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DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS  
NEVADA STATE BOARD OF DENTAL EXAMINERS

**PUBLIC MEETING NOTICE & AGENDA**

**Anesthesia Committee**

**Meeting Date & Time**

Tuesday, March 24, 2026  
6:00 p.m.

**Meeting Location**

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

**Video Conferencing/ Teleconferencing Available**

**To access by phone, +1(646) 568-7788**

**To access by video webinar,**

**<https://us06web.zoom.us/j/83401756678>**

**Webinar/Meeting ID#: 834 0175 6678**

**Webinar/Meeting Passcode: 651659**

**PUBLIC NOTICE:**

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

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov).** Written submissions received by the Board on or before Monday, March 23, 2026, by 12:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may: 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone

conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

**Note:** Asterisks (\*) "**For Possible Action**" denotes items on which the Board may take action.

**Note:** Action by the Board on an item may be to approve, deny, amend, or table it.

## **1. Call to Order**

### **a. Roll Call/Quorum**

**Committee Members' Present: Dr. Joshua Branco (Chair), Dr. Ron West, Dr. Christopher Hock, Dr. Joan Landron, Dr. Ashley Hoban.**

**Sub-Committee Members' Present: Dr. Amanda Okundaye, Dr. James Schlesinger, Dr. Kevin Moore, Dr. Alice Chen**

**Committee Members' Absent: Jade Miller**

**Board Staff Present: Director Higginbotham, A. Cymerman, M. Kelley, M. Ramirez, R. Vanleer**

**2. Public Comment (Live public comment by teleconference and pre-submitted email/written form):** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during the 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 to based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to [nsbde@dental.nv.gov](mailto:nsbde@dental.nv.gov), or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Monday, March 23, 2026, at 12:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

Karen Martin commented her concerns regarding NRS 631.215 about language affecting dental hygienists, particularly subsection 2 and subsection 1(b), which requires supervision by a licensed dentist when administering local anesthesia or nitrous oxide. Ms. Martin expressed that it seems inconsistent with existing supervision standards already outlined in our regulations, especially given that hygienists have been trained and safely administering anesthesia under established rules for some time. Ms. Martin stated that the wording is vague and does not specify supervision level and inquired about whether this provision could be removed or clarified to align with current regulations. Lisa Daniels shared concerns given the current dental hygiene shortage. Ms. Daniels stated that it seemed contradictory to lower standards in some areas while raising them in others, despite statutes already defining the scope of practice and supervision levels. She also questioned why the change is being introduced through the Board rather than legislation, particularly since similar practices have been in place before.

Karen Solie shared a similar concern regarding NRS 631.215. Ms. Solie requested that this language be removed or reverted to the original statute, which allows administration of local anesthesia and nitrous oxide under dentist authorization without supervision. This proposed change is more restrictive, creates barriers, and undermines our education, training, and long-standing practice since 2019 she stated. Ms. Soly asked for clarification on subsection 3— requiring a minimal sedation permit and anesthesia site permit mean that any office using nitrous oxide must now undergo an anesthesia inspection?

General Counsel Barraclough clarified that the version previously reviewed was outdated. The current language states that a dental hygienist or therapist may administer local anesthesia or nitrous oxide if they are either supervised or authorized by the licensed dentist, at the dentist's discretion. This change was made to align with related provisions in sections 210 and 220, ensuring consistency across the regulations.

Dr. Branco asked Ms. Barraclough to direct the board members to the NAC that allows the authorization of local anesthetic.

General Counsel Barraclough mentioned there was drafted revisions to the NAC, and preliminary version has been shared. However, those changes could not be implemented until the NRS is updated. The current NAC does not reflect these provisions, so the NRS must be amended first before the NAC can be revised to align with it.

Dr. Branco asked if the current NS, allows a dental hygienist to give local anesthetic or nitrous oxide without direct supervision of a dentist.

General Counsel Barraclough stated that the current NRS allows authorization but also references a minimal sedation permit, which created issues with the LCB requiring that permit for nitrous use. This led to scrapping the previous anesthesia regulations to clarify who actually needs the permit. The decision to adopt a two- or three-permit structure will determine permitting requirements, including whether hygienists need a permit for nitrous

Dr. West stated that he was under the impression that the current regulations—though not consistently followed—establish a four-permit system, and that we are considering moving to a two- or three-permit system.

