

NEVADA STATE BOARD
of
DENTAL EXAMINERS



LEGISLATIVE, LEGAL & DENTAL
PRACTICE TELECONFERENCE
MEETING

TUESDAY, FEBRUARY 27TH, 2024

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 Public Meeting and Agenda for The Legislative, Legal, & Dental Practice Committee

Meeting Date & Time

Tuesday, February 27, 2024
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#: **862 5760 0279**

Zoom Webinar/Meeting Passcode: **093789**

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form, live public comment, and 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 **Monday, February 26th, 2024, 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, 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.

Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may participate in the meeting without being physically present by submitting public comment via email to nsbde@dental.nv.gov, or by mailing messages to the Board office. Written submissions received by the Board on or before **Monday, February 26th, 2024, 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:** Ronald West, DMD (For Possible Action)

***a. Request to Remove Agenda Item(s)** (For Possible Action)

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

***4. New Business – NRS 631.190:** (For Possible Action)

***a. Review, Discuss and Consider proposed amendments, additions, and/or revisions to regulations in Nevada Administrative Code Chapter 631 (NAC 631) as it relates to teledentistry in conformance with AB 147.**

***b. Make potential recommendations to the Board regarding proposed amendments, additions, and/or revisions to Nevada Administrative Code Chapter 631 (NAC631).**

5. Public Comment (Live public comment and 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.

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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
Nevada State Board of Dental Examiners website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a):

**Review, Discuss and Consider Proposed Amendments,
Additions, and/or Revisions to Regulations in Nevada
Administrative Code Chapter 631 (NAC 631) as it
Relates to Teledentistry in Conformance with AB 147
NRS: 631.190**

CHAPTER.....

AN ACT relating to dentistry; requiring dental hygienists and dental therapists to comply with certain requirements governing the provision of health care; requiring providers of dental care to receive training on teledentistry before providing services through teledentistry; prescribing certain requirements relating to the secure storage of electronic records; providing for the issuance of special endorsements for a dentist, dental hygienist or dental therapist to administer immunizations; imposing certain requirements relating to the administration of immunizations by the holder of such an endorsement; requiring a dentist or dental hygienist to refer a minor to a dental home when appropriate; deeming certain conduct by a provider of dental care to be unprofessional conduct; authorizing the imposition of disciplinary action against a dentist, dental hygienist or dental therapist for certain violations; requiring hospitals and issuers of Medicaid managed care plans to take certain measures to ensure access by recipients of Medicaid to teledentistry; imposing certain requirements relating to the provision of services through teledentistry; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law defines the term “provider of health care” as a person who practices certain professions related to the provision of health care. (NRS 629.031) Existing law imposes certain requirements upon providers of health care, including requirements for billing, standards for advertisements and criminal penalties for acquiring certain debts. (NRS 629.071, 629.076, 629.078) **Section 1** of this bill includes dental hygienists and dental therapists in the definition of “provider of health care,” thereby subjecting dental hygienists and dental therapists to those requirements.

Existing law defines the term “telehealth” to mean the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including facsimile or electronic mail. (NRS 629.515) **Section 5** of this bill defines the term “teledentistry” to mean the use of telehealth by a dentist, dental hygienist or dental therapist to facilitate the diagnosis, treatment, education, care management and self-management of or consultation with a patient. **Sections 3, 4 and 6** of this bill define certain other terms related to teledentistry. **Section 20** of this bill makes a conforming change to indicate the proper placement of **sections 3-6** in the Nevada Revised Statutes.

Section 7 of this bill requires a person who provides services through teledentistry to a patient located in this State to be licensed in this State as a dentist, dental hygienist or dental therapist, to have completed certain training and to adhere to the applicable laws, regulations and standards of care to the same extent as when providing services in person. **Section 8** of this bill requires a dentist, dental



hygienist or dental therapist who provides services through teledentistry to patients in this State to be insured against liabilities arising from dental services provided through teledentistry. **Section 9** of this bill authorizes the use of teledentistry for certain purposes relating to the provision of a diagnosis. **Section 10** of this bill requires a dentist, dental hygienist or dental therapist to establish a bona fide relationship with a patient, confirm certain facts about a patient and obtain informed consent before providing services through teledentistry. **Section 10** also requires a dentist, dental hygienist or dental therapist to provide certain information to a patient receiving services through teledentistry concerning the license and practice of the dentist, dental hygienist or dental therapist before providing the services and upon request of a patient. **Section 11** of this bill requires a dentist, dental hygienist or dental therapist to: (1) use communications technology that complies with certain federal requirements relating to the privacy of information relating to patients when providing services through teledentistry; and (2) create a complete record of each encounter with a patient through teledentistry. **Section 12** of this bill imposes certain requirements to ensure that adequate, in-person care is available to a patient who receives services through teledentistry, if needed. **Section 13** of this bill requires the Board of Dental Examiners of Nevada to adopt regulations governing teledentistry. **Section 40.5** of this bill requires the Board to report to the Joint Interim Standing Committee on Commerce and Labor on or before January 1, 2024, concerning the adoption of those regulations.

Sections 21 and 40 of this bill require an applicant for a license to practice dentistry, dental therapy or dental hygiene or the holder of such a license who intends to provide services through teledentistry to complete certain training on teledentistry. **Section 22** of this bill makes a conforming change to revise a reference to the section of existing law amended by **section 21**. **Section 24** of this bill requires the Board to adopt regulations prescribing specific criteria for the accreditation of a course in teledentistry.

Section 14 of this bill prescribes certain requirements for the secure storage of electronic information concerning patients.

Section 25 of this bill provides that it is unprofessional conduct for which the Board is authorized to impose disciplinary action if a dentist, dental hygienist or dental therapist: (1) fails to actively involve a patient in decisions relating to his or her treatment; (2) requires a patient to enter into an agreement that restricts the ability of the patient to submit a complaint to the Board; (3) fails to review certain radiographs before an initial diagnosis and correction of malpositions of teeth or the initial use of orthodontic appliances; or (4) fails to provide the information required by **section 10**.

Sections 30, 38 and 39 of this bill require hospitals and issuers of plans that provide coverage to recipients of Medicaid, including managed care plans, to take certain measures to improve the access of recipients of Medicaid to teledentistry. **Sections 31-37** of this bill make conforming changes to indicate the proper placement of **section 30** in the Nevada Revised Statutes and provide for the enforcement of the requirements of **section 30**. **Section 19.5** of this bill requires a dentist, dental therapist or dental hygienist performing an initial dental examination, screening or assessment on a minor to refer the minor or his or her parent or guardian to a dental home if appropriate.

Existing law authorizes, in general, a dental hygienist or dental therapist to perform only the tasks authorized by a licensed dentist. (NRS 631.310, 631.3122) **Section 15** of this bill requires the Board to issue to a licensed dentist, dental hygienist or dental therapist a special endorsement to administer immunizations only if the licensed dentist, dental hygienist or dental therapist completes a course of training in the administration of immunizations that is approved by the Board.



Section 24 prescribes the continuing education required to maintain such an endorsement.

Section 17 of this bill requires a dentist who holds a special endorsement to administer immunizations issued pursuant to **section 15** and who administers immunizations, or under whose authorization a dental hygienist or dental therapist administers immunizations, to: (1) issue or obtain from certain persons a standing order for the administration of the immunizations; (2) establish certain policies and procedures relating to the administration of immunizations; and (3) comply with the instructions of the manufacturer of an immunization and certain federal guidelines for administering immunizations. **Section 18** of this bill requires a dentist, dental hygienist or dental therapist to: (1) provide certain information to the patient, obtain the informed written consent of the patient and review the medical history of the patient before administering an immunization; and (2) thereafter, act in conformance with the conclusions of a physician, physician assistant or advanced practice registered nurse regarding the advisability of administering an immunization to a patient. **Section 19** of this bill requires a dentist, dental hygienist or dental therapist who holds a special endorsement to administer immunizations to maintain certain records of the administration of immunizations. **Section 25** provides that it is unprofessional conduct, for which the Board is authorized to impose disciplinary action, for a dentist, dental hygienist or dental therapist to: (1) administer an immunization without the proper special endorsement; or (2) fail to comply with existing requirements to report certain information relating to immunizations. The Board would also be authorized under existing law to impose disciplinary action against a dentist, dental hygienist or dental therapist who willfully or repeatedly violates other provisions of this bill governing the administration of immunizations. (NRS 631.3485)

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

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 629.031 is hereby amended to read as follows:

629.031 Except as otherwise provided by a specific statute:

1. “Provider of health care” means:

(a) A physician licensed pursuant to chapter 630, 630A or 633 of NRS;

(b) A physician assistant;

(c) A dentist;

(d) *A dental therapist;*

(e) *A dental hygienist;*

(f) A licensed nurse;

~~(e)~~ (g) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS;

~~(f)~~ (h) A dispensing optician;

~~(g)~~ (i) An optometrist;

~~(h)~~ (j) A speech-language pathologist;



- ~~[(k)]~~ (k) An audiologist;
- ~~[(l)]~~ (l) A practitioner of respiratory care;
- ~~[(m)]~~ (m) A licensed physical therapist;
- ~~[(n)]~~ (n) An occupational therapist;
- ~~[(o)]~~ (o) A podiatric physician;
- ~~[(p)]~~ (p) A licensed psychologist;
- ~~[(q)]~~ (q) A licensed marriage and family therapist;
- ~~[(r)]~~ (r) A licensed clinical professional counselor;
- ~~[(s)]~~ (s) A music therapist;
- ~~[(t)]~~ (t) A chiropractic physician;
- ~~[(u)]~~ (u) An athletic trainer;
- ~~[(v)]~~ (v) A perfusionist;
- ~~[(w)]~~ (w) A doctor of Oriental medicine in any form;
- ~~[(x)]~~ (x) A medical laboratory director or technician;
- ~~[(y)]~~ (y) A pharmacist;
- ~~[(z)]~~ (z) A licensed dietitian;
- ~~[(aa)]~~ (aa) An associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker licensed pursuant to chapter 641B of NRS;

~~[(bb)]~~ (bb) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to chapter 641C of NRS;

~~[(cc)]~~ (cc) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to chapter 641C of NRS;

~~[(dd)]~~ (dd) A behavior analyst, assistant behavior analyst or registered behavior technician; or

~~[(ee)]~~ (ee) A medical facility as the employer of any person specified in this subsection.

