

NEVADA STATE BOARD of DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING

WEDNESDAY, JANUARY 13, 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

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, March 13th, 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#: **834 1525 9898**

Zoom Webinar/Meeting Passcode: **209865**

PUBLIC NOTICE:

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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):

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***3. President's Report:** (For Possible Action)

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

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

***4. Secretary – Treasurer's Report:** (For Possible Action)

***a. Approval/Rejection of Minutes** (For Possible Action)

- (1) Board Meeting – 2/14/2024

***5. General Counsel's Report:** (For Possible Action)

a. Legal Actions/Litigation Update (For Informational Purposes Only)

b. Regulatory Update (For Informational Purposes Only)

***c. Consideration, Review, and Possible Approval/Rejection of Stipulation Agreements**

NRS 631.3635; NRS 622A.170; NRS 622.330 (For Possible Action)

- (1) Aida Cappiello, DDS

- (2) Minyong Pak, DDS

- (3) Minyong Pak, DDS

***d. Authorized Investigative Complaints – NRS 631.360** (For Possible Action)

- (1) Dr. Y – The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.3475.

- (2) Dr. Z – The Board received information alleging Dr. Z may have breached the standard of care, thereby potentially violating NRS 631.3475.

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

***a. Approval/Rejection of 90-day Extension of Temporary Anesthesia Permit – NAC 631.2254(2); NRS 631.190**
(For Possible Action)

- (1) Joseph L Weber, DMD – Moderate Sedation

***b. Approval/Rejection of Temporary Anesthesia Permit – NAC 631.2254; NRS 631.190** (For Possible Action)

- (1) Greg A Roberts, DDS – General Anesthesia

***c. Discussion, Consideration, and Possible Action Regarding Board Audit for FY 2023 - NRS 631.190**
(For Possible Action)

(1) Casey Neilon, CPA's

***d. Discussion, Consideration and Possible Action Regarding Recommendations of the Legislative, Legal & Dental Practice Committee to Full Board Regarding Proposed Amendments, Additions, and/or Revisions to Nevada Administrative Code Chapter 631 (NAC631) Relating to Teledentistry and Immunizations in conformance with AB 147 - NRS 631.190** (For Possible Action)

***e. Discussion, Consideration and Possible Action for Employment Committee to Conduct Search to Fill the Unclassified Executive Director Position – NRS 631.190/NRS 622.220** (For Possible Action)

***f. Discussion, Consideration, and Possible Selection/Appointment of Interim Executive Director(s) - Blair Parker, Esq. & Mark Karris, Esq. – NRS 631.160; NRS 631.190** (For Possible Action)

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

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***8. Announcements**

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

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Office of the NSBDE 2651 N GREEN VALLEY PKWY, Ste 104, Henderson, Nevada 89014
Nevada State Board of Dental Examiners Website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

Agenda Item 4(a)(1):

Approval/Rejection on Minutes

**Board Meeting
2-14-24**



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PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time

Wednesday, February 14th, 2024
6:00 P.M.

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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#: **834 1391 0743**

Zoom Webinar/Meeting Passcode: **419765**

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1. Call to Order

- Roll call/Quorum

Dr. Lee called the meeting to order at approximately 6:04 p.m. Mr. Bateman conducted roll call. Quorum was met.

Dr. Tejpaal Johl – Present
Dr. Ronald West – Present
Dr. Christopher Hock – Present
Dr. Joshua Branco – Absent
Ms. Kimberly Petrilla – Present
Mr. Michael Pontoni – Present

Dr. Daniel Streifel – Present
Dr. David Lee – Present
Dr. Lance Kim – Present
Mrs. Yamilka Arias – Present
Ms. Jana McIntyre – Present

Others Present: Mr. Christopher Bateman, Executive Director; Mr. Mark Karris, General Counsel

Public Attendees: Caryn Solie RDH; Dr. Reznick; Aimee Abittan; Annette Lincicome; Steve Shufflebarger; 1-702-506-8301

2. Public Comment (Live public comment by teleconference and pre-submitted email/written form):

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There was no public comment.

***3. Election of Officers – NRS 631.160** (For Possible Action)

***a. President** (For Possible Action)

***b. Secretary Treasurer** (For Possible Action)

***4. President's Report:** (For Possible Action)

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

Dr. Lee introduced the above agenda item and requested removal of agenda items 3; 3.a; 3.b & 7.a. Agenda items were placed in error.

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

Dr. Lee entertained a motion to approve the agenda. Mrs. Arias made a motion to approve the agenda as corrected. Ms. McIntyre seconded the motion. All were in favor. Motion passed.

***5. Secretary – Treasurer's Report:** (For Possible Action)

***a. Approval/Rejection of Minutes** (For Possible Action)

(1) Board Meeting – 12/08/2023

Dr. Lee agreed to introduce this agenda item & turned it over to Dr. Johl. Dr. Johl asked for a motion. Dr. Lee made a motion to approve, Ms. McIntyre seconded & all were in favor. The motion passed.

***6. General Counsel's Report:** (For Possible Action)**a. Legal Actions/Litigation Update** (For Informational Purposes Only)

Mr. Karris provided update that the same litigation matter is in a holding pattern & awaiting government agencies approval letters.

b. Regulatory Update (For Informational Purposes Only)

Mr. Karris informed the Board that we have received the LCB's revised version of the Dental Therapy Regulations. Notice was posted as Notice of Intent to Act Upon a Regulation & will be discussed at the next Board meeting scheduled for March 13th, 2024. He then gave a brief overview of AB147 Teledentistry Workshop. He reminded the Board of the upcoming Legislative Committee Meeting scheduled for February 27th, 2024.

***c. Review Panel – NRS 631.3635**

- (1) Discussion and Consideration of Proposed Findings and Recommendations for Matters that have Been Recommended for Remand by the Review Panel, and Possible Approval/Rejection of Same by the Board – NRS 631.3635

- (i) Review Panel 1
- (ii) Review Panel 2
- (iii) Review Panel 3

Mr. Karris introduced the above agenda item. Mr. Karris then elaborated on the need to recuse oneself &/or not needing to recuse oneself as a Board member per Dr. Lee's request. Dr. Lee made a motion to approve review panels 1, 2 & 3 as a group. Dr. Johl seconded the motion, all were in favor & the motion passed.

d. Consideration, Review, and Possible Approval/Rejection of Stipulation Agreements*NRS 631.3635; NRS 622A.170; NRS 622.330** (For Possible Action)

- (1) Young Dill, DMD
- (2) Gregory Greenwood, DMD
- (3) Nicholas Maffeo, DMD
- (4) Mark Aranbasich, DDS

Mr. Karris introduced the above agenda item & Dr. Lee suggested these be addressed individually. Ms. McIntyre motioned to approve 6.d.1, Dr. Kim seconded, all were in favor & motion passed. Dr. Lee introduced 6.d.2, Dr. Streifel made the motion to approve, Dr. Johl seconded, all were in favor & the motion passed. Dr. Lee introduced 6.d.3, Dr. Hock motioned to approve, Dr. Johl seconded, all were in favor & the motion passed. Lastly, Dr. Lee introduced 6.d.4, Dr. Johl motion to approve, Ms. McIntyre seconded, all were in favor & the motion passed.

***7. Old Business:** (For Possible Action)

***a. Discussion and Consideration of Potential Recommendations of the Anesthesia Committee to Full Board Regarding Possible Revisions to Regulations Governing Inspections/Evaluations for Issuing and/or Renewing Anesthesia Permits and Required Maintenance of Emergency Drugs**
NRS 631.190, NRS 631.265, NAC 631.2227 and NAC 631.2231 (For Possible Action)

8. New Business:** (For Possible Action)a. Approval/Rejection of Permanent Anesthesia Permit – NAC 631.2235** (For Possible Action)

- (1) John Kersey, DDS – Moderate Sedation

- (2) Megan Tuffeland, DMD – Moderate Sedation
- (3) David E Somoza-Valle, DMD – Moderate Sedation

Dr. Lee introduced the above agenda item & passed it over to Dr. West & Dr. Hock. Dr. Hock started with 8.a.1 & made a motion to approve. Dr. West asked that they address 8.a. as a group. He went on to say all their paperwork was in order & in the Confidential Board Book, that he & Dr. Branco also reviewed them during their meeting. He then made a motion to approve all three, 8.a.1; 8.a.2; & 8.a.3. Dr. Hock seconded the motion, all were in favor & the motion passed.

***b. Approval/Rejection of 90-day Extension of Temporary Anesthesia Permit – NAC 631.2254(2)** (For Possible Action)

- (1) Nathan M Antoine, DMD – Moderate Sedation

Dr. Hock introduced the above agenda item & made a motion to approve, Dr. West seconded, all were in favor & the motion passed.

***c. Consideration and Possible Approval/Rejection of the Continuing Education Provider Course Application NAC 631.173** (For Possible Action)

- (1) PRP/PRF Training (Therapeutic & Aesthetic Botox-Dermal Fillers-TMJ-PRP in Dentistry) – 4 units) – Advanced Dental Institute
- (2) ASIST: Applied Suicide Intervention Skills Training – (15 units) – Richard Egan
- (3) Preservation and Regeneration of Periradicular Structure in Endodontic Microsurgery – (3 units) – David M Reeves, DDS
- (4) Diode Lasers – Standard Proficiency Course – (6 units) – Midwest Dental
- (5) Practice Leadership Conference – (3 units) – Nicole Bui-Fong, DDS

Dr. Kim introduced the above agenda item. He then elaborated on all 5 agenda items & gave a brief synopsis of each. Conversation ensued amongst the Board members. Dr. Kim made a motion to approve all five items, 8.c.1; 8.c.2; 8.c.3; 8.c.4; & 8.c.5. Dr. Johl seconded the motion, all were in favor & the motion passed.

***d. Discussion, Consideration, and Possible Recommendation to the Board to Approve or Deny The Vesper Institute as a Moderate Sedation Board Approved Course of Study and to Specifically Address Whether Such Course is for Patients 13 years of Age or Older NRS 631.190 & NAC 631.2213** (For possible action.)