General Counsel Barraclough explained that the current structure is technically four permits—general anesthesia, deep sedation, moderate sedation, and minimal sedation but deep sedation and general anesthesia are often treated as the same. The LCB required inclusion of minimal sedation because it's in statute, which led to reconsidering the system. The Board is now deciding between a two- or three-permit structure, with the current draft reflecting a three-permit model as a starting point for discussion.

Dr. West expressed that nitrous oxide should be treated as a simple, basic permit with minimal risk, suggesting the LCB may not fully understand its use. He noted the key issue is whether hygienists administering nitrous should be authorized or supervised. He also highlighted the broader discussion around structuring sedation permits into three main categories: minimal (including nitrous), moderate (conscious sedation), and general anesthesia.

Dr. Branco clarified that conscious sedation and moderate sedation are the same.

Dr. West clarified that minimal conscious sedation is a separate category, typically involving agents like triazolam.

Dr. Amanda Okundaye added that the ADA sedation continuum—minimal, moderate, deep, and general—which would resolve much of this confusion, as “minimal conscious sedation” isn’t a recognized category. Under this framework, nitrous oxide is considered minimal sedation (anxiolysis) and typically does not require a permit in most states. A permit would only be needed if the dosage exceeds the maximum recommended amount outlined in the package insert.

Dr. Branco requested to jump into 4a before taking any more comments due to wanting to stay on the topic of medical definitions and also stated that the definitions are simply clarifying terms in the NRS and are not tied to the regulatory requirements.

### 3. **Chairperson’s Report:** (For Possible Action)

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

NA

- b. Approve Agenda (For Possible Action)

A motion to approve the agenda made by Dr. West and seconded by Dr. Hoban.

No discussion. All members voted ‘AYE’

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

- a. Review, Discussion, and Possible Approval to Recommend to the Full Board Revisions to the NRS Related to Anesthesia Definitions and Permits – NRS 631.190 (For Possible Action)

General Counsel Barraclough shared that the definitions were developed based on survey feedback favoring ADA standards, then adapted into legal language for the LCB, so while wording differs, the intent remains consistent with ADA definitions.

Dr. Okundaye stated that the statute’s definition of deep sedation differs from ADAs, as it lacks key elements such as drug-induced depression, purposeful response, and potential airway intervention.

General Counsel Barraclough noted that aside from minor differences, the definitions

haven't changed significantly, and while the Board could submit the exact ADA language, the LCB is likely to push back and request more detailed legal clarification.

Dr. Hock generally agreed the definitions looked appropriate but suggested using ADA definitions to avoid reinventing the wheel, while acknowledging that the LCB may require them to be expanded or clarified in more accessible legal language.

General Counsel Barraclough explained that the definitions were written in clear legal language so lawyers and judges can interpret them without confusion or relying heavily on expert testimony, though the Board may still choose to use ADA definitions and address any resulting LCB feedback.

Dr. West responded to Ms. Barraclough and stated that those situations are rare, and if they do reach court, experts—such as attorneys with medical or dental backgrounds—would likely interpret them. For that reason, it seems reasonable to keep the definitions as close to ADA standards as possible, at least initially.

Dr. Moore asked if Ms. Barraclough could clarify what the current proposed language is under 630.1027, and whether it differs from what is posted online?

General Counsel Barraclough responded and informed that the definitions are essentially unchanged between versions, with only minor updates related to RDH language due to discussions on sections 210 and 220. Ms. Barraclough prompted that the group could look at the actual ADA language, and then she could explain how it would likely apply to this definition.

Dr. West concerned, as mentioned by Amanda, the ADA language is fairly short, and much of it already appears in your draft. It might help to compare the ADA text sentence by sentence with what you've written so the board can clearly see any differences and move things along more smoothly.

Dr. Branco added that the definitions didn't seem very technical and questioned if they may be rejected and sent back?

Director Higginbotham clarified anything that would need to be defined would be another reference that would need to be included.

General Counsel Barraclough stated that the intent is to confirm that the ADA definitions, though shorter—such as the one-sentence definition for local anesthesia—are considered sufficiently detailed to guide review panels in evaluating complaints and determining whether a violation has occurred, compared to the more detailed survey-based definitions.

Dr. West stated that if an anesthesia-related complaint reached the review panel level, a specialist in anesthesia would assist the panel in its evaluation.