2. For the purposes of NRS 629.400 to 629.490, inclusive, the term includes ~~[(f)]~~

~~—(a) A person who holds a license or certificate issued pursuant to chapter 631 of NRS; and~~

~~—(b) A] a person who holds a current license or certificate to practice his or her respective discipline pursuant to the applicable provisions of law of another state or territory of the United States.~~

Sec. 2. Chapter 631 of NRS is hereby amended by adding thereto the provisions set forth as sections 3 to 19.5, inclusive, of this act.

Sec. 3. *“Distant site” has the meaning ascribed to it in NRS 629.515.*

Sec. 4. *“Originating site” has the meaning ascribed to it in NRS 629.515.*



Sec. 5. *“Teledentistry” means the use of telehealth by a licensee described in subsection 1 of section 7 of this act who is located at a distant site to facilitate the diagnosis, treatment, education, care management and self-management of or consultation with a patient who is located at an originating site. The term includes, without limitation:*

- 1. Real-time interactions between a patient at an originating site and a licensee at a distant site;*
- 2. The asynchronous transmission of medical and dental information concerning a patient from an originating site to a licensee at a distant site;*
- 3. Interaction between a licensee who is providing dental services to a patient at an originating site and another licensee at an originating site; and*
- 4. Monitoring of a patient at an originating site by a licensee at a distant site.*

Sec. 6. *“Telehealth” has the meaning ascribed to it in NRS 629.515.*

Sec. 7. 1. *A person shall not provide dental services through teledentistry to a patient who is located at an originating site in this State unless the person:*

- (a) Is licensed to practice dentistry, dental hygiene or dental therapy in this State; and*
- (b) Has complied with subsection 2 of NRS 631.220.*

2. *The provisions of this chapter and the regulations adopted thereto, including, without limitation, clinical requirements, ethical standards and requirements concerning the confidentiality of information concerning patients, apply to services provided through teledentistry to the same extent as if such services were provided in person or by other means.*

3. *A licensee who provides dental services through teledentistry, including, without limitation, providing consultation and recommendations for treatment, issuing a prescription, diagnosing, correcting the position of teeth and using orthodontic appliances, shall provide such services in accordance with the same standards of care and professional conduct as when providing those services in person or by other means.*

4. *A licensee shall not:*

- (a) Provide treatment for any condition based solely on the results of an online questionnaire; or*
- (b) Engage in activity that is outside his or her scope of practice while providing services through teledentistry.*



5. *Nothing in sections 7 to 13, inclusive, of this act prohibits an organization for dental care or an administrator of a health benefit plan that provides dental coverage from negotiating rates of reimbursement for services provided through teledentistry with a dentist, dental hygienist or dental therapist.*

6. *As used in this section:*

(a) *“Health benefit plan” has the meaning ascribed to it in NRS 695G.019.*

(b) *“Organization for dental care” has the meaning ascribed to it in NRS 695D.060.*

Sec. 8. *A licensee who provides dental services through teledentistry to patients located at an originating site in this State must possess and maintain a policy of professional liability insurance which insures the licensee against any liability arising from the provision of dental services.*

Sec. 9. 1. *A licensee may:*

(a) *Use teledentistry to examine an existing patient for the purpose of providing a new diagnosis, or to examine a new patient if the examination is sufficient, in accordance with evidence-based standards of practice, to provide an informed diagnosis.*

(b) *Collaborate in real time through teledentistry with a person who is not licensed pursuant to this chapter, including, without limitation, a community health worker, provider of health care or student who is enrolled in a program of study in dentistry, dental therapy or dental hygiene, to provide diagnostic services or plan treatment for a dental emergency.*

2. *As used in this section, “provider of health care” has the meaning ascribed to it in NRS 629.031.*

Sec. 10. 1. *Except as otherwise provided in this subsection, a licensee must establish a bona fide relationship, as defined by regulation of the Board, with a patient before providing services to the patient through teledentistry. A licensee may establish such a relationship through teledentistry only:*

(a) *For the purpose of emergent care;*

(b) *In connection with a public health program; or*

(c) *To make an initial diagnosis of a malposition of teeth and a determination of the need for an orthodontic appliance. Such an initial diagnosis and determination must be confirmed through an in-person visit before the patient begins using the orthodontic appliance.*

2. *Before providing services to a patient through teledentistry, a licensee shall:*

(a) *Confirm the identity of the patient;*



(b) If the patient is a minor who is not authorized by law to consent to the services, confirm that the parent or legal guardian of the patient is present;

(c) Confirm that the patient is located in a jurisdiction where the licensee is licensed or otherwise authorized to practice and document the location of the patient in the record of the patient;

(d) Obtain:

(1) Informed verbal or written consent that meets the requirements of subsection 4 from a patient who is an adult or a minor authorized by law to provide consent; or

(2) Informed written consent that meets the requirements of subsection 4 from the parent or guardian of a patient who is a minor and is not authorized by law to provide consent; and

(e) Document the informed consent provided pursuant to paragraph (d) in the record of the patient.

3. Before providing services through teledentistry and upon the request of a patient to whom services are provided through teledentistry, a licensee or any partnership, corporation or other entity through which a licensee provides services shall make available to the patient proof of the identity of the licensee, the telephone number of the licensee, the address at which the licensee practices, the license number of the licensee and any other relevant information concerning the qualifications of the licensee and any other licensee who will be involved in providing the services through teledentistry.

4. Informed consent to the provision of services through teledentistry requires the patient or his or her parent or guardian, as applicable, to be informed of:

(a) The types of services that will be provided through teledentistry and any limitations on the provision of those services through teledentistry;

(b) The information prescribed by subsection 3 for each licensee who will provide services through teledentistry;

(c) Precautions that will be taken in the event of a technological failure or an emergency; and

(d) Any other information prescribed by regulation of the Board.

5. As used in this section:

(a) "Emergent care" means treatment of pain, infection or any other intraoral or perioral condition which presents immediate harm to the well-being of the patient and for which treatment cannot be postponed.



(b) "Public health program" means a program approved by the Board or any program administered by:

- (1) The Department of Health and Human Services;
- (2) A health district; or
- (3) A school district.

Sec. 11. A licensee who provides services through teledentistry shall:

1. Use communications technology that complies with Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any regulations adopted pursuant thereto; and

2. Create a complete record of each encounter with a patient through teledentistry and maintain such records in accordance with all applicable federal and state laws and regulations, including, without limitation:

(a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any regulations adopted pursuant thereto;

(b) NRS 629.051 to 629.069, inclusive;

(c) The regulations adopted pursuant to section 13 of this act; and

(d) Section 14 of this act.

Sec. 12. 1. A licensee who provides services through teledentistry must be adequately familiar with the nature and availability of dental care in the geographical area in which the patient is located to ensure that the patient receives appropriate care after the provision of the services.

2. If a licensee is not able to competently provide services through teledentistry, including, without limitation, because the licensee is unable to receive adequate information about the patient, the licensee must notify the patient of that fact and:

(a) Provide the services in person;

(b) Request any additional information necessary to competently provide the services through teledentistry; or

(c) Refer the patient to an appropriate licensee to receive the services in person.

3. A licensee who provides services through teledentistry shall refer a patient to the emergency department of a hospital or another provider of acute care in an emergency or any other situation where the provision of acute care is necessary to protect the health and safety of the patient.

Sec. 13. 1. The Board shall adopt regulations governing the provision of dental services through teledentistry. Those



regulations must include, without limitation, requirements concerning:

(a) The issuance of a prescription through teledentistry;
(b) The maintenance of records concerning patients to whom services are provided through teledentistry and the protection of the privacy of such patients;

(c) The use of teledentistry for collaboration between:

(1) Licensees and the office of a physician, physician assistant or advanced practice registered nurse; and

(2) Licensees who practice in different specialty areas; and

(d) Interaction between licensees using teledentistry, including, without limitation:

(1) The supervision of a dental therapist who has not completed the hours of clinical practice set forth in NRS 631.3122 or of a dental hygienist by a dentist using teledentistry; and

(2) Interaction between different licensees who are providing care to the same patient.

2. The regulations adopted pursuant to subsection 1 may prescribe evidence-based standards of practice that must be used when providing services through teledentistry to ensure the safety of patients, the quality of care and positive outcomes.

Sec. 14. A licensee who electronically stores information concerning patients shall:

1. Store and share such information using a secure server; and

2. Ensure that any electronic device on which such information is stored or that may be used to access such information is encrypted and requires a password.

Sec. 15. 1. The Board shall, upon application by a dentist, dental hygienist or dental therapist licensed pursuant to this chapter who has completed a course of training in the administration of immunizations that is approved by the Board pursuant to subsection 2, issue a special endorsement of the license allowing the dentist, dental hygienist or dental therapist to administer immunizations.