Dr. Lee introduced the above agenda item & handed it over to Dr. West & Dr. Hock. Dr. Hock. Dr. Hock went into detail & gave a brief review. Conversation ensued amongst the Board, Counsel & public attendee Dr. Jay Reznick. Dr. West made a motion to approve, Dr. Hock seconded, all were in favor & the motion passed.

***e. Discussion, Consideration, and Possible Recommendation to the Board Regarding the Hiring of the Following as Part-Time On-Site Evaluator/Inspector Employees NRS 631.190, NAC 631.2221** (For Possible Action)

- (1) Lee E Roundy, DMD – Pediatric Moderate Sedation
- (2) Jeff E Moxley, DDS – General Anesthesia

Dr. Lee introduced the above agenda item & handed it over to Dr. West. Dr. West asked that address agenda item E as one group & made a motion to approve. Dr. Hock & Dr. Johl simultaneously seconded; all were in favor & the motion passed.

***f. Approval/Rejection of Temporary Anesthesia Permit NAC 631.2254** (For Possible Action)

Creed S Haymond, DDS – General Anesthesia

Dr. Lee introduced the agenda item & turned it over to Dr. West & Dr. Hock. Dr. Hock gave a brief review & made a motion to approve. Dr. West seconded that motion; all were in favor & the motion passed.

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

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There was no written public comment.

***10. Announcements**

Dr. Lee wished everyone a Happy Valentines.

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

Dr. Johl made a motion to adjourn. Dr. West seconded the motion. All were in favor. Motion passed.

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Agenda Item 5(c):

**Consideration, Review, and Possible Approval/Rejection
of Stipulation Agreements**

NRS 631.3635; NRS 622A.170; NRS 622.330

NRS 631.3635 Appointment of panel to review investigation or informal hearing; members; requirements of review; findings and recommendation.

1. The Board shall appoint a panel to review an investigation or informal hearing conducted pursuant to [NRS 631.363](#). Such a panel must consist of:

(a) If the subject of the investigation or informal hearing is a holder of a license to practice dental hygiene, one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dental hygiene who is not a member of the Board and is not the subject of the investigation or informal hearing.

(b) If the subject of the investigation or informal hearing is a holder of a license to practice dentistry or any other person not described in paragraph (a), one member of the Board who is a holder of a license to practice dentistry, one member of the Board who is a holder of a license to practice dental hygiene and one holder of a license to practice dentistry who is not a member of the Board and is not the subject of the investigation or informal hearing.

2. A review panel appointed pursuant to subsection 1 shall, in conducting a review of an investigation or informal hearing conducted pursuant to [NRS 631.363](#), review and consider, without limitation:

(a) All files and records collected or produced by the investigator;

(b) Any written findings of fact and conclusions prepared by the investigator; and

(c) Any other information deemed necessary by the review panel.

3. The investigator who conducted the investigation or informal hearing pursuant to [NRS 631.363](#) shall not participate in a review conducted pursuant to subsection 1.

4. Before the Board takes any action or makes any disposition relating to a complaint, the review panel appointed pursuant to subsection 1 to conduct a review of the investigation or informal hearing relating to the complaint shall present to the Board its findings and recommendation relating to the investigation or informal hearing, and the Board shall review and consider those findings and recommendations.

5. Meetings held by a review panel appointed pursuant to subsection 1 are not subject to the provisions of [chapter 241](#) of NRS.

(Added to NRS by [2017, 988](#))

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

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

2. The provisions of this chapter do not affect or limit the authority of a regulatory body to designate a panel of its members to hear a contested case pursuant to this chapter.

(Added to NRS by [2005, 744](#))

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

1. Except as otherwise provided in this section, a regulatory body may not enter into a consent or settlement agreement with a person who has allegedly committed a violation of any provision of this title which the regulatory body has the authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body, unless the regulatory body discusses and approves the terms of the agreement in a public meeting.

2. A regulatory body that consists of one natural person may enter into a consent or settlement agreement without complying with the provisions of subsection 1 if:

(a) The regulatory body posts notice in accordance with the requirements for notice for a meeting held pursuant to [chapter 241](#) of NRS and the notice states that:

(1) The regulatory body intends to resolve the alleged violation by entering into a consent or settlement agreement with the person who allegedly committed the violation; and

(2) For the limited time set forth in the notice, any person may request that the regulatory body conduct a public meeting to discuss the terms of the consent or settlement agreement by submitting a written request for such a meeting to the regulatory body within the time prescribed in the notice; and

(b) At the expiration of the time prescribed in the notice, the regulatory body has not received any requests for a public meeting regarding the consent or settlement agreement.

3. If a regulatory body enters into a consent or settlement agreement that is subject to the provisions of this section, the agreement is a public record.

4. The provisions of this section do not apply to a consent or settlement agreement between a regulatory body and a licensee that provides for the licensee to enter a diversionary program for the treatment of an alcohol or other substance use disorder.

(Added to NRS by [2003, 3417](#))

Agenda Item 5(c)(1):

Aida Cappiello, DDS

Agenda Item 5(c)(2):

Minyong Pak, DDS

Agenda Item 5(c)(3):

Minyong Pak, DDS

Agenda Item 5(d):

**Authorized Investigative Complaints - NRS 631.360
(For Possible Action)**

NRS 631.360 Investigation, notice and hearing; subpoena; search warrant; continuances; retention of complaints; regulations. [Effective January 1, 2020.]

1. Except as otherwise provided in [NRS 631.364](#), the Board may, upon its own motion, and shall, upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person who practices dentistry, dental hygiene or dental therapy in this State. A complaint may be filed anonymously. If a complaint is filed anonymously, the Board may accept the complaint but may refuse to consider the complaint if anonymity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

2. The Board shall, before initiating disciplinary action, at least 10 days before the date set for the hearing, notify the accused person in writing of any charges made. The notice may be served by delivery of it personally to the accused person or by mailing it by registered or certified mail to the place of business last specified by the accused person, as registered with the Board.

3. At the time and place fixed in the notice, the Board shall proceed to hear the charges. If the Board receives a report pursuant to subsection 5 of [NRS 228.420](#), a hearing must be held within 30 days after receiving the report.

4. The Board may compel the attendance of witnesses or the production of documents or objects by subpoena. The Board may adopt regulations that set forth a procedure pursuant to which the Executive Director may issue subpoenas on behalf of the Board. Any person who is subpoenaed pursuant to this subsection may request the Board to modify the terms of the subpoena or grant additional time for compliance.

5. The Board may obtain a search warrant from a magistrate upon a showing that the warrant is needed for an investigation or hearing being conducted by the Board and that reasonable cause exists to issue the warrant.

6. If the Board is not sitting at the time and place fixed in the notice, or at the time and place to which the hearing has been continued, the Board shall continue the hearing for a period not to exceed 30 days.

7. The Board shall retain all complaints received by the Board pursuant to this section for at least 10 years, including, without limitation, any complaints not acted upon.

[Part 11:152:1951] — (NRS A [1969, 95](#); [1981, 99](#); [1983, 1114](#); [1993, 784](#); [2007, 508](#); [2009, 883](#); [2013, 2219](#); [2017, 4415](#), effective January 1, 2020)

Agenda Item 5(d)(1):

Dr. Y – The Board received information alleging Dr. Y may have breached the standard of care, thereby potentially violating NRS 631.3475

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. 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. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
15. 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.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))



December 4, 2023

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

Re: Policy No.: [REDACTED]
Insured: [REDACTED]
Claimant: [REDACTED]
Date of Loss: 9/22/2023
Report Date: 11/1/2023
Date of Settlement: 11/28/2023

To Whom It May Concern:

This letter will serve to advise you of a settlement paid by TDIC on behalf of our insured, [REDACTED] on December 4, 2023 in the amount of \$20,000.00.

The insured was supposed to perform root canal on tooth #13 but inadvertently began root canal on tooth #12. Enclosed is a copy of the report that was submitted to the National Practitioner's Data Bank on December 4, 2023.

If you need any additional information regarding this case, please do not hesitate to contact me at 916.554-5341 or dina.martin@tdicins.com.

Sincerely,

A handwritten signature in cursive script that reads "Dina Martin".

Dina Martin
Claims Administrator

enclosure

The Dentists Insurance Company
1201 K Street, 17th Floor
Sacramento, CA 95814

800.733.0633
916.443.4468 fax
tdicinsurance.com

Received
DEC 11 2023
NSBDE

RMCLAIMS17



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000222742796

Process Date: 12/04/2023

Page: 1 of 3

For authorized use by:

THE DENTISTS INSURANCE COMPANY

THE DENTISTS INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 12/04/2023

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO TREAT

A. REPORTING ENTITY

Entity Name: THE DENTISTS INSURANCE COMPANY

Address: 1201 K ST FL 14

City, State, Zip: SACRAMENTO, CA 95814

Country:

Name or Office: DINA MARTIN

Title or Department: CLAIMS ADMINISTRATOR, CLAIMS DEPARTMENT

Telephone: (800) 733-0634 Ext. 5341

Entity Internal Report Reference: 023-09-009704

Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:

Other Name(s) Used:

Gender: MALE

Date of Birth: 07/10/1972

Organization Name:

Work Address:

City, State, ZIP:

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE (2004)

Occupation/Field of Licensure: DENTIST

State License Number, State of Licensure: NV

Specialty: ENDODONTICS

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 12/04/2023

Relationship of Entity to

This Practitioner:

INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner:

\$ 20,000.00

Date of This Payment:

12/04/2023

This Payment Represents:

A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner:

\$ 20,000.00

Payment Result of:

SETTLEMENT

Date of Settlement, if Any:

11/28/2023

Adjudicative Body Case Number:

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Received
DEC 11 2023
NSBDE



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000222742796

Process Date: 12/04/2023

Page: 2 of 3

For authorized use by:

THE DENTISTS INSURANCE COMPANY

Adjudicative Body Name:

Court File Number:

Description of Settlement and Any
Conditions, Including Terms of Payment:Settlement issued in the interest of compromise
and without admission of negligence.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 20,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund

Make a Payment for This Practitioner in This Case?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Did (or will) a Self-Insured Organization and/or Other Insurance

Company Make a Payment for This Practitioner in This Case?: NO

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 27 YEARS

Patient's Gender: MALE

Patient's Type: OUTPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

Description of the Procedure Performed:

Patient presents for root canal on tooth #13.
The insured inadvertently began root canal on
tooth #12.

