the Committee. The intent of SB366 was to allow hygienists a pathway to provide additional care that is so greatly needed to residents of our underserved areas where dentists are not currently available. Including restrictions that would require direct supervision of a dentist for a dental therapist to practice would go completely against the intent of adding mid-level providers to the workforce model and would not solve the oral health crisis that is resulting in Nevada's poor performance measures. Additionally, the proposed regulatory language does not provide any guidance on the local anesthesia/laser updates that were included in SB366.

I would respectfully ask that the current language return to public workshop for further refinement to ensure that both NSBDE and LCB are approving language that is in the best interests of Nevadans and allows all licensed dental practitioners to practice to the top of their skill set.

Sincerely,



Jessica Woods, MPH, RDH, PHEDH
Director, Nevada Dental Public Health Collaborative

April 24, 2023

To: Legal, Legislative and Dental Practice Committee/Nevada State Board of Dental Examiners

The Nevada Dental Hygienists' Association in accordance with Governor Lombardo's Executive Order 2023-003, offer the following recommendations to comply with said order to update the current Nevada Administrative Code.

All of these recommendations comply with the Executive Order as no financial cost would be incurred by the state, workforce capacity will be increased and access to oral health care for Nevadans can be increased in safe and effective manners by licensed dental health providers.

1. **NAC 631.210 Section 3** strike the words **[and under his or her supervision]**

Intent: This allows the licensed dental hygienist to perform the services listed in Section 3 (a thru f) under the full authorization of the employing/supervising licensed dentist. This would increase the ability of the dental hygienist to provide their full scope of practice to clients when the dentist cannot be physically present. This places NAC in compliance with existing **NRS 631.311 which states "Dentist not required to be present when dental hygienist provides services authorized by dentist"**.

2. **NAC 631.210 Section 4** replace the word "supervision" with "**authorization**"

Intent: This change would allow the dental hygienist to administer local anesthetic with the authorization of the employing/supervising dentist. It removes the restrictive barrier to patient pain management for dental hygiene procedures when the dentist is not in the office. This change would be in compliance with existing **NRS 631.215 2b stating that "Nothing prevents: a dental hygienist or dental therapist from administering local anesthesia for pain management during treatment or using X-ray radiation or laser radiation for**

dental treatment or dental diagnostic purposes, upon authorization of a licensed dentist.”

3. **NAC 631.220 Section 4** after the words” inclusive of section 3” add *“Apply pit and fissure sealant to the dentition for the prevention of decay. This procedure must be checked and approved by the supervising dental hygienist before dismissal of the patient.”*

Intent: This would rescind Board Advisory Opinion AO-15-0320 and allow the Public Health Endorsed Dental Hygienist to supervise dental assistants in applying dental sealant material for the prevention of dental decay, thus removing an obstacle to care in a public health facility.

4. **NAC 631.257** add *“dental hygienist”* after dentistry in the first line.

Intent: Botox administration for an RDH who has completed the same education as required by the DDS and under their supervision.

5. **NAC 631.258** line 1 add *“dental hygienist”* after the work dentist

Intent: These changes would allow dental hygienists under the supervision of a dentist to be able to administer Botox and dermal fillers as long as the dental hygienist possess the skills and training to safely administer injectables (Botox and dermal fillers) and that a dental hygienist may only administer to a patient under the supervision of a Nevada licensed dentist who has the same adequate training and skills to safely administer the injectables (Botox and dermal fillers.)

Respectfully submitted,

Nevada Dental Hygienists’ Association Legislative Committee

Lancette VanGuilder, lancettevg@gmail.com 775.224.4323

Caryn Solie, csolierdh@gmail.com 775.771.5569

Annette Lincicome, alincicome@ymail.com 702.376.4029

Antonio Ventura, antonioventura1994@gmail.com 702.506.8301



Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604-3333
www.crdts.org

Ph: 785-273-0380
FX: 785-273-5015
info@crdts.org

VIA ELECTRONIC MAIL

May 24, 2023

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy, Ste. 104,
Henderson, NV 89014

Dear Board Members,

On behalf of Central Regional Dental Testing Service, Inc. (CRDTS), this letter is intended to serve as public comment regarding the acceptance of initial licensure examinations in the State of Nevada.