2. The Board may approve a course of training in the administration of immunizations if the course:

(a) Provides participants with practical training and written instructional materials concerning the administration of immunizations;

(b) Includes an evaluation of the technique of participants in the administration of immunizations; and



(c) Includes instruction consistent with the guidelines prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services concerning:

- (1) Practices for administering immunizations to children, adolescents and adults;*
- (2) Basic immunology and the mechanism by which immunizations induce protection from disease;*
- (3) Diseases that are preventable through immunizations;*
- (4) Storage and management of immunizations;*
- (5) Recommended schedules for immunization;*
- (6) Informed consent to immunization;*
- (7) Physiology and techniques for administering immunizations;*
- (8) Assessment and counseling before and after administering an immunization;*
- (9) Maintenance of records relating to immunizations; and*
- (10) Identifying, responding to and reporting adverse events resulting from immunizations.*

3. A dentist who holds a special endorsement issued pursuant to subsection 1 may administer immunizations by an intranasal, intramuscular or subcutaneous injection.

4. A dental hygienist or dental therapist who holds a special endorsement issued pursuant to subsection 1 may administer immunizations by an intranasal, intramuscular or subcutaneous injection only under authorization from a dentist who also holds such a special endorsement.

Sec. 16. (Deleted by amendment.)

Sec. 17. *1. A dentist who holds a special endorsement issued pursuant to section 15 of this act and who administers immunizations or under whose authorization a dental hygienist or dental therapist who holds such an endorsement administers immunizations must:*

(a) Issue or obtain from a dentist, physician, physician assistant or advanced practice registered nurse a standing order for the administration of the immunizations that is approved by the Division of Public and Behavioral Health of the Department of Health and Human Services;

(b) Establish written policies and procedures for the handling and disposal of used or contaminated equipment; and

(c) Establish a written plan for addressing emergencies and ensure that the dentist, dental hygienist or dental therapist administering immunizations has immediate access to equipment



that may be needed in an emergency, including, without limitation, equipment for administering oxygen and epinephrine and other equipment necessary to respond to an allergic reaction.

2. A dentist who holds a special endorsement issued pursuant to section 15 of this act and who administers an immunization or under whose authorization a dental hygienist or dental therapist who holds such an endorsement administers an immunization shall report any severe reaction to the immunization as required by any applicable regulations adopted by the State Board of Health.

3. A dentist, dental hygienist or dental therapist who holds a special endorsement issued pursuant to section 15 of this act shall comply with:

(a) The instructions for storing and handling an immunization prescribed by the manufacturer; and

(b) To the extent that such guidelines do not conflict with the instructions of the manufacturer, any applicable guidelines issued by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, including, without limitation, guidelines for storing, handling and administering immunizations, guidelines for documenting the administration of an immunization and contraindications and precautions for immunizations.

Sec. 18. 1. Before administering an immunization, a dentist, dental hygienist or dental therapist who holds a special endorsement issued pursuant to section 15 of this act shall:

(a) Provide to the patient or, if the patient is a minor and is not authorized by law to provide consent, his or her parent or guardian, the most current Vaccine Information Statement prescribed for the immunization by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, require him or her to read the Vaccine Information Statement and answer any questions that he or she has concerning the information in the Vaccine Information Statement;

(b) Obtain the informed written consent of the patient, or, if the patient is a minor and is not authorized by law to provide consent, from the parent or guardian of the patient; and

(c) Review the medical history of the patient, including, without limitation, asking the patient or, if the patient is a minor and is not authorized by law to provide consent, the parent or guardian of the patient, to describe any medications or other



treatments that the patient is currently receiving, allergies to drugs, medical conditions that the patient is currently experiencing, surgeries the patient had or plans to have, past pregnancy or plans to become pregnant and any previous adverse reactions to immunizations.

2. If a dentist, dental hygienist or dental therapist who holds a special endorsement issued pursuant to section 15 of this act requests a physician, physician assistant or advanced practice registered nurse to conduct an examination and evaluation of a patient to determine whether the patient has a medical condition that would make it inadvisable to administer an immunization, the dentist, dental hygienist or dental therapist must rely on and act in conformance with the conclusions of the physician, physician assistant or advanced practice registered nurse.

Sec. 19. *1. A dentist, dental hygienist or dental therapist who holds a special endorsement issued pursuant to section 15 of this act shall include in the record of each patient to whom he or she administers an immunization:*

- (a) The date on which the immunization was administered;*
- (b) The site at which the immunization was administered;*
- (c) The brand name of the immunization, the National Drug Code number assigned to the immunization by the United States Food and Drug Administration or the code number assigned to the immunization under another nationally recognized system of coding for immunizations;*
- (d) The dose, manufacturer, lot number and expiration date of the immunization;*
- (e) The name or initials of the dentist, dental hygienist or dental therapist;*
- (f) Except as otherwise provided in subsection 2, the address of the location where the immunization was administered;*
- (g) The date on which the Vaccine Information Statement was provided to the patient pursuant to section 18 of this act and the date on which the Vaccine Information Statement was published; and*
- (h) A copy of the questions asked by the dentist, dental hygienist or dental therapist and the information provided by the patient or his or her parent or guardian, as applicable, as part of the review of the medical history of the patient conducted pursuant to section 18 of this act, which must be signed by the patient or, if the patient is a minor and is not authorized by law to provide consent, his or her parent or guardian.*



2. A dentist, dental hygienist or dental therapist is not required to include the information described in paragraph (f) of subsection 1 if that information is automatically included in a report made pursuant to NRS 439.265.

3. The records described in subsection 1 must be maintained in accordance with all applicable federal and state laws and regulations, including, without limitation:

(a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any applicable regulations adopted pursuant thereto; and

(b) NRS 629.051 to 629.069, inclusive, and any regulations adopted pursuant thereto.

Sec. 19.5. 1. A dentist, dental therapist or dental hygienist that performs an initial dental examination, screening or assessment on a minor shall refer the minor or his or her parent or guardian to a dental home, which may include, without limitation, a virtual dental home, when appropriate.

2. As used in this section:

(a) "Dental home" means an entity that arranges for the provision of oral health care that is continuously available and delivered in a comprehensive, coordinated and family-centered manner by a dentist licensed in this State.

(b) "Virtual dental home" means a dental home that uses teams of persons licensed pursuant to chapter 631 of NRS who are connected to the patient and each other through teledentistry to provide comprehensive oral health care in a community setting.

Sec. 20. NRS 631.005 is hereby amended to read as follows:

631.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 631.015 to 631.105, inclusive, *and sections 3 to 6, inclusive, of this act* have the meanings ascribed to them in those sections.

Sec. 21. NRS 631.220 is hereby amended to read as follows:

631.220 1. Every applicant for a license to practice dental hygiene, dental therapy or dentistry, or any of its special branches, must:

(a) File an application with the Board.

(b) Accompany the application with a recent photograph of the applicant together with the required fee and such other documentation as the Board may require by regulation.

(c) Submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of



Criminal History for submission to the Federal Bureau of Investigation for its report.

(d) If the applicant is required to take an examination pursuant to NRS 631.240, 631.300 or 631.3121, submit with the application proof satisfactory that the applicant passed the examination.

2. *In addition to satisfying the requirements of subsection 1, if an applicant for a license to practice dental hygiene, dental therapy or dentistry, or any of its special branches, intends to provide services through teledentistry, the applicant must submit to the Board proof that the applicant has completed:*

(a) At least 2 hours of continuing education concerning teledentistry; or

(b) A course in teledentistry as part of the requirements for graduation from an accredited institution.

3. An application must include all information required to complete the application.

~~3.~~ 4. The Secretary-Treasurer may, in accordance with regulations adopted by the Board and if the Secretary-Treasurer determines that an application is:

(a) Sufficient, advise the Executive Director of the sufficiency of the application. Upon the advice of the Secretary-Treasurer, the Executive Director may issue a license to the applicant without further review by the Board.

(b) Insufficient, reject the application by sending written notice of the rejection to the applicant.

Sec. 22. NRS 631.260 is hereby amended to read as follows:

631.260 Except as otherwise provided in subsection ~~3~~ 4 of NRS 631.220, as soon as possible after the examination has been given, the Board, under rules and regulations adopted by it, shall determine the qualifications of the applicant and shall issue to each person found by the Board to have the qualifications therefor a license which will entitle the person to practice dental hygiene, dental therapy or dentistry, or any special branch of dentistry, as in such license defined, subject to the provisions of this chapter.

Sec. 23. (Deleted by amendment.)

Sec. 24. NRS 631.342 is hereby amended to read as follows:

631.342 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 **[§]**, *including, without limitation, specific criteria used to accredit a course in teledentistry*; 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. *In addition to any other continuing education required pursuant to this section, a licensee who holds a special endorsement issued pursuant to section 15 of this act must biennially complete:*



(a) *At least 2 hours of continuing education concerning the life cycle of diseases, drugs and the administration of immunizations;*

(b) *A course offered by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services concerning the epidemiology and prevention of diseases that are preventable by immunization;*

(c) *A course of training in the administration of immunizations offered by Immunize Nevada or its successor organization or, if that organization ceases to exist, another organization prescribed by regulation of the Board; or*

(d) *Another course of instruction relating to immunizations that is approved by:*

(1) *The Board;*

(2) *The American Dental Association, or its successor organization, or the societies which are a part of it;*

(3) *The American Dental Hygienists' Association, or its successor organization, or the societies which are a part of it;*

(4) *The Academy of General Dentistry, or its successor organization;*

(5) *Any nationally recognized association of dental or medical specialists;*

(6) *Any university, college or community college located inside or outside this State; or*

(7) *Any hospital accredited by The Joint Commission.*

7. 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.