Nature of Allegation: TREATMENT RELATED (060)

Specific Allegation: FAILURE TO TREAT (113)

Date of Event Associated With Allegation or Incident: 09/22/2023

Outcome: MINOR TEMPORARY INJURY (03)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

Root canal performed on the incorrect tooth.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Received

DEC 11 2023

NCBDE



National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Charlottesville, VA 20153-0832
<https://www.npdb.hrsa.gov>

DCN: 5500000222742796

Process Date: 12/04/2023

Page: 3 of 3

For authorized use by:

THE DENTISTS INSURANCE COMPANY

Date of Original Submission: 12/04/2023

Date of Most Recent Change: 12/04/2023

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Agenda Item 5(d)(2):

Dr. Z – The Board received information alleging Dr. Z may have breached the standard of care, thereby potentially violating NRS 631.3475

NRS 631.3475 Malpractice; professional incompetence; disciplinary action in another state; substandard care; procurement or administration of controlled substance or dangerous drug; alcohol or other substance use disorder; gross immorality; conviction of certain crimes; failure to comply with certain provisions relating to controlled substances; inappropriate administration of botulinum toxin or dermal or soft tissue fillers; failure to obtain certain training; violations related to pelvic examinations; certain operation of medical facility. 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.

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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. The performance or supervision of the performance of a pelvic examination in violation of [NRS 629.085](#); or
15. 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.

(Added to NRS by [1983, 1107](#); A [1987, 1556](#); [1993, 784](#); [2009, 882](#); [2011, 258, 849](#); [2015, 117, 1171](#); [2017, 1256, 4414](#); [2019, 2202, 3218, 3886](#); [2021, 1573](#))

JOHN H. COTTON & ASSOCIATES, Ltd



February 20, 2024

Via Facsimile (702) 486-7046

Investigative Committee
NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N. Green Valley Pkwy, Suite 104
Henderson, NV 89014

7900

WEST

In re:

Client :
Case No. :
File No. :

SAHARA

SUITE 200

To Whom it May Concern:

LAS VEGAS, NEVADA

Please be advised that a district court complaint regarding the above-referenced matter was filed with the Eighth Judicial District Court on January 16, 2024. This firm will be representing Dr. [REDACTED] during this matter.

89117

Should you have any questions, comments or concerns, please do not hesitate to contact me.

TELEPHONE: 702.832.5909

Very truly yours,

FACSIMILE: 702.832.5910

/s/ JOSHUA DAOR

Joshua Daor, Paralegal

Received
FEB 22 2024
NSBDE

8335 W. Flamingo Road
Las Vegas, Nevada 89147
Telephone: (702) 776-3333
Facsimile: (702) 505-9787
E-Mail: service@the702firm.com
Attorneys for Plaintiffs

CASE NO: [REDACTED]
Department 5

THE702FIRM, for their Complaint allege as follows:

JURISDICTIONAL STATEMENT

1. The Eighth Judicial District Court has jurisdiction of this civil tort action in accordance with NRCP 8(a)(4), NRS 13.040 and NRS 41.130 as the occurrence giving rise to this matter occurred in Clark County, Nevada and the amount in controversy exceeds \$15,000.

PARTIES

2. Plaintiff [REDACTED] ("[REDACTED]") is a 43-year-old man who resides in Kingman, Arizona, within Mojave County, State of Arizona, with his wife, Plaintiff [REDACTED] ("[REDACTED]"). [REDACTED] is suing the Defendants in this case because, together, they performed dental work on [REDACTED] and allowed for severe and pervasive infection to invade his teeth and jawbone, causing permanent bone loss.

3. The Defendants below, which Plaintiffs call "[REDACTED]", treated [REDACTED] and performed dental work on him. They include:

a. [REDACTED]
[REDACTED] is and was, at all times relevant herein, a Domestic Professional Corporation, authorized to, and conducting business in, Clark County, State of Nevada.

b. [REDACTED]
[REDACTED] is and was, at all times relevant herein, a Domestic Professional Limited-Liability Corporation, authorized to, and conducting business in, Clark County, State of Nevada.

c. [REDACTED] is and was, at all times relevant to these proceedings, a Domestic Professional LLC, licensed to, and conducting business in, Clark County, State of Nevada.

4. Defendant [REDACTED], which Plaintiffs call ("Dr. [REDACTED]") upon information and belief, resides in Clark County, State of Nevada, and performed the dental work on [REDACTED]. Upon information and belief, at all times relevant herein, Dr. [REDACTED] worked and performed services for [REDACTED]

1 5. [REDACTED]
2 [REDACTED] are natural persons who, through carelessness,
3 inattention, or a lack of diligence, negligently delayed the treatment of [REDACTED] infection.
4 Plaintiffs will seek to amend when they know who these Defendants are.

5 6. [REDACTED] are, upon belief, employers of other Defendants and
6 may therefore be liable under NRS 41.130 or other agency principles.

7 7. All Defendants were the agents, ostensible agents, servants, employees, employers,
8 partners, co-owners or joint venturers of their co-Defendants, and were acting within the color,
9 purpose and scope of their employment, agency, ownership or joint ventures at all relevant times.
10 Through such relationships, Defendants, and each of them, are vicariously and jointly and severally
11 liable for the acts or omissions of their co-Defendants.

12 || **BACKGROUND**

13 8. On February 2, 2023, [REDACTED] and his wife, [REDACTED] arrived at [REDACTED] for their
14 scheduled appointment.

15 9. At the same time and place, [REDACTED] was scheduled for six (6) complete dental
16 implants, surgical placement of the implant bodies, and surgical placement of healing caps.

17 10. That, upon information and belief, [REDACTED] was scheduled to receive teeth/crowns
18 through Defendant [REDACTED].

19 11. Upon intake, [REDACTED] and his wife [REDACTED] paid over 9,000 dollars in cash for the
20 procedure.

12. After paying, [REDACTED] was immediately taken back into the surgical room and was quickly given a panoramic x-ray.

23 13. Upon information and belief, Defendant [REDACTED] failed to read [REDACTED] medical
24 history, failed to evaluate his overall health, and failed to conduct a pre-surgical examination.
25 Without doing this, [REDACTED] simply began the procedure.

26 14. If Defendant [REDACTED] read [REDACTED] medical chart, reviewed his medical history, and
27 conducted a pre-surgical examination and interview, [REDACTED] would have known that [REDACTED] was a
28 smoker and had diabetes.

1 15. Because [REDACTED] smoked and had diabetes, he was at an increased risk of infection,
2 due to decreased blood flow, decreased immune response, and decreased blood flow to his teeth and
3 jaw. ^a

4 16. One hour after making his payment, [REDACTED] was taken into the operating room and
5 was placed under sedation.

6 17. While under sedation, [REDACTED] performed six implants on teeth (3), six (6), eight (8),
7 nine (9), eleven (11), and fourteen (14).

8 18. Upon completion, [REDACTED] was discharged home and merely prescribed an
9 antibiotic. [REDACTED] and [REDACTED] then returned to Kingman, Arizona without further discharge
10 instructions or follow-up appointments.

11 19. Between February 2, 2023, and February 4, 2023, [REDACTED] began to experience
12 debilitating pain in his jaw. [REDACTED] called [REDACTED] and was assured the pain was normal and to
13 continue taking the antibiotic.

14 20. On February 7, 2023, [REDACTED] called [REDACTED] to inform them he was in severe
15 pain, had severe swelling, severe sinus pain, and throbbing right temple pain. [REDACTED] could not
16 sleep and had difficulty eating.

17 21. On February 8, 2023, [REDACTED] and [REDACTED] returned to [REDACTED]. [REDACTED]
18 underwent a panoramic x-ray and was told he had a gum infection. As a part of his treatment, [REDACTED]
19 [REDACTED] prescribed [REDACTED] handwash, rather than mouth wash, to cure his symptoms.

20 22. On February 14, 2023, [REDACTED] prescribed Levofloxacin, which [REDACTED]
21 took to no avail.

22 23. On February 24, 2023, [REDACTED] presented back to [REDACTED] for a follow-up
23 concerning his severe jaw pain, sinus pain, and throbbing right temple pain. Upon examination,
24 [REDACTED] gums showed purulent pus and obvious infection. [REDACTED] was then prescribed another
25 antibiotic.

26 24. On February 28, 2023, [REDACTED] called [REDACTED] to alert them that the pain had
27 not subsided, was getting worse, and to let them know he was still in excruciating pain. [REDACTED]
28 was then told by Dr. [REDACTED] that a surgical debridement was necessary.

1 25. When ██████ sought the next available appointment, ██████ told him he
2 would not be seen until March 31, 2023, over one month later.

3 26. Unable to deal with the pain, ██████ canceled his appointment with ██████

4 27. On March 9, 2023, ██████ and ██████ traveled to Aliso Viejo, California, for a
5 second opinion concerning ██████ pain. He was seen by ██████

6 28. On March 9, 2023, Panoramic X-rays of ██████ jaw revealed swollen and sore
7 submandibular lymph nodes, draining fistulas around the implants, and extensive bone loss around
8 all three (3) upper right implants.

9 29. At the same time and place, it was recommended that ██████ undergo procedures
10 to remove all three (3) upper right implants. ██████ proceeded, and all three upper right implants
11 were removed.

12 30. Post-procedure analysis revealed severe infection of all right upper right implants.

13 31. Following removal of the three (3) upper right implants, ██████ was discharged
14 home, with follow up instructions to return in one month.