As the Nevada State Board of Dental Examiners review current regulations, we respectfully request the board include acceptance of the CRDTS Dental and Dental Hygiene examinations as a pathway toward initial licensure in the state of Nevada. Nevada is an outlier, being the only state that does not accept either CRDTS exam west of the Mississippi. Each year the CRDTS Central Office receives inquiries from candidates about the examinations not being accepted in Nevada, so we know new graduates have an interest in our examinations as a pathway toward licensure in Nevada.

CRDTS' national dental and/or dental hygiene examinations are accepted in more than 80% of the U.S. including all states boarding Nevada. As portability becomes more important to dental and dental hygiene professionals, it is vital that all states recognize the validity and reliability of the CRDTS examinations and the equivalency of the CRDTS examinations to other examinations that are currently accepted in the state of Nevada.

Furthermore, it is important that each individual state dental board member recognize the need for fair trade and consider as a board whether a decision to exclude examinations which are substantially equivalent from acceptance as a pathway toward licensure aligns with the mission of the board or is an arbitrary and capricious decision that has an anti-competitive effect.

With the current Executive Orders (2023-03 and 2023-04) it is apparent that there is a need for regulatory changes to enhance Nevada's economic growth and vitality and a desire to "have a fair, open, competitive and inclusive economy" (EO 2023-04). The Executive Order states that "it is in the best interest of Nevada that its occupational and professional licensing boards are seeking opportunities to attract and retain qualified workers to the State and not create unnecessary barriers to entry." Thus, excluding the acceptance of CRDTS dental and dental licensure examinations would appear to be in direct conflict with the intent of the Executive Order.

CRDTS examinations are accepted in 41 of the 50 states that accept a regional examination as a pathway toward licensure (New York has a residency program and Delaware gives its own state clinical examination) and the majority of the few states that do not accept CRDTS are currently reviewing their rules and reconsidering the benefits of accepting CRDTS. Thus, we expect full portability in the coming years given there is no valid reason for the CRDTS examinations to not be accepted by every U.S. state and territory.

In summary, CRDTS has more than 51 years providing excellence in dental and dental hygiene testing. The CRDTS membership consists of 23 state dental boards and that number is growing. Each CRDTS member has a seat on the governing board and a voice in the development and enhancements of the examinations and it would be a pleasure to welcome Nevada as a state board member of CRDTS.

Without a compelling reason to continue to exclude the CRDTS dental and dental hygiene examinations, it is my request and hope that the Nevada State Board of Dental Examiners will vote to accept the CRDTS dental and dental hygiene examinations as a pathway toward licensure in the state of Nevada.

I note that the next meeting of the Nevada Board of Dental Examiners is Tuesday, May 30, 2023, at 6 p.m. Pacific time. I or another CRDTS representative will be in attendance at that meeting via zoom to answer any questions the board may have.

Thank you in advance for your consideration of this matter. We appreciate the work you do.

Respectfully,

Richael L. Cobler

Richael L. Cobler
Executive Director

To: Legal, Legislative and Dental Practice Committee/Nevada State Board of Dental Examiners

The Nevada Dental Hygienists' Association (NDHA) in accordance with Governor Lombardo's Executive Order 2023-003, offer the following recommendations:

1. **NAC 631.210 Section 4** replace the word "supervision" with the word "authorization"

Dental Hygienist to administer local anesthetic with the authorization of the employing/supervising dentist. This removes the restrictive barrier to patient pain management for dental hygiene procedures when the dentist is not in the office. During the 2019 legislative session under SB 366 (dental therapy Bill) **NRS 631.215 2b** was added to read **2. Nothing in this section: (b) Prevents a dental therapist or dental hygienist from administering local anesthesia] for pain management during treatment or using X-ray radiation or laser radiation for dental treatment or dental diagnostic purposes, upon authorization of a licensed dentist.** This change from supervision to authorization has been approved by the Nevada legislature since 2019 and NAC language needs to reflect this change. Since the 1980's dental hygienists in Nevada have been administering local anesthesia with no known complaints.

2. The NDHA would like to go on the record against the removal of **NAC 631.030 (i) and (k)**
3. The NDHA would like to go on the record against the removal of **NAC 631.175 6(c) For courses completed via home study, on-line study, self-study or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent of the number of hours of continuing education required by subsection 1 or 2 of [NAC 631.173](#), as applicable.**

This NAC does not limit the courses licensed professionals can take but it does ensure they are present and engaged for at least 50 percent of the credits needed for licensure. NDHA believes this is in place to safeguard the public's safety and is the reason why NSBDE requires continuing education. "Live" CEs include all webinars and most digital formats where the attendee can actively ask questions and are logged on the entire time. The NSBDE cannot force licensees to listen, but they can ensure attendees are present.