Sec. 25. NRS 631.3475 is hereby amended to read as follows:

631.3475 The following acts, among others, constitute unprofessional conduct:

1. Malpractice;
2. Professional incompetence;
3. Suspension or revocation of a license to practice dentistry, the imposition of a fine or other disciplinary action by any agency of



another state authorized to regulate the practice of dentistry in that state;

4. More than one act by the dentist, dental hygienist or dental therapist constituting substandard care in the practice of dentistry, dental hygiene or dental therapy;

5. Administering, dispensing or prescribing any controlled substance or any dangerous drug as defined in chapter 454 of NRS, if it is not required to treat the dentist's patient;

6. Knowingly procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

(a) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;

(b) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328; or

(c) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS;

7. Having an alcohol or other substance use disorder to such an extent as to render the person unsafe or unreliable as a practitioner, or such gross immorality as tends to bring reproach upon the dental profession;

8. Conviction of a felony or misdemeanor involving moral turpitude or which relates to the practice of dentistry in this State, or conviction of any criminal violation of this chapter;

9. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240 or 616D.300 to 616D.440, inclusive;

10. Failure to comply with the provisions of NRS 453.163, 453.164, 453.226, 639.23507, 639.23535 and 639.2391 to 639.23916, inclusive, and any regulations adopted by the State Board of Pharmacy pursuant thereto.

11. Fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV;

12. Failure to comply with the provisions of NRS 454.217 or 629.086;

13. Failure to obtain any training required by the Board pursuant to NRS 631.344;

14. *Failure to actively involve a patient in decisions concerning his or her treatment;*



15. Requiring a patient to enter into an agreement that restricts the ability of the patient to submit a complaint to the Board;

16. The performance or supervision of the performance of a pelvic examination in violation of NRS 629.085; ~~for~~

~~—15.] 17. Administering an immunization if the dentist, dental hygienist or dental therapist does not hold a special endorsement issued pursuant to section 15 of this act;~~

18. Failure to comply with:

(a) The requirements of NRS 439.265; or

(b) Any requirement of section 17, 18 or 19 of this act;

19. Failure to review diagnostic digital or conventional radiographs for orthodontia before:

(a) Making an initial diagnosis of or taking any action to correct malpositions of teeth; or

(b) The initial use of an orthodontic appliance;

20. Failure to comply with the requirements of subsection 3 of section 10 of this act; or

21. Operation of a medical facility, as defined in NRS 449.0151, at any time during which:

(a) The license of the facility is suspended or revoked; or

(b) An act or omission occurs which results in the suspension or revocation of the license pursuant to NRS 449.160.

↳ This subsection applies to an owner or other principal responsible for the operation of the facility.

Secs. 26-29. (Deleted by amendment.)

Sec. 30. Chapter 449 of NRS is hereby amended by adding thereto a new section to read as follows:

If a recipient of Medicaid presents in the emergency department of a hospital in this State with a nontraumatic dental injury, the hospital must notify the patient of providers of dental services included in the network of each health maintenance organization or managed care organization that provides services through teledentistry to recipients of Medicaid. The hospital shall provide such notice by:

1. Posting signs on the premises of the hospital that include the list of providers who offer services through teledentistry submitted to the hospital pursuant to NRS 695C.1708 or 695G.162, as applicable, or which direct patients to an Internet website on which such lists are available; or

2. Making available to patients a pamphlet or other written document that includes the list of providers who offer services through teledentistry submitted to the hospital pursuant to



NRS 695C.1708 or 695G.162, as applicable, or which directs patients to an Internet website on which those lists are available.

Sec. 31. NRS 449.029 is hereby amended to read as follows:

449.029 As used in NRS 449.029 to 449.240, inclusive, *and section 30 of this act*, unless the context otherwise requires, “medical facility” has the meaning ascribed to it in NRS 449.0151 and includes a program of hospice care described in NRS 449.196.

Sec. 32. NRS 449.0301 is hereby amended to read as follows:

449.0301 The provisions of NRS 449.029 to 449.2428, inclusive, *and section 30 of this act* do not apply to:

1. Any facility conducted by and for the adherents of any church or religious denomination for the purpose of providing facilities for the care and treatment of the sick who depend solely upon spiritual means through prayer for healing in the practice of the religion of the church or denomination, except that such a facility shall comply with all regulations relative to sanitation and safety applicable to other facilities of a similar category.

2. Foster homes as defined in NRS 424.014.

3. Any medical facility, facility for the dependent or facility which is otherwise required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that is operated and maintained by the United States Government or an agency thereof.

Sec. 33. NRS 449.089 is hereby amended to read as follows:

449.089 1. Each license issued pursuant to NRS 449.029 to 449.2428, inclusive, *and section 30 of this act* expires on December 31 following its issuance and is renewable for 1 year upon reapplication and payment of all fees required pursuant to subsection 4 and NRS 449.050, as applicable, unless the Division finds, after an investigation, that the facility has not:

(a) Satisfactorily complied with the provisions of NRS 449.029 to 449.2428, inclusive, *and section 30 of this act* or the standards and regulations adopted by the Board;

(b) Obtained the approval of the Director of the Department of Health and Human Services before undertaking a project, if such approval is required by NRS 439A.100; or

(c) Conformed to all applicable local zoning regulations.

2. Each reapplication for an agency to provide personal care services in the home, an agency to provide nursing in the home, a community health worker pool, a facility for intermediate care, a facility for skilled nursing, a provider of community-based living arrangement services, a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv), a psychiatric hospital that provides inpatient services to children, a psychiatric residential treatment facility, a



residential facility for groups, a program of hospice care, a home for individual residential care, a facility for the care of adults during the day, a facility for hospice care, a nursing pool, the distinct part of a hospital which meets the requirements of a skilled nursing facility or nursing facility pursuant to 42 C.F.R. § 483.5, a hospital that provides swing-bed services as described in 42 C.F.R. § 482.58 or, if residential services are provided to children, a medical facility or facility for the treatment of alcohol or other substance use disorders must include, without limitation, a statement that the facility, hospital, agency, program, pool or home is in compliance with the provisions of NRS 449.115 to 449.125, inclusive, and 449.174.

3. Each reapplication for an agency to provide personal care services in the home, a community health worker pool, a facility for intermediate care, a facility for skilled nursing, a facility for the care of adults during the day, a residential facility for groups or a home for individual residential care must include, without limitation, a statement that the holder of the license to operate, and the administrator or other person in charge and employees of, the facility, agency, pool or home are in compliance with the provisions of NRS 449.093.

4. Each reapplication for a surgical center for ambulatory patients, facility for the treatment of irreversible renal disease, facility for hospice care, program of hospice care, hospital, facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home or rural clinic must be accompanied by the fee prescribed by the State Board of Health pursuant to NRS 457.240, in addition to the fees imposed pursuant to NRS 449.050.

Sec. 34. NRS 449.160 is hereby amended to read as follows:

449.160 1. The Division may deny an application for a license or may suspend or revoke any license issued under the provisions of NRS 449.029 to 449.2428, inclusive, *and section 30 of this act* upon any of the following grounds:

(a) Violation by the applicant or the licensee of any of the provisions of NRS 439B.410 or 449.029 to 449.245, inclusive, *and section 30 of this act* or of any other law of this State or of the standards, rules and regulations adopted thereunder.

(b) Aiding, abetting or permitting the commission of any illegal act.

(c) Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a license is issued.



(d) Conduct or practice detrimental to the health or safety of the occupants or employees of the facility.

(e) Failure of the applicant to obtain written approval from the Director of the Department of Health and Human Services as required by NRS 439A.100 or as provided in any regulation adopted pursuant to NRS 449.001 to 449.430, inclusive, *and section 30 of this act* and 449.435 to 449.531, inclusive, and chapter 449A of NRS if such approval is required.

(f) Failure to comply with the provisions of NRS 441A.315 and any regulations adopted pursuant thereto or NRS 449.2486.

(g) Violation of the provisions of NRS 458.112.

2. In addition to the provisions of subsection 1, the Division may revoke a license to operate a facility for the dependent if, with respect to that facility, the licensee that operates the facility, or an agent or employee of the licensee:

(a) Is convicted of violating any of the provisions of NRS 202.470;

(b) Is ordered to but fails to abate a nuisance pursuant to NRS 244.360, 244.3603 or 268.4124; or

(c) Is ordered by the appropriate governmental agency to correct a violation of a building, safety or health code or regulation but fails to correct the violation.

3. The Division shall maintain a log of any complaints that it receives relating to activities for which the Division may revoke the license to operate a facility for the dependent pursuant to subsection 2. The Division shall provide to a facility for the care of adults during the day:

(a) A summary of a complaint against the facility if the investigation of the complaint by the Division either substantiates the complaint or is inconclusive;

(b) A report of any investigation conducted with respect to the complaint; and

(c) A report of any disciplinary action taken against the facility.

↳ The facility shall make the information available to the public pursuant to NRS 449.2486.

4. On or before February 1 of each odd-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau a written report setting forth, for the previous biennium:

(a) Any complaints included in the log maintained by the Division pursuant to subsection 3; and

(b) Any disciplinary actions taken by the Division pursuant to subsection 2.