15 32. On April 4, 2023, ██████ returned to ██████. Although ██████
16 was feeling better, examination revealed continued infection around the molar area with draining
17 abscesses which worsened with pressure.

18 33. ██████ performed a secondary procedure to release pressure in ██████
19 upper right jaw, performed a debridement of tissue, and placed a bone graft to promote tissue growth
20 and healing.

21 34. Upon information and belief, Defendant ██████ did not exercise his medical judgment
22 to determine if ██████ possessed comorbidities such as smoking or diabetes.

23 35. Next, Defendant ██████, through laziness, distraction, or neglect, determined it was
24 okay that ██████ was not being treated right away for his chief complaints of jaw pain, swelling,
25 and sinus pain. ██████ knew he performed the implants on ██████ knew infection was a possibility,
26 and didn't do anything about it.

27 36. Making matters worse, ██████ failed to respond and properly assess the surgical sites
28 and implants, which could have included a debridement or referral to a specialist.

1 37. Lastly, [REDACTED] breached the standard of care by failing to obtain clearance from a
2 general practice physician, after completion of blood work to check recent A1C levels, and cessation
3 orders to stop smoking two weeks before surgery.

4 38. The above-referenced breach sounds in a lack of informed consent, as [REDACTED] was
5 unaware he carried a higher risk of infection and bone loss based on his status as a smoker and
6 diabetic.

7 39. That Defendants [REDACTED] and [REDACTED] had a duty to review [REDACTED] medical
8 records and inform him of his increased risk of infection prior to performing the implant procedures.

9 40. Based on the above-described failures, [REDACTED] has suffered from osteomyelitis,
10 irreversible and permanent mandibular bone loss, and a decreased quality of life.

11 DAMAGES AND NATURE OF ACTIONS

12 41. Each Defendant's actions caused substantial delay in [REDACTED] treatment. Every
13 minute that [REDACTED] treatment was delayed, he suffered some new bone loss and lengthened
14 infection and was additionally in preventable pain. Each Defendant's actions were thus causes-in-
15 fact and proximate causes of some of Plaintiffs' damages.

16 42. Each of Plaintiff's claims below is for more than \$15,000.

17 43. [REDACTED] and [REDACTED] seek, through all each of the claims below, damages for their
18 pain, suffering, loss of earning potential, and other damage during her lifetime.

19 44. [REDACTED] seeks damages for her grief or sorrow, loss of probable support,
20 companionship, society, comfort and consortium.

21 45. Defendants are liable for each other's actions to the extent that anyone was in a joint
22 venture, partnership, agency, or ostensible agency relationship with any other. Among other
23 relationships mentioned in this Complaint, upon reference, [REDACTED] and [REDACTED] are
24 partners in running the Nevada medical campus where [REDACTED] was first treated and where the
25 implants originated.

26 46. Defendants' conduct was willful, oppressive, malicious, and done with a reckless
27 and wanton disregard for the rights of Plaintiffs, such that Plaintiffs are entitled to exemplary (or
28 punitive) damages against Defendants to deter such conduct.

1 47. Plaintiffs have been compelled to retain the services of an attorney to prosecute this
2 action and are, therefore, entitled to their reasonable attorney fees.

3 **CLAIM 1: ORDINARY NEGLIGENCE**
4 **(AGAINST ALL DEFENDANTS)**

48. Plaintiffs incorporate the foregoing paragraphs as if fully set out in this claim.

49. Dr. [REDACTED] negligently:

- 6 a. Disregarded reading [REDACTED] medical chart before his procedure and failed
7 to appreciate his status as a smoker and diabetic.
- 8 b. Failed to recognize the severity of [REDACTED] infection and irreversible bone
9 loss.
- 10 c. Failed to arrange for a repeat examination of [REDACTED] jaw to assess the scope
11 and extent of the infection and bone loss.

12 50. [REDACTED] out
13 of laziness or forgetfulness, negligently failed to do anything in response to a known problem:
14 Namely, that [REDACTED] and [REDACTED] were repeatedly echoing concerns of debilitating and severe jaw
15 pain, tooth pain, sinus pain, and headaches. Despite this, **DOE Employees, Dental Assistants,**
16 **Physicians, Nurses, and Staff Members** failed to schedule an immediate check-up appointment
17 and failed to perform a complete and thorough physical examination.

18 51. [REDACTED] through the actions of its employees, agents, and ostensible agents,
19 negligently delayed [REDACTED] treatment which could have helped him.

20 52. Dr. [REDACTED] and [REDACTED] negligently failed to treat [REDACTED] for around five (5)
21 weeks though he knew [REDACTED] was in immediate pain and recently had six (6) dental implants
22 installed.

23 53. [REDACTED],
24 through carelessness, inattention, or a lack of diligence, negligently delayed [REDACTED] treatment.

25 54. Defendants' negligence was a proximate cause and cause-in-fact of [REDACTED]
26 injuries, including his irreversible mandibular bone loss.

27 55. Plaintiffs were damaged and state claims as asserted above.

28 ///

CLAIM 2: NEGLIGENT HIRING, TRAINING, AND RETENTION

(AGAINST ALL DEFENDANTS WHO ARE NOT NATURAL PERSONS)

56. Plaintiffs incorporate the foregoing paragraphs as if fully set out in this claim.

57. Defendants owed Plaintiffs a duty to adequately hire, train, retain, and supervise those under their control and employ to avoid unreasonable and foreseeable risks of harm.

58. Defendants breached their duty by failing to hire, train, retain, supervise, and control the natural persons named as Defendants in this action.

59. Plaintiffs were damaged and state claims as asserted above.

CLAIM 3: LOSS OF CONSORTIUM

(AGAINST ALL DEFENDANTS)

60. Plaintiffs incorporate the foregoing paragraphs as if fully set out in this claim.

61. As a result of Defendants' negligence, [REDACTED] lost the benefit of the comfort, aid, society, and companionship she would have had with her husband, causing her damages.

CLAIM 4: PROFESSIONAL NEGLIGENCE

**(AGAINST ALL DEFENDANTS WHO ARE, OR WHICH CLAIM TO BE,
PROVIDERS OF HEALTHCARE)**

62. Plaintiffs incorporate by reference all their legal theories stated above, and if the Court holds that any one of them sounds in professional negligence, Plaintiffs replead that theory here as if set out in full.

63. Plaintiffs also incorporate by reference the affidavits of merit of Brittney P. Ciszek, D.D.S., Ph.D. attached as Exhibits to this Complaint as *Exhibit 1*, and restate them here as if they were set out in full in this Count only.

64. Plaintiffs were damaged by Defendants' professional negligence as stated above and as stated in the Exhibits to this Complaint.

///

///

///

///

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs prays that the Court award relief as follows:

1. General damages for Plaintiffs' pain, suffering, disfigurement, emotional distress, shock, loss of enjoyment of life, grief, sorrow, loss of probable support, companionship, society, comfort and consortium, and agony in an amount over \$15,000;
2. Special damages for Plaintiffs' medical expenses in an amount over \$15,000;
3. Compensatory damages in an amount over \$15,000;
4. Exemplary damages to the extent allowed by law;
5. Costs of suit incurred including reasonable attorneys' fees; and
6. Any other relief the Court deems just and proper.

DATED this 16th day of January, 2024.

THE702FIRM

/s/ Michael Kane

MICHAEL C. KANE, ESQ.

Nevada Bar No.: 10096

BRADLEY J. MYERS, ESQ.

Nevada Bar No.: 8857

NICHOLAS J. DION, ESQ.

Nevada Bar No.: 16071

8335 W. Flamingo Road

Las Vegas, Nevada 89147

Attorneys for Plaintiffs

DEMAND FOR JURY TRIAL

Plaintiffs, by and through their attorneys of record, THE702FIRM, hereby demand a jury trial on all issues in the above matter.

DATED this 16th day of January, 2024.

THE702FIRM

/s/ Michael Kane

MICHAEL C. KANE, ESQ.

Nevada Bar No.: 10096

Attorneys for Plaintiffs

EXHIBIT 1

**AFFIDAVIT OF BRITTNEY P. CISZEK, D.D.S., Ph.D. IN SUPPORT OF
MEDICAL MALPRACTICE BREACH OF DUTY AND CAUSATION**

COUNTY OF WASATCH COUNTY
STATE OF UTAH

I, BRITTNEY P. CISZEK, D.D.S., Ph.D. being first duly sworn, deposes and says:

1. I am over eighteen, of sound mind and competent to make this Affidavit, which I make based on my background, education, training, and experience. This affidavit is also based upon my own personal knowledge and is constructed with a reasonable degree of medical certainty.
2. I am Doctor of Dental Surgery licensed to practice dentistry in the state of Utah. I have been board-certified by the National Dental Examining Board of the United States since March of 2020. I have also been board-certified by the National Dental Examining Board of Canada since July of 2020. I currently practice as the Clinical Director and Chief Dentist at the Whitecap Implant Dentistry in Heber City, Utah. I am the Institute Director and Curriculum Manager, as well as the Lead Educator at the Whitecap Implant Institute, where I provide education for ADA-Accredited Education Courses – providing extensive coverage of implants for the general dentist. I am also a licensed and credentialed Invisalign dentist.
3. I am also licensed by the Utah Division of Occupational and Professional Licensing, where I hold a Class IV Anesthesia Certification, also commonly known as Class “C” Certification.
4. In furtherance of my clinical practice, I have also authored, or have been the co-author of twelve dental clinical research projects, abstracts, and journals that have been published across the United States.
5. In addition to my authorship and research studies, I have participated as the keynote speaker nine times in clinical research academic institutions, with a primary focus at the University of North Carolina School of Dentistry and the Duke University School of Dentistry.
6. My further qualifications and background are set forth in the attached CV (**Exhibit “A”**), which is attached to this Affidavit and incorporated by reference.
7. I have reviewed records and/or documents relating to the care provided by the dentists who undertook the treatment and care of Mr. [REDACTED] where he was treated, including the following:
 - a. Medical Records from [REDACTED] from December 28, 2022, to July 25, 2023.