The removal of the "live" requirement for CE is a matter of public safety and may compromise the quality of care that patients receive. If this NAC is removed attendees would be able to obtain 100 percent of their CE using magazine journal study and other formats where proof of attendance is not needed.

Respectfully submitted,

Nevada Dental Hygienists' Association Legislative Committee

1. Public Book page 8, **Dental Therapists' eligibility to apply for license and educational requirements-** The Board's jurisdiction does not extend to mandating courses, subject matter and hours in the standards adopted by CODA for the educational programs for dentistry, dental therapy, and dental hygiene.
The NRS 631.312c1 clearly states the dental therapy education program must NOT be less than 2 years. Additionally, the Nevada statute requires the Dental Therapist applicant must hold a dental hygiene license. The board fully recognizes and accepts the dental and dental hygiene education of CODA educated graduates, as CODA approved education standards teach to competency and proficiency.
2. Public Book page 9- **Examination to practice dental therapy-** These are redundant additions as all components of the Dental Therapist's education and scope of practice are tested in the CDCA/WREB competency examinations. The Board continually monitors the content of examinations by participating in AADB, ADEX standards and serving as CDCA/WREB examiners.
3. Public Book page 10-**"Direct Supervision" defined for purposes of NRS 631.3122-** This requirement would best be placed into the area of the regulation that pertains to the supervision in completing the noted hours of 500/1000/1500 by the DT. The intent of the statute allows the Dental Therapist to practice under authorization by the dentist within the practice agreement, not direct supervision once those hours are completed and the Dental Therapist is certified by the board.
4. Public Book page 11- **Required provisions of dental therapy written practice agreement-** Line items 1 and 4 are best utilized with the language in statute. Line items 2 and 3 should be required for all dental practice locations, not just the Dental Therapist practice sites.
5. Public Book page 12- **Requirements of authorizing dentist supervising a dental therapist-** The language in NRS succinctly covers each of these points and would be best used in this regulation to fully meet the intent of the law.
6. Public Book page 13- **Notification to dental therapist if authorizing dentist is under board investigation-** NRS and NAC do not require a licensee under investigation to not practice unless a cease-and-desist order/license revocation is issued, therefore unless the DDS license is not valid the Dental Therapist should be able to continue patient care under the practice agreement.
7. Public Book pages 14 and 15- **Dental therapists: Authorization to perform certain services; referral of patient to authorizing dentist for certain purposes-** NRS 631.3124 and 631.3125 clearly state the full scope of practice that the Dental Therapist is educated and tested to provide, it does not require direct supervision by the authorizing DDS and regulations should include the care and services that statute indicates. This proposed regulation language does not meet the intent of the statute and is too restrictive to the authorizing DDS.

The public is protected and provided safe care with Dental Therapists who are educated, and competency tested just as Dentists and Dental Hygienists are, and therefore should not be restricted by regulations out of fear of a new entity being added to the oral healthcare team.

As the Board is discussing changes to NAC 631, I respectfully request the Board to consider moving NAC 631.210 section 3e to NAC 631.210 section 2, thus allowing licensed Dental Hygienist's to provide light activated bleaching under authorization of the Dentist.

Similarly, consider moving NAC 631.210 4 a and b to NAC 631.210 section 2, allowing Dental Hygienist's to administer local anesthesia/nitrous oxide under authorization of the Dentist as stated in NRS 631.311.

I ask the Board to consider adopting regulations that would register dental assistants with the Board, as NRS and NAC contain scope of practice for them, it makes sense that the Board should monitor dental assistants.

I would like to recommend that NAC 631.173 include that with each renewal licensees must retake the online jurisprudence test.

Hopefully, with licensees being more knowledgeable of the laws and regulations the number of complaints and concerns could be reduced, and greater safety for the public would be ensured.

Respectfully,
Caryn Solie, RDH

The NDHA is requesting that the Nevada State Board of Dental Examiners implement the full scope of practice for dental therapists that has been allowed under NRS 631.3124 (as SB366) that was signed and adopted in 2019. This list is comprised of the competencies that are included in CODA accredited dental therapy programs

The proposed draft language that was presented in the workshop Public Book for May 22, 2023 has restrictions and does not align with the legislative intent with NRS 631.3125.

The restrictions that have been placed on dental therapists that do not allow them to practice to the full extent of their education and training, please add these to the list of authorized services:

- 9. Emergency palliative treatment of dental pain related to a care or service described in this section.