Sec. 35. NRS 449.163 is hereby amended to read as follows:

449.163 1. In addition to the payment of the amount required by NRS 449.0308, if a medical facility, facility for the dependent or facility which is required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed violates any provision related to its licensure, including any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 30 of this act* or any condition, standard or regulation adopted by the Board, the Division, in accordance with the regulations adopted pursuant to NRS 449.165, may:

(a) Prohibit the facility from admitting any patient until it determines that the facility has corrected the violation;

(b) Limit the occupancy of the facility to the number of beds occupied when the violation occurred, until it determines that the facility has corrected the violation;

(c) If the license of the facility limits the occupancy of the facility and the facility has exceeded the approved occupancy, require the facility, at its own expense, to move patients to another facility that is licensed;

(d) Impose an administrative penalty of not more than \$5,000 per day for each violation, together with interest thereon at a rate not to exceed 10 percent per annum; and

(e) Appoint temporary management to oversee the operation of the facility and to ensure the health and safety of the patients of the facility, until:

(1) It determines that the facility has corrected the violation and has management which is capable of ensuring continued compliance with the applicable statutes, conditions, standards and regulations; or

(2) Improvements are made to correct the violation.

2. If the facility fails to pay any administrative penalty imposed pursuant to paragraph (d) of subsection 1, the Division may:

(a) Suspend the license of the facility until the administrative penalty is paid; and

(b) Collect court costs, reasonable attorney's fees and other costs incurred to collect the administrative penalty.

3. The Division may require any facility that violates any provision of NRS 439B.410 or 449.029 to 449.2428, inclusive, *and section 30 of this act* or any condition, standard or regulation adopted by the Board to make any improvements necessary to correct the violation.

4. Any money collected as administrative penalties pursuant to paragraph (d) of subsection 1 must be accounted for separately and



used to administer and carry out the provisions of NRS 449.001 to 449.430, inclusive, *and section 30 of this act*, 449.435 to 449.531, inclusive, and chapter 449A of NRS to protect the health, safety, well-being and property of the patients and residents of facilities in accordance with applicable state and federal standards or for any other purpose authorized by the Legislature.

Sec. 36. NRS 449.220 is hereby amended to read as follows:

449.220 1. The Division may bring an action in the name of the State to enjoin any person, state or local government unit or agency thereof from operating or maintaining any facility within the meaning of NRS 449.029 to 449.2428, inclusive ~~{ }~~, *and section 30 of this act*:

- (a) Without first obtaining a license therefor; or
- (b) After his or her license has been revoked or suspended by the Division.

2. It is sufficient in such action to allege that the defendant did, on a certain date and in a certain place, operate and maintain such a facility without a license.

Sec. 37. NRS 449.240 is hereby amended to read as follows:

449.240 The district attorney of the county in which the facility is located shall, upon application by the Division, institute and conduct the prosecution of any action for violation of any provisions of NRS 449.029 to 449.245, inclusive ~~{ }~~, *and section 30 of this act*.

Sec. 38. NRS 695C.1708 is hereby amended to read as follows:

695C.1708 1. A health care plan of a health maintenance organization must include coverage for services provided to an enrollee through telehealth to the same extent as though provided in person or by other means.

2. A health maintenance organization shall not:

(a) Require an enrollee to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license to provide services through telehealth as a condition to providing the coverage described in subsection 1;

(c) Refuse to provide the coverage described in subsection 1 because of:



(1) The distant site from which a provider of health care provides services through telehealth or the originating site at which an enrollee receives services through telehealth; or

(2) The technology used to provide the services;

(d) Require covered services to be provided through telehealth as a condition to providing coverage for such services; or

(e) Categorize a service provided through telehealth differently for purposes relating to coverage than if the service had been provided in person or through other means.

3. A health care plan of a health maintenance organization must not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. Such a health care plan may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *A health maintenance organization that provides medical services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall provide referrals to providers of dental services who provide services through teledentistry.*

5. *A health maintenance organization that provides dental services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall:*

(a) Maintain a list of providers of dental services included in the network of the health maintenance organization who offer services through teledentistry;

(b) At least quarterly, update the list and submit a copy of the updated list to the emergency department of each hospital located in this State; and

(c) Allow such providers of dental services to include on claim forms codes for teledentistry services provided through both real-time interactions and asynchronous transmissions of medical and dental information.

6. The provisions of this section do not require a health maintenance organization to:

(a) Ensure that covered services are available to an enrollee through telehealth at a particular originating site;



(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the health maintenance organization is not otherwise required by law to do so.

~~§ 7.~~ **7.** Evidence of coverage subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2021, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

~~§ 8.~~ **8.** As used in this section:

(a) "Distant site" has the meaning ascribed to it in NRS 629.515.

(b) "Originating site" has the meaning ascribed to it in NRS 629.515.

(c) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

(d) *"Teledentistry" has the meaning ascribed to it in section 5 of this act.*

(e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 39. NRS 695G.162 is hereby amended to read as follows:

695G.162 1. A health care plan issued by a managed care organization for group coverage must include coverage for services provided to an insured through telehealth to the same extent as though provided in person or by other means.

2. A managed care organization shall not:

(a) Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining services through telehealth as a condition to providing the coverage described in subsection 1;

(b) Require a provider of health care to demonstrate that it is necessary to provide services to an insured through telehealth or receive any additional type of certification or license to provide services through telehealth as a condition to providing the coverage described in subsection 1;

(c) Refuse to provide the coverage described in subsection 1 because of:

(1) The distant site from which a provider of health care provides services through telehealth or the originating site at which an insured receives services through telehealth; or

(2) The technology used to provide the services;

(d) Require covered services to be provided through telehealth as a condition to providing coverage for such services; or



(e) Categorize a service provided through telehealth differently for purposes relating to coverage than if the service had been provided in person or through other means.

3. A health care plan of a managed care organization must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. Such a health care plan may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

4. *A managed care organization that provides medical services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall provide referrals to providers of dental services who provide services through teledentistry.*

5. *A managed care organization that provides dental services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall:*

(a) Maintain a list of providers of dental services included in the network of the managed care organization who offer services through teledentistry;

(b) At least quarterly, update the list and submit a copy of the updated list to the emergency department of each hospital located in this State; and

(c) Allow such providers of dental services to include on claim forms codes for teledentistry services provided through both real-time interactions and asynchronous transmissions of medical and dental information.

6. The provisions of this section do not require a managed care organization to:

(a) Ensure that covered services are available to an insured through telehealth at a particular originating site;

(b) Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or

(c) Enter into a contract with any provider of health care or cover any service if the managed care organization is not otherwise required by law to do so.



~~15.1~~ 7. Evidence of coverage that is delivered, issued for delivery or renewed on or after October 1, 2021, has the legal effect of including the coverage required by this section, and any provision of the plan or the renewal which is in conflict with this section is void.

~~16.1~~ 8. As used in this section:

(a) "Distant site" has the meaning ascribed to it in NRS 629.515.

(b) "Originating site" has the meaning ascribed to it in NRS 629.515.

(c) "Provider of health care" has the meaning ascribed to it in NRS 439.820.

(d) *"Teledentistry" has the meaning ascribed to it in section 5 of this act.*

(e) "Telehealth" has the meaning ascribed to it in NRS 629.515.

Sec. 40. 1. Each person who, on January 1, 2024, holds a license to practice dentistry, dental hygiene or dental therapy issued pursuant to chapter 631 of NRS and intends to provide services through teledentistry shall submit to the Board of Dental Examiners of Nevada with the next application to renew that license after that date proof that the licensee has completed:

(a) At least 2 hours of continuing education concerning teledentistry; or

(b) A course in teledentistry as part of the requirements for graduation from an institution accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor entity.

2. The provisions of paragraph (b) of subsection 1 of section 7 of this act do not apply to a person described in subsection 1 until:

(a) The next renewal of the license of the person to practice dentistry, dental hygiene or dental therapy on or after January 1, 2024; or

(b) The denial of the next application to renew the license of the person to practice dentistry, dental hygiene or dental therapy submitted on or after January 1, 2024.

3. As used in this section, "teledentistry" has the meaning ascribed to it in section 5 of this act.

Sec. 40.5. Not later than January 1, 2024, the Board of Dental Examiners of Nevada shall:

1. Compile a report concerning the adoption of regulations pursuant to section 13 of this act. The report must include, without limitation:

(a) A summary of the progress of the Board in adopting those regulations; and



(b) A copy of any such regulations that have been adopted or proposed to be adopted, the reasons for the content of those regulations and a summary of any comment received by the Board concerning those regulations.

2. Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Joint Interim Standing Committee on Commerce and Labor.

Sec. 41. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 40.5, inclusive, of this act become effective:

(a) Upon passage and approval for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and

(b) On January 1, 2024, for all other purposes.



Agenda Item 4(b):

**Make Potential Recommendations to the Board
Regarding Proposed Amendments, Additions, and/or
Revisions to Nevada Administrative Code Chapter 631
(NAC 631)**

Teledentistry (AB 147) Regs - Points for Consideration/Discussion

-Should the Board define both synchronous interactions and asynchronous transmissions? (reference to NRS 629.515)

-Board needs to define “bona fide relationship” between patient/dental provider (potentially use Virginia definition §541.2711 as a guide)

-Should the Board require written consent via e-signature of patient receiving proof of dental provider licensure/details as outlined in Sec.10/sub 3?

-Board should require contents of informed consent: 1) type of service to be provided and cost of service to be provided; 2) precautions to be taken; 3) emergency health facility location to be used in the event of medical emergency; and 4) licensee to maintain a list of providers for referrals purposes as outlined in Sec.10/sub 4 (cross reference Sec.12/sub c)

-Board should require adherence to Pharmacy Board standards/regs for the purposes of issuing prescriptions as outlined in Sec.13/sub 1(a) (*Restriction on opiate prescriptions?)