- b. Medical Records from [REDACTED] Dated June 2, 2023.
- c. Medical Records from [REDACTED] dated from March 9, 2023 to April 3, 2023.
- d. Medical Records Summary from Mr. [REDACTED] dated May 3, 2023.

Summary of Events

8. On December 28, 2022, Mr. [REDACTED] presented to [REDACTED] for what is noted to be a "discovery call." Clinical progress notes indicate Mr. [REDACTED] had extractions one year ago. Mr. [REDACTED] was not pleased with his current dentures and was seeking a more dental implant/fixture. These notes do not indicate a physical examination and do not indicate [REDACTED] obtained prior medical history documents from Mr. [REDACTED]
9. On February 2, 2023 at approximately 7:00 AM, Mr. [REDACTED] presented back to [REDACTED]. Clinical notes indicate Mr. [REDACTED] presented for upper dental implants. Clinical notes indicated that Mr. [REDACTED] was a current denture wearer.
10. On February 2, 2023 at approximately 9:00 AM, clinical records from [REDACTED] show [REDACTED] was scheduled to perform the implanting procedure under sedation for dental implants at #3, #5, #6, #11, #12 and #14.
11. Appointment notes indicate surgical placement of an endosteal implant at #3, #5, #6, #11, #12, and #14, with implanted healing caps at #3, #5, #6, #11, #12, and #14.
12. Clinical notes indicate Mr. [REDACTED] surgical implants were performed by [REDACTED]. Surgical notes from Dr. [REDACTED] indicate the following: 3 (4.5x15 tilted), 6 (3.5x11.5), 8 (3.5x11.5), 9 (3.5x11.5), 11 (3.5x11.5), 14 (3.5x15 tilted). Closed the flapped tissue using PGCL suture. 4 carps 4% Articaine 1:100k epi. 1 carp 0.5% Bupivacaine 1:200k epi. NV/ Post op check. Uncover the implants in four months for the bridgework.
13. Following the surgical implants, clinical notes indicate Mr. [REDACTED] was prescribed Clindamycin 300 mg capsule.
14. My review of the Medical Records Summary from Mr. [REDACTED] showed Mr. [REDACTED] complaining of severe pain on February 4, 2022. He called [REDACTED] to advise them of the pain and he was told to continue antibiotic treatment and his use of ibuprofen and Tylenol.
15. On February 7, 2023, it is noted that Mr. [REDACTED] contacted [REDACTED]. He informed them he was unable to sleep, was severely swollen, had throbbing pain in his temples, and had persistent headaches.
16. On February 8, 2023, Mr. [REDACTED] presented to [REDACTED] for a follow-up

1 appointment. Clinical notes from [REDACTED] indicate Mr. [REDACTED] as having "issues
2 since the procedure, including pain and headaches." Notes from Dr. [REDACTED] indicate Mr. [REDACTED]
3 presented with pain and swelling on the right side. New cone beam shows good position and
4 health in the bone around the implants. All appears to be healing well.

- 5 17. Dr. [REDACTED] prescribes Chlorhexidine Topical 2% liquid and metronidazole 375 mg capsule.
6 a. Of note, I am unsure why Dr. [REDACTED] would prescribe Chlorhexidine Topical 2% as
7 that is a hand wash, not an oral antibacterial liquid or mouthwash.

- 8 18. Medical Records Summary Note from Mr. [REDACTED] indicates the oral antibiotic was ineffective,
9 and he continued to have swelling, severe pain in his jaw, headaches, and difficulty sleeping.

- 10 19. On February 24, 2023, Mr. [REDACTED] presented to [REDACTED] for a follow-up
11 appointment. Notes indicate Mr. [REDACTED] was in continued pain, had lots of swelling, and stated
12 the antibiotics were ineffective.

- 13 20. Medical Records Summary from Mr. [REDACTED] indicated that Dr. [REDACTED] performed a physical
14 examination. Upon the application of pressure, Mr. [REDACTED] indicated pus came out. Mr. [REDACTED]
15 also indicated that Dr. [REDACTED] diagnosed Mr. [REDACTED] with osteomyelitis, which is absent from
16 the [REDACTED] records.

- 17 21. Dr. [REDACTED] advised continuing treatment. He prescribed levofloxacin 500 mg and Peridex
18 .12% liquid.

- 19 22. Medical Records Summary from Mr. [REDACTED] indicated despite the recent prescription of
20 levofloxacin, his clinical symptoms did not improve, and he remained swollen, in pain, had
21 difficulty chewing, and had difficulty sleeping.

- 22 23. On February 28, 2023, Medical Records Summary from Mr. [REDACTED] indicated he contacted
23 [REDACTED] to alert them of his continued pain. Mr. [REDACTED] asked for the earliest
24 appointment and was advised the earliest availability was March 31. [REDACTED]
25 notes indicate Mr. [REDACTED] was prescribed cephalexin 500 mg and was advised to continue
26 antibiotic treatment.

- 27 24. March 7, 2023, notes from [REDACTED] at [REDACTED] indicate that Mr. [REDACTED]
28 finished his antibiotic and infection was still present.

- 25 25. March 9, 2023 notes from [REDACTED] indicate Mr. [REDACTED] made contact and
26 requested an earlier appointment to clean infected debris.

- 27 26. Medical Records Summary from Mr. [REDACTED] indicate him and his wife, [REDACTED], scheduled an
28 appointment to see [REDACTED]. Website search indicates Dr. [REDACTED] runs
his own practice in Aliso Viejo, California.

- 1 27. On March 9, 2023, clinical records from [REDACTED] indicate the following:
2 Mr. [REDACTED] had six dental implants placed approximately five weeks ago on the maxillary by
3 a dentist in Las Vegas. Despite treatment, Mr. [REDACTED] has not improved and his teeth/jaw have
4 been causing pain since the initial surgery. Mr. [REDACTED] chief complaints included right sided
5 facial swelling, bad taste, and a clinical course of five antibiotics with no improvement in
6 symptoms.
- 7 28. Objective findings from Dr. [REDACTED] include the following: the maxillary is completely
8 edentulous. Mr. [REDACTED] has swollen and sore submandibular lymph nodes. There are draining
9 fistulas around upper right implants. Cone beam CT scan indicates bone loss (fibrous
10 encapsulation) around all three upper right implants. Mr. [REDACTED] was diagnosed with upper
11 right fibrous encapsulation of all three implants with suppuration.
- 12 29. Notes from [REDACTED] indicate Mr. [REDACTED] was informed of the clinical
13 findings. Dr. [REDACTED] advised and recommended that all three implants be removed. Surgical
14 summary revealed Gave 2.0 carps septo and 1.0 carp 2% lido all w/ 1:100K epi in LI. surgical
15 uncovering of implants removed with fingers and finger driver only. curettage of all
16 granulation tissue. Saline irrigation. Placed the collagen plugs infused with bone graft. PGA
17 sutures. OTC pain meds as necessary. 7-day Keflex. POIG. OTC hydrogen peroxide rinse.
- 18 30. Medical Records Summary from Mr. [REDACTED] indicated that Dr. [REDACTED] visualized pus from
19 Mr. [REDACTED] gums. Discussion with Dr. [REDACTED] indicated that panoramic x-ray showed
20 extensive bone loss around the implants. Mr. [REDACTED] indicated that two of the three implants
21 are removed by Dr. [REDACTED] fingers due to extensive bone loss. Mr. [REDACTED] notes he is told
22 that his mandible is very thin from untreated infection.
- 23 31. Dr. [REDACTED] advises Mr. [REDACTED] to follow up in one month.
- 24 32. On April 4, 2023, Mr. [REDACTED] presents to [REDACTED] for a follow-up
25 appointment. Treatment notes indicate Mr. [REDACTED] complaints have substantially decreased.
26 He is no longer in substantial pain. He indicates there is still a sore spot on the upper right.
27 Additionally, Mr. [REDACTED] notes his headaches have subsided and are gone.
- 28 33. Objective findings indicate suppuration around the pre-molar area with draining fistulas and
expression with pressure.
34. Dr. [REDACTED] treatment plan included 2.0 carp septo all w/ 1:100K epi. in LI. envelope flap
on the entire UR w/ m and D releasing incisions. curettage all the infection and found a large
sequestra of bone harboring the infection. Saline irrigation. placed membrane and particulate
bone graft. PGA sutures. POIG. pt to take 10-day keflex and OTC pain meds as necessary.
Gave oral surgery rinse.
35. On June 2, 2023, Mr. [REDACTED] presented to [REDACTED] where he
was seen by [REDACTED] Clinical notes indicate Mr. [REDACTED] and his [REDACTED] were

present for a second opinion about the remaining three implants and the recurrent bone infection/lack of bone.

36. Significant past medical history for Mr. [REDACTED] included the following: High blood pressure, bronchitis/chronic cough, snoring, smoker, chewing tobacco, Diabetes – Type 2, Stomach Ulcers/acid Reflux.

37. Examination revealed bone loss at the right maxilla with loss in vertical height and anterior bony plate. Dental implants in left implant revealed possible sinusitis and exposure at #11. Plans indicate possible treatment for osteomyelitis and removal of three remaining implants on the upper left side.

Analysis and Opinion

38. **Standard of Care** -- Well-established principles of medical care and dentistry care and dental implantology require physicians and dentists to appreciate the medical conditions and comorbidities of the patients who are in their care. This may include, but is not limited to, diabetes, smoking, high blood pressure, use of oral tobacco products, and gastroesophageal reflux disease. This means the standard, amongst other things, includes conducting a review of a patient's prior significant medical history, an interview with the patient to understand medical history which is not noted, and a consultation concerning the patient's medical conditions and risk factors. With respect to Mr. [REDACTED], his previous history of diabetes type 2, his status as a current smoker, and his use of oral tobacco products required a thorough review and consultation prior to the administration of anesthesia and surgery for prosthetic teeth implants. Further, the standard of care requires the dentist/physician to spend time and detail regarding the comorbidities and risk factors for increased infection. Further, well-established principles and standards of medical care require the patient to be well-informed prior to signing any consent forms, as the patient should specifically consent to the procedures with the knowledge of their heightened risk for infection. Lastly, well-established standards of dentistry care require any signs or symptoms of infection must be immediately observed and aggressively treated in a timely manner, requiring meticulous follow-up and post-operative care until signs and symptoms normalize.