- 17. Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal

Dental therapists: Authorized services; referral of patient to authorizing dentist for certain purposes; supervision of dental assistants and dental hygienists.

1. In accordance with the written practice agreement required pursuant to [NRS 631.3122](#), a dental therapist may perform the following acts:

- (a) Expose radiographs.
- (b) Conduct an assessment of the oral health of the patient through medical and dental histories, radiographs, indices, risk assessments and intraoral and extraoral procedures that analyze and identify the oral health needs and problems of the patient.
- (c) After conducting an assessment pursuant to paragraph (b), develop a dental hygiene care plan to address the oral health needs and problems of the patient.
- (d) Take the following types of impressions:
 - (1) Those used for the preparation of diagnostic models;
 - (2) Those used for the fabrication of temporary crowns or bridges; and
 - (3) Those used for the fabrication of temporary removable appliances, provided no missing teeth are replaced by those appliances.
- (e) Remove stains, deposits and accretions, including dental calculus.
- (f) Smooth the natural and restored surface of a tooth by using the procedures and instruments commonly used in oral prophylaxis, except that an abrasive stone, disc or bur may be used only to polish a restoration. As used in this paragraph, "oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes the removal of calculus, soft deposits, plaques and stains and the smoothing of unattached tooth surfaces in order to create an environment in which hard and soft tissues can be maintained in good health by the patient.
- (g) Provide dental hygiene care that includes:
 - (1) Implementation of a dental hygiene care plan to address the oral health needs and problems of patients pursuant to paragraph (c).
 - (2) Evaluation of oral and periodontal health after the implementation of the dental hygiene care plan described in subparagraph (1) in order to identify the subsequent treatment, continued care and referral needs of the patient.
- (h) Perform subgingival curettage.
- (i) Remove sutures.
- (j) Place and remove a periodontal pack.
- (k) Remove excess cement from cemented restorations and orthodontic appliances. A dental therapist may not use a rotary cutting instrument to remove excess cement from restorations or orthodontic appliances.
- (l) Train and instruct persons in the techniques of oral hygiene and preventive procedures.
- (m) Recement and repair temporary crowns and bridges.

- (n) Recement permanent crowns and bridges with nonpermanent material as a palliative treatment.
 - (o) Place a temporary restoration with nonpermanent material as a palliative treatment.
 - (p) Administer local intraoral chemotherapeutic agents in any form except aerosol, including, but not limited to:
 - (1) Antimicrobial agents;
 - (2) Fluoride preparations;
 - (3) Topical antibiotics;
 - (4) Topical anesthetics; and
 - (5) Topical desensitizing agents.
 - (q) Apply pit and fissure sealant to the dentition for the prevention of decay.
2. After performing any of the services set forth in subsection 1, the dental therapist shall refer the patient to the authorizing dentist for follow-up care or any necessary additional procedures that the dental therapist is not authorized to perform.
3. A dental therapist may supervise dental assistants and dental hygienists to the extent permitted in a written practice agreement.
- (Added to NRS by [2019, 3201, 3203](#))

NRS 631.3125 Dental therapists: Additional authorized care and services. In accordance with the written practice agreement, a dental therapist may provide any of the following additional care or services:

- 1. Identifying oral and systemic conditions that require evaluation or treatment by dentists, physicians, or other health care professionals and managing referrals to such persons.
 - 2. Providing oral health instruction and disease prevention education, including nutritional counseling and dietary analysis.
 - 3. Dispensing and administering via the oral or topical route nonnarcotic analgesics and anti-inflammatory and antibiotic medications as prescribed by a health care professional.
 - 4. Pulp and vitality testing.
 - 5. Applying desensitizing medication or resin.
 - 6. Fabricating mouth guards.
 - 7. Changing periodontal dressings.
 - 8. Simple extraction of erupted primary teeth.
 - 9. Emergency palliative treatment of dental pain related to a care or service described in this section.
 - 10. Preparation and placement of direct restoration in primary and permanent teeth.
 - 11. Fabrication and placement of single tooth temporary crowns.
 - 12. Preparation and placement of preformed crowns on primary teeth.
 - 13. Indirect and direct pulp capping on permanent teeth.
 - 14. Suturing and suture removal.
 - 15. Minor adjustments and repairs on removable prostheses.
 - 16. Placement and removal of space maintainers.
 - 17. Nonsurgical extractions of periodontally diseased permanent teeth with tooth mobility. However, a dental therapist shall not extract a tooth for any patient if the tooth is unerupted, impacted, or fractured or needs to be sectioned for removal.
 - 18. Performing other related services and functions authorized and for which the dental therapist is trained.
- (Added to NRS by [2019, 3203](#))

Submitted by: The Nevada Dental Hygienists' Association Legislative Committee

My name is Lancette VanGuilder, and I am speaking on behalf of the Legislative Committee of the Nevada Dental Hygienists' Association.