-Board should require adherence to HIPAA standards/regs for the purposes of maintenance/storage of information/records as outlined in Sec.13/sub 1(b) and Sec.14

- Board should require written practice agreement establish procedures/protocols for supervision of dental therapist via teledentistry until hours of clinical practice fulfilled pursuant to NRS 631.3122 as outlined in Sec.13/sub d (1)(reference to NRS 631.3122)

-Board should require all medications/immunizations to be returned to a physical location on a daily basis to ensure safety/storage protocols

- Board should clarify who must “Issue or obtain...a standing order for administration of immunization approved by DPBH/DHHS” as outlined in Sec. 17a; statutory language can be potentially interpreted to permit a hygienist or dental therapist to issue standing order

-Board should require that policies and procedures outlined in Sec.17 b and c be submitted along with endorsement application? * Note: Pharmacy Board

indicates that unused drugs must be returned to clinic at the end of the day (epinephrine).

Teledentistry (AB 147) (Immunizations) - Points for Consideration/Discussion

-Board should require patients to be treated/immunized will be 18+

-Board should limit vaccines to flu and Covid-19

-Board should require DH/DT to complete 20 hrs. CE re: immunizations similar to American Pharmacist Assoc. (APhA) program as outlined in Sec.15/sub 2

*** This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.**

-Board should require DH/DT to complete 3 hrs. CE annually re: immunizations to retain PHE i.e. NILE webinars offered by Immunize Nevada

-Board should require that licensees contact patient's primary care physician after each vaccine dose given

-Board should require emergency kits (including oxygen administration, epinephrine and other allergic reaction response equipment) to be on site and inspected quarterly; specific storage equipment to be used for mobile units inspected quarterly

-Board should require written consent for immunizations as outlined in Sec.18

-Board should require licensee to maintain daily and/or monthly log of all vaccines administered

-Board should Require written practice agreement between dentist and DH/DT that specifically includes info for professional liability insurance as outlined in Sec.8

-Board should require policies and procedures re: immunization storage/disposal and emergencies to mirror State Board of Health regs (reference to NAC 639.2973/639.2975)

Teledentistry (AB 147) Regs - Select Nevada Statutes/Regs

NRS 629.515 Valid license or certificate required; exception; restrictions; jurisdiction over and applicability of laws; conditions for establishment of relationship with patient using telehealth; regulations.

1. Except as otherwise provided in this subsection, before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to [NRS 630.261](#). The requirements of this subsection do not apply to a provider of health care who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization, as defined in 25 U.S.C. § 1603.

2. The provisions of this section must not be interpreted or construed to:

- (a) Modify, expand or alter the scope of practice of a provider of health care; or
- (b) Authorize a provider of health care to provide services in a setting that is not authorized by law or in a manner that violates the standard of care required of the provider of health care.

3. A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient:

(a) Is subject to the laws and jurisdiction of the State of Nevada, including, without limitation, any regulations adopted by an occupational licensing board in this State, regardless of the location from which the provider of health care provides services through telehealth.

(b) Shall comply with all federal and state laws that would apply if the provider were located at a distant site in this State.

4. A provider of health care may establish a relationship with a patient using telehealth when it is clinically appropriate to establish a relationship with a patient in that manner. The State Board of Health may adopt regulations governing the process by which a provider of health care may establish a relationship with a patient using telehealth.

5. As used in this section:

(a) “Distant site” means the location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.

(b) “Originating site” means the location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.

(c) “Telehealth” means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including facsimile or electronic mail. The term includes, without limitation, the delivery of services from a provider of health care to a patient at a different location through the use of:

(1) Synchronous interaction or an asynchronous system of storing and forwarding information; and

(2) Audio-only interaction, whether synchronous or asynchronous.

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.

NAC 639.2973 Training and certification to administer immunizations. ([NRS 454.213](#), [639.070](#), [639.137](#), [639.1371](#))

1. Before a pharmacist may administer an immunization pursuant to a written protocol or before an intern pharmacist acting under the direct and immediate supervision of a pharmacist may administer such immunizations, the pharmacist or intern pharmacist must be trained and certified to administer immunizations by completing a course approved by the Accreditation Council for Pharmacy Education or its successor organization that includes:

(a) Certification in life-saving techniques pursuant to the American Heart Association's Basic Cardiac Life Support for Health Care Providers or its equivalent;

(b) Education and practical training, including, without limitation, written study materials regarding techniques for administering immunizations;

(c) Evaluation of the knowledge and technique of the pharmacist or intern pharmacist in administering immunizations;

(d) Instruction consistent with the current training guidelines of the Centers for Disease Control and Prevention; and

(e) Except as otherwise provided in subsection 2, a minimum of 20 hours of instruction and practical training concerning:

(1) The standards for pediatric, adolescent and adult immunization practices recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices;

(2) Basic immunology, and vaccine and immunization protection;

(3) Diseases that are preventable through vaccination and immunization;

(4) Recommended immunization schedules;

(5) Vaccine and immunization storage and management;

(6) Informed consent;

(7) Physiology and techniques for administration of immunizations;

(8) Preimmunization and postimmunization assessment and counseling;

(9) Immunization reporting and records management; and

(10) Identification, response, documentation and reporting of adverse events.

2. In lieu of complying with the requirements of paragraph (e) of subsection 1, a pharmacist or an intern pharmacist who administers immunizations consisting exclusively of live attenuated influenza vaccine through the nasal passages of a person may complete a program of less than 20 hours of instruction which is accredited by the Accreditation Council for Pharmacy Education or its successor organization and includes instruction relating to:

- (a) The epidemiology of influenza;
 - (b) The pathophysiology, clinical presentation, diagnosis, prevention and treatment of influenza;
 - (c) The administration, storage and handling of influenza vaccines; and
 - (d) The counseling of patients who will be immunized with the vaccine.
3. Before a pharmaceutical technician acting under the direct and immediate supervision of a pharmacist may administer an immunization pursuant to a written protocol, the pharmaceutical technician must complete at least 1 hour of training relating to vaccines, immunization and the administration of immunizations provided by:
- (a) Immunize Nevada or its successor organization;
 - (b) An entity approved by the Accreditation Council for Pharmacy Education or its successor organization;
 - (c) The owner or managing pharmacist of the pharmacy at which the pharmaceutical technician is employed; or
 - (d) Another entity approved by the Board.

NAC 639.2975 Legal possession and control of drugs administered as immunizations; drugs to counteract adverse reactions. ([NRS 454.213](#), [639.070](#), [639.137](#), [639.1371](#))

1. The drugs administered as immunizations by a pharmacist, or an intern pharmacist or pharmaceutical technician acting under the direct and immediate supervision of a pharmacist, must be in the legal possession of:
- (a) The pharmacy that employs the pharmacist, intern pharmacist or pharmaceutical technician who will be administering the immunizations, which pharmacy is responsible for the drugs and the maintenance of records of administration of the immunizations; or
 - (b) The physician who has established a written protocol for the administration of the immunizations, which physician is responsible for the drugs and the maintenance of records of administration of the immunizations.
2. The drugs used for immunizations must be transported and stored at the proper temperatures indicated for the drugs by the manufacturer.
3. While engaged in the administration of immunizations, a pharmacist, or an intern pharmacist or pharmaceutical technician acting under the direct and immediate supervision of a pharmacist, may have in his or her custody and control the drugs for immunization that are identified in the written protocol and any other dangerous drugs listed in the written protocol to treat an adverse reaction.
4. If a pharmacist, or an intern pharmacist or pharmaceutical technician acting under the direct and immediate supervision of a pharmacist, administers immunizations at a location other than a pharmacy, the pharmacist, intern pharmacist or pharmaceutical technician must return all unused drugs to the pharmacy or physician responsible for the drugs.

Teledentistry (AB 147) Regs – Select Regs from Other Jurisdictions

Ohio

A dentist retains responsibility for ensuring the safety and quality of services provided to patients through teledentistry. Services delivered through teledentistry must be consistent with in-person services. Persons involved with providing services through teledentistry must abide by laws addressing the privacy and security of the patient's dental and medical information.

An authorizing dentist may not have more than a total of three dental hygienists and expanded function dental auxiliaries working under the dentist's authorization pursuant to this section at any time.

At the request of the state dental board, an authorizing dentist, or a dental hygienist or expanded function dental auxiliary who has been authorized to perform services shall make available to the board a list of all locations where the dental hygienist or expanded function dental auxiliary provided services, the locations where the hygienist or auxiliary is expected to provide services in the future, or both, as specified in the board's request.

No authorizing dentist shall authorize a dental hygienist or expanded function dental auxiliary to diagnose a patient's oral health care status. No dental hygienist or expanded function dental auxiliary shall diagnose a patient's oral health care status as part of services provided.

When services are provided under a teledentistry permit and the patient is not examined in person by the authorizing dentist, informed consent must be obtained. To obtain informed consent, the authorizing dentist must:

- (1) Determine that the patient is mentally capable of giving informed consent to the provision of the diagnosis, care, or treatment and is not subject to duress or under undue influence,
- (2) Inform the patient that the authorizing dentist will perform a clinical evaluation and diagnosis of caries through teledentistry,
- (3) For the application of silver diamine fluoride, (a) Inform the patient of the potential for staining teeth by providing color photos of the result of application, (b) Inform the patient that application is permanent and may only be reversed through loss or restoration of the tooth, (c) Inquire whether the patient has an allergy to silver, and (d) Inform the patient that the treatment will require active monitoring and possible reapplication.
- (4) Explain alternatives to, and the capabilities and limitations of, teledentistry,
- (5) Explain that the patient may decline to receive services through teledentistry,

(6) Document in the patient record any discussion with the patient about teledentistry and whether informed consent was obtained. If the patient is less than eighteen years of age, a parent or legal guardian must provide informed consent for the patient.

Iowa

The use of teledentistry is not an expansion of the scope of practice for dental hygienists or dental assistants. A dentist who uses teledentistry shall utilize evidence-based standards of practice and practice guidelines to ensure patient safety, quality of care, and positive outcomes.