39. **Breach** – It is my professional opinion to a reasonable degree of medical probability and certainty that [REDACTED] deviated from the applicable standard of care in the following ways; (1) By failing to thoroughly review [REDACTED] prior medical history. A thorough review of [REDACTED] medical history would have revealed his status as a diabetic and as a smoker. (2) By failing to discuss with [REDACTED] and his wife the details of his increased susceptibility to infection due to smoking and diabetes. It is my professional opinion to a reasonable degree of medical certainty that [REDACTED] did not adequately provide informed consent prior to the procedure as [REDACTED] never discussed Mr. [REDACTED] increased risk of infection. As the standard calls for thorough discussion of all medical condition and risk factors prior to the procedure, it is my opinion to a reasonable

1 degree of medical certainty [REDACTED] failed to discuss Mr. [REDACTED]
2 comorbidities and risk factors prior to surgery.

3 40. (3) [REDACTED] failed to respond to Mr. [REDACTED] symptoms and complaints in a
4 timely manner. This includes, but is not limited to, performing a physical examination of the
5 surgical sites, providing adequate follow-up, including possible removal of the hardware,
6 debridement of infected tissue and/or referral to a specialist. The record indicates that Mr.
7 [REDACTED] had significant complaints of pain and infection immediately following the procedure
8 as early as February 7, 2023, just five days following the procedure. The only noted post-
9 surgical examination was conducted on February 8, 2023, despite Mr. [REDACTED] repeated
10 complaints of swelling, severe jaw pain and tooth pain, headaches, and difficulty sleeping.
11 Despite the recurrence of these symptoms and repeated complaints to [REDACTED]
12 [REDACTED] failed to perform a repeat physical examination following February
13 8, 2023. It was not until March 9, 2023, four weeks later, where Mr. [REDACTED] underwent another
14 physical examination.

15 41. It is also my professional opinion within a reasonable degree of medical probability that
16 [REDACTED]'s failure to appropriately read Mr. [REDACTED] medical chart caused the
17 significant worsening of his symptoms. As well-established medical standards require a
18 physician and dentist to read a patient's clinical history prior to surgery, standards for Mr.
19 [REDACTED] should have included the following; (1) Clearance for the implant procedure by a
20 general practitioner or Mr. [REDACTED] primary care physician, (2) A
21 record/examination/referral/review to obtain Mr. [REDACTED] most recent A1C score to determine
22 Mr. [REDACTED] blood sugar, and (3) Recommendations for cessation of smoking two weeks prior
23 to surgery and two weeks following surgery. The failure of [REDACTED] to
24 perform any of the above constitutes a deviation of well-established standards of dentistry.

25 42. **Causation and Harm** – Based on my review of [REDACTED] medical records and
26 accompanying summary, it is my opinion beyond a degree of medical certainty that the
27 breaches of [REDACTED] resulted in [REDACTED] having a lack of informed
28 consent before the surgery, two months of severe pain, agony, and misery due to the failure
to timely and aggressively treat the infection in his jaw. The failure by [REDACTED]
[REDACTED] to timely and aggressively treat the infection in [REDACTED] jaw allowed the
infection to progress to osteomyelitis, implant and hardware failure, and irreversible bone
loss of the mandible. Although these symptoms and injuries are preliminary, the full
exacerbation of Mr. [REDACTED] injuries has yet to be determined. Mr. [REDACTED] decreased quality
of life may be more fully analyzed and explained as his treatment progresses.

1
2 43. Under the penalties of perjury for the state of Nevada, I declare that to the best of my
3 knowledge and belief, the facts and opinions stated above and true and correct based on the
4 information that has been provided to me.
5

6 *Brittney D. Bispek*
7 _____
8
9

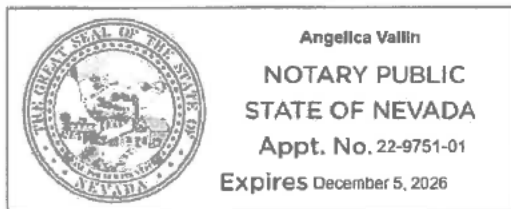
10 SUBSCRIBED AND SWORN TO before me

11 this 16th day of January, 2024.

12 Notary Public in and for Clark County and Nevada

13 *A. Vallin*
14 _____

15 NOTARY PUBLIC



16
17 Notarial act performed by audio-video communication.
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Brittney P. Ciszekbrittney@whitecapinstitute.com

7-145 Edgewater Dr, Hamilton ON, L8E5W6

530-554-3111

EDUCATION:**D.D.S.***The University of North Carolina School of Dentistry, Chapel Hill*
Aug 2016 – May 2020 (Degree Received: May 2020)**Ph.D.***The University of North Carolina School of Dentistry, Chapel Hill*
Oral Biology PhD Program - Sensory Neurobiology Track
Dissertation - Unraveling the Complexities of Idiopathic Pain Disorders: From Mouse to Man Aug 2012 – May 2016 (Degree Received: 05/06/2016)**B.Sc.***The University of California, Davis*
Major: Neurobiology, Physiology, and Behavior (Bachelor of Science)
Minor: Compositional Writing
Sep 2007 – Jun 2011 (Degree Received: 06/10/2011)**EXPERIENCE:****WORK EXPERIENCE:***August 2021 - Present***WHITECAP IMPLANT DENTISTRY - DENTIST, CLINICAL DIRECTOR**
Heber City, Utah

Clinical dentist at an Implant Clinic offering implant-related services such as implant placement, surgical extractions, advanced bone grafting (including onlay grafting, crestal sinus augmentations, and lateral window sinus augmentations), implant restorations, PRF preparation, and IV sedation. Experience with single, multiple, and full arch implant cases using the DIONavi digital system and workflow. Implemented esthetic procedures into the clinic, including microneedling with PRF.

*August 2021 - Present***WHITECAP IMPLANT INSTITUTE - EDUCATOR, CURRICULUM MANAGER**
Heber City, Utah

Educator for ADA-Accredited Continuing Education Courses, covering topics such as "Implant BootCamp - Introduction to Implants for the General Dentist", "Fixed Full-Arch Solution", "Guided Implant Placement Introduction", "Advanced Bone Grafting", and "Sinus Augmentation via a Lateral Window Approach".

*August 2021 - January 2022***HOLLADAY DENTAL STUDIO**
Holladay, Utah

Associateship at an office that offers comprehensive dental services to patients; including restorative, esthetic, surgical, prosthodontic, endodontic, implant, periodontic, and esthetic procedures.

*July 2020 - June 2021***GENERAL PRACTICE RESIDENCY PROGRAM**
University of Utah Health System (Certificate Received: June 2021)

1-year hospital-based program with exposure to restorative, esthetic, surgical, prosthodontic, endodontic, implantology, periodontics, emergency, and operating room procedures with a diverse patient population.

CERTIFICATIONS/LICENSING:

<i>August 2022</i>	WhiteCap Academy of Implant Dentistry - Member in Good Standing
<i>September 2021</i>	Utah Division of Occupational and Professional Licensing - IV Anesthesia Certification, Class C
<i>April 2020</i>	Invisalign Certification
<i>July 2020</i>	NDEB Board Certified (Canada Dental License)
<i>March 2020</i>	NBDE Board Certified (USA Dental License)

RESEARCH EXPERIENCE:

<i>Aug 2017 - Aug 2021</i>	DENTAL SCHOOL RESEARCH PROJECT <i>Pediatric Dentistry, UNC School of Dentistry (Mentor: Dr. Rocio Quinonez)</i> - Worked with a multi-disciplinary team to assess the efficacy of the Prenatal Oral Health Program (pOHP) at UNC.
<i>Apr 2018 - Dec 2019</i>	RESEARCH PROJECT <i>Anesthesiology Department, Duke University (Mentor: Dr. Andrea Nackley)</i> Assessed quantitative and qualitative pain phenotypes in patients with Persistent Pain Conditions.
<i>Aug 2016 - Aug 2017</i>	DENTAL SCHOOL RESEARCH PROJECT <i>Endodontics, UNC School of Dentistry (Mentor: Dr. Asma Khan)</i> Assessed the correlation between mechanical allodynia and pro-inflammatory cytokine expression in the gingival crevicular fluid of patients with apical periodontitis.
<i>Mar 2013 - May 2016</i>	GRADUATE SCHOOL THESIS PROJECT <i>Center for Pain Research and Innovation, UNC (Mentor: Dr. Andrea Nackley)</i> Assessed the role of peripheral β -adrenergic receptors in COMT-dependent pain disorders using thermal and mechanical pain assays on rodents. Assessed the role of microRNAs in rodent models of pain, as well as in persistent pain conditions.
<i>Dec 2012 - Mar 2013</i>	GRADUATE SCHOOL ROTATION <i>Endodontics, UNC School of Dentistry (Mentor: Dr. Asma Khan)</i> Determined that microRNAs possess the utility to be used as biomarkers of vestibulodynia (VBD).
<i>Aug 2012 - Jan 2012</i>	GRADUATE SCHOOL ROTATION <i>Brain Imaging and Analysis Center, Duke University (Mentor: Dr. Gabriel Dichter)</i> Examined how allelic variations and polymorphisms of the COMT and DAT1 genes may determine how patients with major depressive disorder respond to psychotherapy treatment.
<i>July 2011 - Aug 2012</i>	RESEARCH TECH/LAB MANAGER <i>Center for Pain Research & Innovation, UNC (Mentor: Dr. Andrea Nackley)</i> Performed behavioral assays and surgical procedures on rats and mice; maintained mouse/rat colonies; and performed various other general lab techniques and office management tasks.
<i>Aug 2010 - May 2011</i>	INDEPENDENT STUDY <i>Murine Behavioral Assessment Lab - UC Davis (Mentor: Dr. Mari Golub)</i> Phenotypically analyzed the differences between maternal behavior in transgenic Mecp2 ^{+/-} (an animal model for Rett Syndrome) and wildtype mice.
<i>Oct 2008 - July 2011</i>	RESEARCH ASSISTANT <i>Center for Comparative Medicine- UC Davis (Mentor: Dr. Mari Golub)</i>

Handled and assessed laboratory mice during behavioral and developmental research tests.