We would like to continue to voice our concerns about the draft dental therapy language presented at the workshop on May 22, 2023, and would like to go on record stating that the proposed language does not align with the legislative intent or statutory language of SB366 that was signed and adopted into Law in 2019. (Referenced under NRS 631.287-631.2128)

Today, I would like to specifically address problems with the proposed regulation language on supervision requirements.

But before doing that, it is imperative to revisit the legislative intent of dental therapy and we humbly ask this dental board to refrain from adopting restrictive language that would prevent dental therapists to practice to the full extent of their education and training.

By not fully implementing the language outlined in SB366, the dental board is threatening to make dental therapy more exclusive and prevent DTs from providing direct access to patients who need it most; our underserved, uninsured, homebound, rural communities and the nearly 900,000 Nevadans who live and work in designated dental healthcare professional shortage areas (which are all 17 counties in Nevada).

The legislative intent was to provide dental therapists who can fill the gaps in areas where there is not always a dentist to provide care. Dental therapists are an extension of the dental team and can legally provide care without direct supervision, as you will see in the NRS 631.3122, section 2. The dental settings were clearly defined in NRS 631.3122 as hospital-based care, rural health clinics, mobile and school settings, FQHC and the populations served would be those with Medicaid, disabilities, experiencing poverty and/or uninsured. Requiring direct supervision for these populations and settings would now provide a huge barrier. Instead of reducing barriers, restrictive language is now adding to them. If there was already a dentist readily available for these instances, midlevel providers would not be needed. The written practice agreement is intended to provide the supervising dentists the full authority to determine how and when the dental therapist may practice.

Reducing barriers, improving diversity in the workforce, and increasing access to oral health services through public health practice based was a driving force for dental therapy in Nevada. Oral health disparities in Nevada are a defining feature of larger social inequalities and they must be addressed.

- **Current Nevada Law (NRS 631.3122, section 2):** A dental therapist may provide services to a patient who has not first seen a dentist for an examination if the authorizing dentist has given the dental therapist written authorization and standing protocols for the services and reviews the patient records as provided by the written practice agreement.
- **Conflicting NSBDE Dental Therapy Proposed Regulations Section 6.2.** A dental therapist may provide the following services to a patient only under the direct supervision of a dentist: (a) Cavity preparation; (b) Restoration of primary and permanent teeth; (c) Extractions of primary teeth and permanent teeth with grade three plus mobility with recorded periodontal charting; (d) Preparation and placement of preformed crowns on

primary teeth; (e) Indirect and direct pulp capping of permanent teeth; (f) Administration of local anesthetic; (g) Sub-gingival curettage; (h) Fabricating mouth guards for temporomandibular joint dysfunction or sleep disorders; and (i) Definitive charting of the oral cavity. The proposed language does not allow the dental therapist to provide any restorative duties without the dentist present.

- **Solution:** After graduation from a CODA accredited dental therapy program and passing required board examinations, and upon completion of mandatory supervised practice hours and with a written collaborative practice agreement, dental therapists shall have the ability to perform the full scope of practice outlined in NRS 631.3124.

I have provided additional language and supporting materials below. This testimony was required to be submitted on 5/26/2023 by 4pm and the public book had not yet been released for viewing so the information presented is based on the public book from the workshop on 5/22/2023.

Lancette VanGuilder

Legislative Chair, Nevada Dental Hygienists Association

775-224-4323

lancetevg@gmail.com

Additional talking points

- DTs are primary care dental providers who practice in >50 countries worldwide.
- They provide clinical and therapeutic care and can complement and enhance the current delivery system.
- You will notice that the dental assistant's role is also being transformed as we have seen with the recent bill SB310, allowing dental assistants to have restorative duties.
- We have now had CODA accreditation language for dental therapy programs for the last 10 years.
- Dental therapy passed in Nevada in 2019 and still has yet to be adopted due to politics withing the dental board process. National accreditation standards reduce educational barriers for improving workforce diversity.
- We now have 14 years of data in other states showing statistically significant trends that dental therapy is increasing the average number of children patient visits, Medicaid patient visits, dental procedures, and relative value units produced per treatment day were positive. The evidence base on safety, acceptability, and outcomes is irrefutable.
- Caryn Solie and I are the drafters of the dental therapy language that was included in SB366 and worked extensively with policy makers, the dental association, and stakeholders on implementation of the master's degree level, dually licensed midlevel provider called the dental therapist.