When direct supervision of a dental hygienist or dental assistant is required, a dentist may provide direct supervision using live video. A dentist is not required to directly supervise the entire delivery of dental care but must appear upon request using live video with a response time similar to what would be expected if the dentist were present in the treatment facility.

Tenn

Teledentistry as practiced is not an audio only telephone conversation, email/instant messaging conversation or fax. At a minimum it shall include the application of secure video conferencing or store-and-forward technology to provide or support dental care delivery by replicating the interaction of a traditional encounter between a provider and a patient.

If the information transmitted through electronic or other means as part of a patient's encounter is not of sufficient quality or does not contain adequate information for the dentist to form an opinion, the dentist must declare they cannot form an opinion to make an adequate diagnosis and must request direct referral for inspection and actual physical examination, request additional data or recommend the patient be evaluated by the patient's primary dentist or other local oral health care provider.

Illinois – (Immunizations)

A licensed dentist seeking to administer influenza (inactivated influenza vaccine and live attenuated influenza intranasal vaccine) shall be required to complete an additional training course and must comply with all provisions in this Section and Section 54.3 of the Act.

- a) Vaccinations shall be limited to patients 18 years of age and older who consent to administration of the vaccine and shall be administered pursuant to a valid prescription or standing order by a physician who, in the course of professional practice, administers vaccines to patients.

- b) Prior to being administered a vaccine, those receiving immunizations shall be provided with the relevant Vaccine Information Statements (VIS) that are required to be disseminated by federal law, which may contain information on circumstances in which a vaccine should not be administered.

- c) Any continuing education course regarding immunizations must contain, at a minimum, four hours of training and include:
 - 1) The recognition of contraindications, as well as how to handle adverse reactions;
 - 2) The appropriate methods of storage, handling and disposal of vaccines and all used supplies or contaminated equipment; and
 - 3) Proper administration and maintenance of written policies and procedures that are required by this Section.

- d) Reporting Requirements
 - 1) Any adverse events are required to be reported to the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider named by the patient.
 - 2) Any dentist who administers the influenza vaccine shall enter all patient level data on the vaccines in the immunization data registry (I-Care) maintained by the Department of Public Health.
 - 3) Within 30 days after administration of a vaccine, the dentist must report to the patient's primary care provider that the vaccine has been administered.
 - 4) Additional information, including precautions and contraindications for vaccination, is available from CDC's Vaccines and Immunization online site or by telephone at 800-CDC-INFO or (800-232-4636).

- e) Patient records must include:
 - 1) The date of administration and site of injection of the vaccine;
 - 2) The name, dose, manufacturer, lot number and beyond use date of the vaccine;
 - 3) The name and address of the patient's primary health care provider named by the patient;
 - 4) A notation that the patient was presented with the appropriate Vaccine Information Statement (VIS) prior to the administration of each vaccine; and
 - 5) Any adverse event that followed vaccination.

- f) Certification of completion of the required course on the administration of the influenza vaccines must be kept on file by the dentist for review by the Department upon request.

Virginia – (Bona Fide Relationship)

No person shall practice dentistry unless a bona fide dentist-patient relationship is established in person or through teledentistry. A bona fide dentist-patient relationship shall exist if the dentist has (i) obtained or caused to be obtained a health and dental history of the patient; (ii) performed or caused to be performed an appropriate examination of the patient, either physically, through use of instrumentation and diagnostic equipment through which digital scans, photographs, images, and dental records are able to be transmitted electronically, or through use of face-to-face interactive two-way real-time communications services or store-and-forward technologies; (iii) provided information to the patient about the services to be performed; and (iv) initiated additional diagnostic tests or referrals as needed. In cases in which a dentist is providing teledentistry, the examination required by clause (ii) shall not be required if the patient has been examined in person by a dentist licensed by the Board within the six months prior to the initiation of teledentistry and the patient's dental records of such examination have been reviewed by the dentist providing teledentistry.

AB 147 Draft Regulations

1) Define Bona Fide:

- a) **“Bona fide relationship” according NRS 631.... is defined as:**
- b) **a professional relationship that exists between a patient and a licensee when the licensee has:**
- c) a. **Reviewed the patient’s relevant history of present illness , medical records, and current obtained in the past six months diagnostic and radiographic records;**
- d) b. **Performed an appropriate in-person examination of the oral cavity within a six month period of time of the patient for the purpose of diagnosing, assessing, or determining the patient’s current medical condition; and**
- e) c. **Has a reasonable expectation that he or she will provide follow-up care and treatment to the patient.**

2) Procedures for Informed Consent:

1. **A digital form of written informed consent shall be gained from each patient and/or their parent or guardian of the patient who is a minor or does not have the capacity to give consent . Information provided to each patient shall consist of:**
 - a) **Copy of Nevada Board of Dental Examiners assigned license**
 - b) **Contact information for licensees such as telephone number, email address, physical office address, and emergency contact information.**
 - c) **Similar information about another dental licensee working with the patient.**
 - d) **Precautions that the licensee shall take in emergency situations**
 - e) **The types of approved services, once a bona fide relationship is established, that the patient might receive through teledentistry shall be limited to:**
 - i) **Consultation and recommendations of possible treatment to a patient;**
 - ii) **Prescribing medication by the licensed dentist deemed necessary to the emergent need of the patient;**
 - iii) **Limited diagnosis based on the information gained from patient to meet their specific complaint during that encounter;**
 - iv) **The need for orthodontic corrections to address identifiable problems related the malposition of teeth**
 - v) **Correcting the positioning of teeth using orthodontic appliances**

3) Forms that must be collected by a dentist:

1. **The digital forms that a licensee must collect signed from a patient for a teledentistry visit shall be:**

- a) **Informed Consent**
- b) **HIPAA privacy acknowledgement**
- c) **Patient’s insurance information, if applicable**
- d) **Financial agreement, if applicable**
- e) **Applicable health history**

4) Recordkeeping and Privacy:

1. **A licensee shall maintain a complete record of each encounter with a patient through teledentistry, such records shall follow:**
 - a) **Follow all the provisions set forth in the federal Health Insurance Portability and Accountability Act of 1996 related to the maintenance of records and the privacy of patients who are participating in a telehealth visit.**

5) Evidence-based standards of practice:

1. **Evidence-based standards of practice means the practices of a Dentist which are outlined in the Standards of Care as recommended by the American Dental Association.**

6) Procedures for ordering prescriptions:

1. A licensee shall ensure the following when ordering a prescription for a patient using Teledentistry:
 - a) The use of electronic drug prescribing
 - b) The use of telephonic drug prescribing

7) Collaboration with physicians and other specialties:

1. A licensee shall use teledentistry to collaborate with the office of a physician, physician assistant, and/or a advanced nurse practitioner for the purposes of:
 - a) Obtain relevant information pertaining to the patient's medical history; and
 - b) Collaboration of care.
2. A licensee shall use teledentistry to collaborate with another licensee practicing in a different specialty area for the purpose of:
 - a) Obtain relevant information pertaining to the patient's medical history; and
 - b) Collaboration of care.
 - c) Developing a treatment plan

8) Collaboration with another licensee provide care to the same patient:

1. Should multiple licensees be providing care to the same patient, the licensee providing teledentistry care shall obtain all information about other dentists treating the patient from the patient and communicate with the other licensed dentist. Information that needs to be obtain and submitted shall be:
 - a) relevant information pertaining to the patient's medical history;
 - b) Collaboration of care; and
 - c) Assurance that the provider of teledentistry shall send all relevant information and recommendations regarding the encounter to the patient's dental home/office.

9) Supervision of Dental Hygienist and Dental Therapists using teledentistry:

1. A licensed Dental Hygienist and/ or a licensed Dental Therapist may provide services when an overseeing licensed dentist authorizes the services that are allowable under appropriate supervision using teledentistry.
2. Only services which can be performed under indirect supervision can be supervised by a licensee through teledentistry.

NEVADA STATE BOARD
of
DENTAL EXAMINERS



LEGISLATIVE, LEGAL & DENTAL
PRACTICE COMMITTEE
TELECONFERENCE MEETING

TUESDAY, FEBRUARY 27TH, 2024

6:00 P.M.

PUBLIC COMMENT BOOK

From: [Joseph C. Reynolds](#)
To: [Board of Dental Examiners](#)
Cc: [Mark S. Karris](#); [Blair C. Parker](#)
Subject: Public Comment by Byte for Board's February 13, 2024, Public Workshop
Date: Friday, February 9, 2024 3:31:23 PM
Attachments: [Byte Letter to Nev. Board Dental Examiners \(2.9.24\).pdf](#)

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Nevada Board of Dental Examiners,

Attached please find public comment by Byte for the Board's consideration at the upcoming February 13, 2024, public workshop on Assembly Bill 147.

Thank you,
Joe Reynolds

Joseph C. Reynolds
Partner

HS logo



HUTCHISON & STEFFEN, PLLC
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February 9, 2024

Via Electronic Mail Only
nsbde@dental.nv.gov

Nevada State Board of Dental Examiners
c/o David Lee, D.M.D., President
2651 N. Green Valley Parkway, Suite 104
Henderson, NV 89014

**Re: Public Comment On February 13, 2024, Workshop Regarding Regulations
And Implementation Of Assembly Bill (AB) 147**

Dear Members of the Nevada State Board of Dental Examiners:

I am writing on behalf of Straight Smile, LLC d/b/a Byte (“Byte”) to provide comments to the Board on Agenda Item No. 3 for the February 13, 2024, Workshop regarding drafting new and/or amended proposed regulations for Nevada Administrative Code (NAC) Chapter 631 pursuant to Assembly Bill (AB) 147, which was passed by the Nevada Legislature during the 82nd Regular Session in 2023.