Summer 2008

RESEARCH INTERN/VOLUNTEER

Brock University, Department of Psychology (Mentor: Dr. Stefan Brudzynski)

Handled and socialized animals; assisted with intraacumbens injections; and assisted with measurement and analysis of ultrasonic vocalization patterns.

PUBLICATIONS:

Ciszek BP, Quinonez RB, Brame J, Weintraub JA. Implementing an Interprofessional Prenatal Oral Health Program: Infrastructure Evaluation and Participant Perceptions (*Manuscript Submitted 2021 – Health Promotion Practices*).

Ciszek BP, Quinonez RB, Weintraub JA. Dental Public Health Activity Descriptive Report – Update on The Prenatal Oral Health Program. *Report Published (October 2019) for the Association of State and Territorial Dental Directors Report on Best Practices*.

Ciszek BP, O'Buckley SC, Nackley. Peripherally located β_2 - and β_3 -adrenergic receptors contribute to the development of COMT-dependent pain in rats, but not the maintenance of pain in COMT-/- mice (May 2016). Poster session presented at: *American Pain Society Annual Meeting, Austin, TX*. Abstract # 312.

Hartung JE, **Ciszek BP**, O'Buckley SC, Nackley AG. Distinct mechanisms underlie the development and maintenance of COMT-dependent pain (May 2016). Poster session presented at: *American Pain Society Annual Meeting, Austin, TX*. Abstract # 374.

Oladosu FA, **Ciszek BP**, O'Buckley SC, Nackley AG. Novel intrathecal and subcutaneous catheter delivery systems in the mouse. *Journal of Neuroscience Methods* 1;**264**:119-28 (2016)

Ciszek BP, O'Buckley SC, Nackley AG. Persistent Catechol-O-methyltransferase-dependent pain is initiated by peripheral β adrenergic receptors. *Anesthesiology* **124**: 1122-35 (2016)

Ciszek BP, Khan AA, Dang H, Slade G, Smith S, Bair E, Maixner W, Zolnoun D, Nackley AG. MicroRNA expression profiles differentiate chronic pain condition subtypes. *Translational Research* S1931-5244(15)00213-3 (2015).

Hartung J, **Ciszek B**, Nackley A. β_2 - and β_3 - adrenergic receptors drive COMT-dependent pain by increasing production of nitric oxide and cytokines. *PAIN* **155**, 7:1346-55 (2014).

Ciszek BP, Khan A, Dang H, Slade G, Smith S, Bair E, Maixner W, Zolnoun D, Nackley A. (Oct 2014). MicroRNA expression profiles differentiate chronic pain condition subtypes. Poster session presented at: *International Association for the Study of Pain Annual Meeting, Buenos Aires, Argentina*. Abstract # PH130

Ciszek BP, Khan A, Dang H, Smith S, Bair E, Maixner W, Zolnoun D, Nackley A. (Nov 2013). MicroRNA biomarkers of complex persistent pain conditions. *Society for Neuroscience Annual Meeting, San Diego CA*, Abstract #742.05/PP18.

Ciszek BP, Khan A, Dang H, Lewis J, Muddana A, Maixner W, Bair E, Nackley A, Zolnoun D. (Oct 2013). Biomolecular correlates of a persistent pain disorder: vestibulodynia. *International Pelvic Pain Society Annual Meeting 2013, Orlando FL*, Abstract #14.

Ciszek BP, Nackley A. (Oct 2012) Chronic Catechol-o-methyltransferase-dependent pain: A peripheral adrenergic contribution. *Society for Neuroscience Annual Meeting, New Orleans LA*, Abstract #575.09/II14

RESEARCH PRESENTATIONS:

Ciszek BP, Quinonez R, Brame J, Weintraub J. (2019) Implementing a Prenatal Oral Health Program: Infrastructure Evaluation and Participant Perceptions. *Dental Research & Review Day, UNC School of Dentistry.*

Ciszek BP, O'Buckley SC, Nackley. (2016) Peripherally located β_2 - and β_3 -adrenergic receptors contribute to the development of COMT-dependent pain in rats, but not the maintenance of pain in COMT-/- mice. *2nd Annual Academic Evening for the Department of Anesthesiology, Duke University.*

Ciszek BP, Khan A, Dang H, Smith S, Bair E, Maixner W, Zolnoun D, Nackley A. (2014) microRNA expression profiles differentiate chronic pain condition subtypes. *Dental Research & Review Day, UNC School of Dentistry.*

Zhou Z, Damiano C, Sellers K, Ciszek BP, Miller S, Hanna E, Kovac M, Petty C, Kozink R, Froelinger B, McClernon F, Dichter G. (2013) Relations between resting state functional brain connectivity and multilocus dopamine scores in neurotypical adults. *Annual Celebration of Research Symposium, University of North Carolina- Chapel Hill.*

Ciszek BP, Nackley A. (2013) Chronic Catechol-o-methyltransferase-dependent pain: A peripheral adrenergic contribution. *Dental Research & Review Day, UNC School of Dentistry.*

Ciszek BP, Minkel J, Smoski M, Dichter G. (2013) Dopaminergic polymorphisms as predictors of gray matter density in reward-associated brain regions. *University of North Carolina BBSP Annual Poster Presentation.*

Ciszek BP. (2012) Chronic Catechol-O-methyltransferase-dependent pain: A peripheral site of action. *Dental Research and Review Day, University of North Carolina School of Dentistry.*

Winkle C, Ciszek BP, Segall S, Koller B, Diatchenko L, Nackley A. (2012) Catechol-O-methyltransferase- and Stress-Dependent Pain Sensitivity in Mast Cell Deficient Mice. *Dental Research and Review Day, University of North Carolina School of Dentistry.*

Winkle C, Ciszek BP, Koller B, Diatchenko L, Nackley A. (2011) Catechol-O-methyltransferase Pain Sensitivity in Mast Cell Knockouts. *University of North Carolina BBSP Annual Poster Presentation.*

OUTREACH/EXTRACURRICULAR ACTIVITIES:

2020	Lectured to PA students (Odontogenic infections and oral local anesthesia)
2019 – 2020	Wellbeing and Resiliency Task Force – UNC School of Dentistry
2019	Teaching Assistant – DDS1 Dental Anatomy
2019 – 2020	Dental Licensure Reform Task Force – ASDA/UNC School of Dentistry
2018 – 2020	DOC Scholars Program – UNC School of Dentistry
2017 – 2020	ASDA Legislative Committee Member – UNC School of Dentistry
2016 – 2020	Prenatal Oral Health Program Committee Member – UNC School of Dentistry
2015, 2016, 2019	Give Kids a Smile Volunteer – American Dental Association
2016 – 2018	Student Research Group Executive Board Vice President - UNC School of Dentistry
2018	ASDA/ADA Lobby Day Lobbyist – Washington, DC
2014 - 2017	Inclusive Excellence Committee Member - UNC School of Dentistry
2015	Youth Science Enrichment Program Volunteer/Lecturer – UNC School of Medicine
2014 - 2015	Scientific Journal Peer Reviewer – PLOS One
2014 - 2015	Health Sciences Library Director Search Committee Member – UNC

AWARDS/ACHIEVEMENTS:

2022: Gold Star Full-Arch Status - DIONavi Implant Corporation

2019: C. L. Sockwell Scholarship Award for Outstanding Achievement in Dental Anatomy (UNC SOD)

2019: Dental Alumni Association Scholarship (Dental Foundation of North Carolina)
2018: Colgate Research Award (American Association for Women Dentists)
2018: Gies Student Research Scholarship (American Dental Education Association)
2016: Gies Student Research Scholarship (American Dental Education Association)
2016: 1st Place Poster Award (Duke University Department of Anesthesiology - Annual Academic Evening)
2015: Freedland Advanced Dental Education Fellowship (Dental Foundation of North Carolina)
2015: Patrick M. Flood Leadership Award (UNC School of Dentistry – Oral Biology PhD Program)
2015: Turner Award Finalist (UNC SOD Dental Research & Review Day)
2015: HHMI International Student Fellowship Nominee
2014: Freedland Advanced Dental Education Fellowship (Dental Foundation of North Carolina)
2014: Turner Award Finalist (UNC SOD Dental Research & Review Day)
2013: 2nd Place - Poster Presentation at the International Pelvic Pain Society Meeting (Orlando, FL)
2013-2016: Science Program for Excellence in Science member (funded by AAAS/Science Magazine)
2013-2016: Committee Member/Student Representative to the Oral Biology Executive Committee
2013: Program in Translational Medicine member (HHMI funded award)
2013: 2nd Runner Up - Turner Award (UNC SOD Dental Research & Review Day)
2012: Merit Fellowship recipient (UNC Doctorate Program Fellowship)
2012: Director's Award recipient (UNC Doctorate Program Award)
2011: Attended the annual Women's Leadership Conference at UC Davis
2009: Attended the annual National Society of Collegiate Scholars Convention (Washington, DC)
2008: Honors in Science Award (UC Davis)

REFERENCES: available by request

Agenda Item 6:

New Business:
(For Possible Action)

Agenda Item 6(a):

**Approval/Rejection of 90-Day Extension of Temporary
Anesthesia Permit
NAC 631.2254(2); NRS 631.190**

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

1. The Board may grant a temporary permit to administer general anesthesia and deep sedation or a temporary permit to administer moderate sedation to an applicant who meets the qualifications for a permit to administer that type of anesthesia or sedation pursuant to [NAC 631.2213](#).