Resources and References on dental therapy:

- SB366 Adopted and Signed into Law in 2019
 - [Bill Text: NV SB366 | 2019 | 80th Legislature | Enrolled | LegiScan](#)
- Fact sheet/White Papers
 - [OpenExhibitDocument \(state.nv.us\)](#)
 - [OpenExhibitDocument \(state.nv.us\)](#)
- NDHA Webinar
 - [SB 366 "The Oral Health Crisis in Nevada" NDHA Legislative Update 03 06 19 - YouTube](#)
- SB366 Adopted and Signed into Law in 2019, Section 60.1
 - Sec. 61. 1. The holder of a license or renewal certificate to practice dental therapy may practice only in the settings provided in subsection 3, under the authorization of a dentist meeting the requirements of subsection 4 and in accordance with a written practice agreement signed by the dental therapist and the authorizing dentist. A dental therapist may provide only the services that are within his or her scope of practice, the scope of – 3 – - 80th Session (2019) practice of the dentist, are authorized by the dentist, and are provided according to written protocols or standing orders established by the authorizing dentist. A dental therapist may not provide any services that are outside the scope of practice of the authorizing dentist. A dental therapist shall provide such services only under the direct supervision of the authorizing dentist until such time as the dental therapist has obtained the following hours of clinical practice as a dental therapist: (a) Not less than 500 hours, if the dental therapist has a license to practice dental therapy issued pursuant to the laws of another state or territory of the United States, or the District of Columbia; (b) Not less than 1,000 hours, if the dental therapist has practiced dental hygiene pursuant to the laws of this State, another state or territory of the United States, or the District of Columbia, for 5 years or more; or (c) Not less than 1,500 hours, if paragraphs (a) and (b) are not applicable. 2. A dental therapist may provide services to a patient who has not first seen a dentist for an examination if the authorizing dentist has given the dental therapist written authorization and standing protocols for the services and reviews the patient records as provided by the written practice agreement. The standing protocols may require the authorizing dentist to personally examine patients either face-to-face or by the use of electronic means. 3. The holder of a license or renewal certificate to practice dental therapy may practice only in the following settings: (a) A hospital, as defined in NRS 449.012. (b) A rural health clinic, as defined in 42 U.S.C. § 1395x(aa)(2). (c) A health facility or agency, other than a hospital, that is reimbursed as a federally qualified health center as defined in 42 U.S.C. § 1395x(aa)(4) or that has been determined by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services to meet the requirements to receive funding under section 330 of the Public Health Service Act, 42 U.S.C. § 254b, as amended. (d) A federally qualified health center, as defined in 42 U.S.C. § 1395x(aa)(4), that is licensed as a health facility or agency by the Department of Health and Human Services. – 4 – - 80th Session (2019) (e) An outpatient health program or facility operated by a tribe or tribal organization under subchapter I of the Indian Self Determination and Education Assistance Act, 25 U.S.C. §§ 5321 to 5332, inclusive, as amended, or by an urban Indian organization receiving funds under Title V

of the Indian Health Care Improvement Act, 25 U.S.C. §§ 1651 to 1660h, inclusive, as amended. (f) A school-based health center as defined in NRS 41.495. (g) Any other clinic or practice setting, including, without limitation, a mobile dental unit, in which at least 50 percent of the total patient base of the dental therapist will consist of patients who: (1) Are enrolled in a health care program administered by the Department of Health and Human Services; (2) Have a medical disability or chronic condition that creates a significant barrier to receiving dental care; or (3) Do not have dental health coverage through a public health care program or private insurance and have a household income which is less than 200 percent of the federally designated level signifying poverty as provided in the most recent federal poverty guidelines published in the Federal Register by the United States Department of Health and Human Services. 4. The holder of a license or renewal certificate to practice dental therapy may practice only under the authorization of a dentist who: (a) Holds an active license to practice dentistry in this State; (b) Maintains a location from which to practice dentistry; and (c) Actively practices dentistry in this State by treating patients