Byte¹ is a company that specializes in teledentistry and partners with in-state licensed dentists and orthodontists to serve individuals across the United States who are seeking remote treatment plans and aligners to adjust their teeth. Byte aligners have been cleared for sale by the United States Food and Drug Administration. Each treatment plan for a prospective Byte patient in Nevada is reviewed and approved by a Nevada-licensed dentist or orthodontist to ensure they are a qualified candidate.

With advances in computer and internet technologies over the past decades, the use of telehealth, including teledentistry, is a part of the future in providing effective, quick, and low-cost care. Telehealth allows individuals who due to work or family scheduling needs, geographic distance, disability, or convenience to access and receive treatment from anywhere. It also allows treatment to continue due to medical necessity, such as during the COVID-19 global pandemic.

Consisting of over 110,000 square miles, Nevada is the seventh geographically largest state and has a significant rural population. Nevada is also known to have a shortage of healthcare services. Use of telehealth, and teledentistry in particular, is a vital component to ensuring Nevadans have access and treatment for their healthcare needs. Nevada is particularly well-suited in being a leader in this field.

¹ <https://www.byte.com/>

Byte Public Comment
Nevada Board Of Dental Examiners Public Workshop
February 9, 2024
Page 2

Byte is founded upon the use of teledentistry in its core business model and patient treatment plans. As an interested stakeholder in regulations promulgated pursuant to AB 147, Byte would like to specifically comment about the interpretation and implementation of regulations by the Board regarding two provisions within that legislation.

First, Subsection 1 of Section 10 of AB 147 provides that a licensee “must establish a bona fide relationship . . . with a patient before providing services to the patient through teledentistry.” Language within this subsection proceed to enumerate instances that may establish a “bona fide” relationship that permit teledentistry, including those set forth in Section (10)(1)(c) that an initial diagnosis of malposition of teeth and determination of the need for an orthodontic appliance must be “confirmed through an in-person visit before the patient begins using the orthodontic appliance.”

Omitted from this provision of AB 147 is any deference afforded to the clinical and professional judgment of the Nevada-licensed dentist or orthodontist overseeing treatment and, as drafted, may lead to an unreasonable interpretation that every orthodontic treatment plan in Nevada automatically requires an in-person visit in every instance. Such an interpretation would not only undermine the independent judgment to be exercised by Nevada-licensed dentists and orthodontists responsible for overseeing treatment, but it would also lead to unnecessary expense, delay, and costs by requiring scheduling and travel for an in-person visit where one is not necessary for safe and effective treatment. This would be a step backwards for Nevadans. It would also make Nevada an outlier amongst other states regarding the emergence of modernizing healthcare approaches and services, and the use of teledentistry. Where an in-person visit is determined to be an unnecessary use of time and resources, it should not be required as a barrier to treatment.

Notably, the list of instances set forth by the Nevada Legislature of how a bona fide relationship may be established for teledentistry in Section (10)(1) of AB 147 expressly uses the word “may” (which implies discretion) and the term “only” (which implies exclusivity) in the same sentence. There is ambiguity in this Section.

To address this concern, Byte submits that the Board should provide for a level of flexibility in its interpretation of Section 10(1)(c). Accordingly, Byte respectfully proposes that any regulations adopted by the Board pursuant to this provision add the following language highlighted in bold on when a bona fide relationship is established:

To make an initial diagnosis of a malposition of teeth and a determination of the need for an orthodontic appliance. ***If necessary based on the licensee’s clinical judgment, s***Such an initial diagnosis and determination must be confirmed through an in-person visit, ***or a review of records from a previous in-person visit with a different licensee,*** before the patient begins using the orthodontic appliance.

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Adding this qualifying language to any new or amended regulations incorporating AB 147 into NAC Chapter 631 will allow flexibility and respect for the independent and professional judgment of Nevada-licensed dentists and orthodontists on when to approve a patient treatment plan exclusively *via* the use of teledentistry and when an in-person evaluation is necessary. It would also help clarify ambiguity that exists with respect to Section 10(1).

This regulatory language would strike a balance that is consistent with other provisions in AB 147, which recognize the need for Nevada-licensed providers to oversee treatment plans, *see* Section 7(1)(a),² and the need prospective patients to make informed decisions about their own care and provider of choice, *see* Sections 10(3)³ and 10(4);⁴ but do not arbitrarily override the clinical judgment of licensees. Indeed, Section 7(3) of AB 147 contemplates that teledentistry must be provided “in accordance with the same standards of care and professional conduct as when providing those services in person or by other means.” By AB 147’s own language, no distinction should exist between the level of care given to an in-person or teledentistry treatment plan.

Second, Section 25(19) of AB 147 provides that “[f]ailure to review diagnostic digital or conventional radiographs for orthodontia before . . . [m]aking an initial diagnosis of or taking any action to correct malpositions of teeth . . . or [t]he initial use of an orthodontic appliance” constitutes *per se* unprofessional conduct. Read literally, Section 25(19) could be interpreted to require the use of radiographs as a matter of course before any treatment plan was ever approved or used, irrespective of whether a Nevada-licensed dentist or orthodontist determined that obtaining such radiographs was necessary or not. Accordingly, Byte respectfully proposes that any regulations adopted by the Board pursuant to this provision add the following language highlighted in bold on when radiographs are necessary:

Failure to review, ***if necessary based on the licensee’s clinical judgment,***
diagnostic digital or conventional radiographs for orthodontia before:

² Section 7(1) of AB 147 provides: “A person shall not provide dental services through teledentistry to a patron who is located at an originating site in this State unless the person . . . [i]s licensed to practice dentistry, dental hygiene or dental therapy in this State”

³ Section 10(3) of AB 147 provides: “Before providing services through teledentistry and upon the request of a patient to whom services are provided through teledentistry, a licensee or any partnership, corporation or other entity through which a licensee provides services shall make available to the patient proof of the identity of the licensee, the telephone number of the licensee, the address at which the licensee practices, the license number of the licensee and any other relevant information concerning the qualifications of the licensee and any other licensee who will be involved in providing the services through teledentistry.”

⁴ Section 10(4) of AB 147 provides that patients are to give “[i]nformed consent to the provisions of services through teledentistry.” *See also* Section 10(2)-(4).

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- (a) Making an initial diagnosis of or taking any action to correct malpositions of teeth; or
- (b) The initial use of an orthodontic appliance

Adding the proposed qualifying language to any new or amended regulations adopted by the Board incorporating AB 147 into NAC Chapter 631 will allow flexibility and respect for the independent and professional judgment of Nevada-licensed practitioners. Not every patient requires the same depth of inquiry before initiating an appropriate treatment plan, and the licensee is in the best position to make that determination on a case-by-case basis.

Without further clarification in regulations adopted by this Board in NAC Chapter 631, AB 147 is constitutionally suspect, as it may be viewed as impeding the flow in interstate commerce to the detriment of Nevadans and nationwide businesses, such as Byte, who embrace and practice in the field of teledentistry. Nevada has built a reputation in leading innovation and technology, and finding workable solutions to challenges of the future, including those in the fields of healthcare. Byte urges the Board to do so here.

To be clear, Byte does not object to regulation of the teledentistry and seeks to work with the Board and the Nevada Legislature to ensure that teledentistry remains safe, accessible, and effective. However, in doing so, Byte respectfully submits that the independent and professional clinical judgment of Nevada-licensed practitioners should not be overridden. Flexibility and discretion are necessary in the adoption and implementation of any regulations adopted by the Board pursuant to AB 147.

On behalf of Byte, thank you for the opportunity to provide public comment and for your consideration of the regulatory language being proposed. Representatives from Byte plan to be in attendance and available at the Board's upcoming workshop on February 13, 2024. Please do not hesitate to contact me at jreynolds@hutchlegal.com or (775) 853-8746 if you have questions or would like any additional information.

Sincere regards,

HUTCHISON & STEFFEN, PLLC

/s/ Joseph C. Reynolds

Joseph C. Reynolds
For the Firm

From: [Caryn Solie](#)
To: [Board of Dental Examiners](#)
Subject: testimony for LLDP meeting 2/27/24
Date: Monday, February 26, 2024 3:22:12 PM
Attachments: [testimony LLDP 2-27-24.pdf](#)

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good afternoon,

Please find attached the NDHA's testimony to the Legislative, Legal and Dental Practice committee to be placed in the public book and presented/read in the opening public comment portion of the meeting on Tuesday February 27, 2024.

Thank you,

Caryn

Caryn Solie, RDH, FADHA

Sent from [Mail](#) for Windows 10



February 26, 2024

Nevada State Board of Dental Examiners

Legislative, Legal and Dental Practice Committee

Dear Committee Members.

The Nevada Dental Hygienists' Association collaborated with the Nevada Dental Association to craft and support AB147 in the 2023 Nevada Legislature.

Our associations worked diligently to bring to the Legislature a bill that would safely, efficiently and effectively enhance oral health care and its access to Nevadans via teledentistry.

The safety of Nevadans and their personal data is secured by the language in the bill that requires appropriate education prior to initiating the use of teledentistry, the proper handling of records, and is preserved by the continuing education requirements in the bill.

The Nevada Dental Hygienists' Association respectfully requests this committee to advance all of the points included in AB147 as written in the enrolled bill to the full Nevada State Dental Board for adoption and enactment in the appropriate Nevada Administrative Code(s).

Respectfully,

Caryn Solie, RDH, FADHA

Co-chair NDHA Governmental Affairs Committee

csolierdh@gmail.com

775-771-5569