2. A temporary permit is valid for not more than 90 days, but the Board may, in any case it deems appropriate, grant a 90-day extension of the permit.

3. The Board may require the holder of a temporary permit to pass an on-site inspection as a condition of retaining the permit. If the holder fails the inspection, his or her permit will be revoked. In case of revocation, the holder of a temporary permit may apply to be reinspected in accordance with the procedures set forth in [NAC 631.2235](#).

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 6(a)(1):

Joseph L Weber, DMD - Moderate Sedation



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

*Dr. David Diehl holds
site permit + SPMS368*

MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 13 years of age or older)

Name: Joseph L Weber DMD License Number: 7236

Dental Practice Name Marina Hills Dental

Office Address: 282 Spring Creek Pkwy. Set 202

Spring Creek, NV 89815

Office Telephone (775) 738-3110

Office Fax: _____

Office Site Permit

*Check box if you are
applying for a Site
Permit for this same
office location as well*

DENTAL EDUCATION

University/
College: University of Nevada Las Vegas

Location: 1001 Shadow Lane
Las Vegas, Nevada 89106-4124

Dates attended: 09. / 01. / 14 to 05. / 01. / 17 Degree Earned:
Doctorate of Dental Medicine

BOARD APPROVED PROGRAM

Name/
Instructor: Oregon Academy of General Dentistry
Dr. Kenneth L. Reed, DMD

Location: Oregon AGD
13333 SW 68th Pkwy. Ste. 010
Tigard, Oregon 97223

Dates attended: 07. / 13. / 23 to 10. / 15. / 23 Certificate
Granted:
comprehensive
training in parenteral
moderate sedation
certificate

The following information and documentation must be received by the Board of Dental Examiners for consideration of a MODERATE SEDATION permit:

Received

DEC 22 2023

NSBDE

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

- 4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a Moderate Sedation Permit to administer moderate sedation to patients 13 years of age or older from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 13 years of age or older at the address listed above. If I wish to administer moderate sedation to patients 13 years of age or older at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to patients 13 years of age or older. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 13 years of age or older.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 12 years of age or younger or the administration of deep sedation or general anesthesia by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant



Date

11/1/2023

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "Pediatric Moderate Sedation Admin Permit"

Received

DEC 22 2023

NSBDE

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older and proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



**American
Heart
Association.**

Joseph Weber

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Advanced Cardiovascular Life Support (ACLS) Program.**

Issue Date

8/25/2023

Training Center Name

REMSA - Regional Emergency Medical Services Authority

Training Center ID

NV03126

Training Center City, State

Reno, NV

**Training Center Phone
Number**

(775) 353-0772

Training Site Name

Renew By

08/2025

Instructor Name

Joel Finley

Instructor ID

11160513041

eCard Code

235409969148

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
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Received
DEC 22 2023
NSBDE

Agenda Item 6(b):

**Approval/Rejection of Temporary Anesthesia Permit
NAC 631.2254; NRS 631.190**

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

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

(Added to NAC by Bd. of Dental Exam'rs, eff. 11-28-90; A by R005-99, 9-7-2000; R004-17, 5-16-2018)

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 6(b)(1):

Greg A Roberts, DDS - General Anesthesia



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
Dr. Travis Kirkland holds Anesthesia site permit SPG393-AA

GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit ☐

Check box if you are applying for a Site Permit for this same office location as well

Name: DR. Greg Roberts License Number: S2-210C

Dental Practice Name: 7 DAY DENTAL

Office Address: 2575 N 5th St.

Office Telephone: 775-738-9666

Elko, NV 89801

Office Fax: 775-738-6815

DENTAL EDUCATION

University / College: MEDICAL College of Virginia School of Dentistry
Location: Richmond, Virginia

Dates attended: July 1984 to May 1988
Degree Earned: DDS

SPECIALTY EDUCATION

University / College: George Town
Location: Washington DC District of Columbia

Dates attended: August 1988 to July 1991
Degree Earned: Oral & Maxillofacial Surgery

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

Received

JAN 08 2024

NSBDE

Revised 1/2014

QUESTION SECTION:**HAVE YOU:**

- 1) Completed one (1) year advanced training in Anesthesiology? _____ Yes ☒ No

Where: _____ When: _____

- 2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology? _____
Yes ☒ No

Where: _____ When: _____

- 3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? ☒ Yes _____ No

Where: Georgetown When: July 1991

I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I, hereby acknowledge the information contained on this application is true and correct and I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant

Date

Dr. Amy Roberts
2/6/24

Received

JAN 08 2024

NSBDE



Nevada State Board of Dental Examiners

VERIFY LICENSE

License information on this site reflects information in the Nevada State Board of Dental Examiners database; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed.

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the exact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search.

Last Name :

First Name :

License Number :

s2-210c

For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed information. To clear the search and enter new search, click on the Reset button above.

Show : 10 entries

Credentials	Practitioner Name	Speciality Details	Location	Status	Public Health	Action
Specialty Dentist	Greg A. Roberts		South Ogden UT 84403	Active		

Full Name : Roberts, Greg A.

Primary Office Address : 5742 S. 1475 E #100,

City, State Zip : South Ogden, UT 84403

Office Phone :

License Number : S2-210C

License Date : 11/12/2023

Status : Active

Expiration Date : 06/30/2025

Graduated From :

Graduation Date :

Permits :

Permit	Permit Number	Issue Date	Exp Date
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Board Action / Malpractice :

Action Type	Date	Document Link
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← Close detail

First () Previous () Next () Last ()

✓ 02/08/24
AM

Agenda Item 6(c):

**Discussion, Consideration & Possible Action Regarding
Board Audit for FY 2023
NRS 631.190 (*For Possible Action*)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Agenda Item 6(c)(1):

Casey Neilon, CPA's

Agenda Item 6(d):

**Discussion, Consideration & Possible Action Regarding
Recommendations of the Legislative, Legal & Dental
Practice Committee to Full Board Regarding Proposed
Amendments, Additions, and/or Revisions to Nevada
Administrative Code Chapter 631(NAC631) Relating to
Teledentistry and Immunizations in Conformance with
AB 147 - NRS 631.190 *(For Possible Action)***

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

Assembly Bill No. 147—Assemblywoman Marzola

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



- 2 -

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.



- 3 -

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;



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- ~~[(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;*



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(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*



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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 ~~§ 15~~, *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~~

~~—15.1~~ *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.



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(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



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(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.

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Teledentistry (AB 147) Summary of Requested Regs

- 1) Board regs should define both synchronous interactions and asynchronous transmissions (reference to NRS 629.515)
- 2) Board regs need to define “bona fide relationship” between patient/dental provider (potentially use Virginia definition §541.2711 or NDA version as a guide)
- 3) Board regs should require written consent of patient receiving proof of dental provider licensure/details as outlined in Sec.10/sub 3 (part of informed consent below)
- 4) Board regs 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).
*Informed consent should also include proof of dental provider licensure/details provided to patient.
- 5) Board regs should require adherence to Pharmacy Board standards/regs for the purposes of issuing prescriptions as outlined in Sec.13/sub 1(a)
*Restrict opiate prescriptions
- 6) Board regs 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
- 7) Board regs 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 1(d)(1)(reference to NRS 631.3122)
- 8) Board regs should require all medications/immunizations to be returned to a physical location on a daily basis to ensure safety/storage protocols
- 9) Board regs should clarify who must “Issue or obtain...a standing order for administration of immunization approved by DPBH/DHHS” as outlined in

Sec. 17/sub1(a)

*Statutory language can be potentially interpreted to permit a hygienist of dental therapist to issue standing order

10) Board regs should require that policies and procedures outlined in Sec.17/sub b and c to be submitted along with endorsement application

*Note: Pharmacy Board indicates that unused drugs must be returned to clinic at the end of the day (i.e. epinephrine).

Immunizations (AB 147) Summary of Requested Regs

1) Board regs should require patients to be treated/immunized will be 18+

2) Board regs should limit vaccines to flu and Covid-19

3) Board regs should require DH/DT to complete 20 hrs. continuing education 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.**

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

5) Board regs should require that licensees contact patient's primary care physician (CPC) after each vaccine dose given

6) Board regs 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

7) Board regs should require written consent and verification of medical history review for immunizations as outlined in Sec.18

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

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

10) Board regs 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.

Agenda Item 6(e):

**Discussion, Consideration & Possible Action for
Employment Committee to Conduct Search to Fill
the Unclassified Executive Director Position
NRS 631.190; NRS 622.220 (For Possible Action)**

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NRS 622.220 Conditions and limitations regarding employment of person as executive director or executive secretary or in similar position. If a regulatory body employs a person as an executive director or executive secretary or in a position with powers and duties similar to those of an executive director or executive secretary, the person:

1. Must possess a level of education or experience, or a combination of both, to qualify the person to perform the administrative and managerial tasks required of the position;
 2. Must be a resident of this State;
 3. Must not be employed by another regulatory body as an executive director or executive secretary or in a position with powers and duties similar to those of an executive director or executive secretary; and
 4. Must not be the immediate relative of:
 - (a) A member or employee of the regulatory body; or
 - (b) A licensee of the regulatory body.
- (Added to NRS by 2003, 1186; A 2017, 2844)

Agenda Item 6(f):

**Discussion, Consideration & Possible Selection/
Appointment of Interim Executive Director(s)
Blair Parker, Esq. & Mark Karris, Esq.
NRS 631.160; NRS 631.190 (*For Possible Action*)**

NRS 631.160 Officers and Executive Director.

1. At the first regular meeting of each year, the Board shall elect from its membership one of its members as President and one of its members as Secretary-Treasurer, each of whom shall hold office for 1 year and until a successor is elected and qualified.

2. The Board shall define the duties of the President, the Secretary-Treasurer and the Executive Director.

3. The Executive Director shall receive such compensation as determined by the Board, and the Board shall fix the amount of the bond to be furnished by the Secretary-Treasurer and the Executive Director.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1995, 275](#))

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)