General Counsel Barraclough asked Dr. Branco to confirm that all listed subsections, including local anesthesia, should be updated to use the ADA definitions.

Dr. Branco responded and suggested replacing the first sentence with the ADA definition and keeping the second sentence.

Dr. Hogan raised concern that the “no cardiac change” language is unclear and difficult to separate, especially since most local anesthetics use epinephrine.

Dr. Branco agreed to simplify and use only the ADA definition for local anesthesia and apply ADA definitions across all categories.

- i. NRS 631.027 - Deep Sedation**
- ii. NRS 631.078 - Minimal Sedation**

- iii. **NRS 631.079** - Moderate Sedation
- iv. **NRS 631.055** - General Anesthesia

Dr. West stated that the group will review the full ADA language, make any necessary adjustments to ensure comfort with the definitions, then seek board approval before advancing the language to lobbyists and the LCB, with one additional meeting planned to finalize everything.

Dr. Branco made the decision to table 4A. I-IV

- v. **NRS 631.215** - Persons deemed to be practicing dentistry; regulations regarding clinical practice of dentistry

General Counsel Barraclough stated the redlined changes focus on whether to include a minimal sedation permit and whether hygienists or therapists can administer anesthesia, which depends on deciding between a two- or three-permit structure and whether to keep or revise the proposed language.

Dr. West stated that permits should follow the individual provider rather than the office, allowing flexibility if a dentist doesn't offer certain services, and support allowing hygienists to use equipment if properly permitted, without requiring the entire office to be permitted. Dr. West explained that dentists are certified through dental school and that a dentist could authorize or supervise a hygienist to perform the procedure, even if the dentist does not personally perform it in their practice.

Dr. Okundaye noted that CODA standards already require training in nitrous for both hygienists and dentists, so graduates are qualified to provide minimal sedation, making a separate minimal sedation permit redundant. She suggests adding language clarifying that nitrous oxide (anxiolysis) is considered minimal sedation under COTA standards, and that adding any drug beyond nitrous moves the procedure into moderate sedation requiring a permit.

General Counsel Barraclough explained that permit details will be defined in NAC, not the overarching statute, and suggests reviewing section NRS 631.265 (permit structure) first before returning to section 215 to determine how those decisions apply to hygienists and dental therapists.

- vi. **NRS 631.265** - Permit to administer or supervise administration of general anesthesia, minimal sedation, moderate sedation or deep sedation; regulations

Dr. Branco, and Dr. West, and Dr. Hawk supported maintaining the current two-permit structure to avoid unnecessary complexity.

General Counsel Barraclough tabled 265 for a revision. The proposal shifted to a two-permit structure—general anesthesia (including deep sedation) and moderate sedation—while noting that removing minimal sedation may prompt questions from the LCB since it was only added in 2015. Ms. Barraclough mentioned adding something to the effect of no permit will be needed to do minimal sedation if a CODA approved program is obtained.

- vii. **NRS 631.313** - Assignment of dental hygienist, dental therapist, dental assistant, expanded function dental assistant or other person to perform certain intraoral tasks under certain circumstances; exceptions; administration of local anesthesia or nitrous oxide by dental hygienist; regulations

General Counsel Barraclough stated that these changes aim to simplify the process by allowing delegation of sedation duties to equally permitted providers without requiring board approval each time, while also clarifying personnel and facility requirements.

Dr. Branco proposed this should be tabled all together for a final review

**viii. NRS 631.345 - Fees; regulations**

General Counsel Barraclough proposed that the NS will set fee caps while NAC will determine the specific fees. Dr. West was comfortable with the caps, but Dr. Branco suggested to remove minimal sedation from this section. They also supported a higher fee for courses leading to permits due to the added review workload but decided the term “advanced instruction course” should be changed to something clearer, like “certification course.”

Ms. Barraclough tabled to make these revisions before moving forward.

**5. 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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No public comment

**6. Announcements:**

NA

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

*Note: To minimize computer resource and data storage drains, only the copies of the applications (redacted to exclude personal identifying or personal health information) are included with this agenda. However, the Board acknowledges that some records attached to the applications (aside from any included proprietary information, but including such things as permits, licenses, route maps, etc.) are generally public records. The Board will make available copies of the non-confidential documents attached to the applications to any member of the public upon request.*

A motion to adjourn was made by Dr. West and seconded by Dr. Hock.

No discussion. All members voted ‘AYE.’