



# Nevada State Board of Dental Examiners

May 22, 2026- Administrative Rulemaking Workshop

1. NAC 631.033, 631.173, 631.175, and 631.177 (CE- Related)
2. NAC 631.210 (Authorization / Supervision – Related)
3. NAC 631.220 (Dental Assistant Scaling - Related)

# May 22, 2026, NSBDE Administrative Rulemaking Workshop — Procedural Roadmap

5-Minute Break Every 90 Minutes | 1-Hour Break at 12:30 to 1:30 | Hard Stop at 4:45 PM

1

## Preliminary check of responses to NAC 631.033, 631.173, 631.175, and 631.177 (CE regulations)

- If few comments, the Board will go through these for comments.
- If more than three comments per regulation, item is tabled to the end of the workshop.

2

## Introduction to NAC 631.210 (Hygienist Scope) and NAC 631.220 (Assistant Scope)

- Who introduced these and how they were tied together.
- How the versions under review today came about.
- Why the Board is involved, the legislative directive, and the participation needed today.

3

## Review of data on Nevada’s dental hygienist shortage (slides 3-15)

Data review

- Executive Director reviews data on the Nevada dental hygienist shortage.
- What could happen if no solution emerges.

4

## Line-by-line review of proposed NAC 631.210

Hygienist scope

- Board review of proposed dental hygienist scope-of-practice language.

5

## Line-by-line review of proposed NAC 631.220

Assistant scope

- Executive Director provides the proposal overview (slides 16-21).
- Board review of proposed dental assistant scope-of-practice language.

6

## What happens next?

- Three possibilities for how the Board will move forward and when the Board will decide.
- Support for these proposals may depend on cooperation between industry stakeholders.
- How ties will be decided (Dental Hygiene, Dental Therapy, and EFDA Committee meets in June).
- All industry stakeholders may present full positions at the July Board meeting.

# NAC 631.210 (Dental Hygienist Scope of Practice) and NAC 631.220 (Dental Assistant Scope of Practice)

What is our goal today?

## How did these proposals come to be?

- New Board managerial staff are familiar with historical disagreements between the NDA and NDHA. New Board managerial staff has sought to be transparent and to treat equally all industry stakeholders by making sure all industry stakeholders had a chance to participate in any regulatory or statutory matters that affect them.
- 631.210 was proposed by the NDHA. A draft was shared with NDA. The Board drafted a proposed regulation using the NDHA proposal as a base and accounting for the NDA's input.
- 631.220 was proposed by the NDA. Based on NDHA arguments lodged at the 2025 legislative session and based on concerns cited by hygienists in other states where OPA legislation passed, the Board drafted a compromise proposal to account for previous concerns. This draft was shared with both the NDHA and NDA.. Based on their input, this second draft discussed today was generated.

## Why is the Board involved?

- At the 2025 legislative session, an Alabama Model bill was introduced that the Board was not involved with. The bill passes one chamber but ultimately timed out, and thus died, in the other chamber.
- Nonetheless, Senator Fabian Doñate instructed the Board to try to work with stakeholders to come up with a jointly supported solution to the dental hygiene workforce shortage.
- When the NDHA asked the Board to pass 631.210, which could need support of the NDA, and when the NDA asked the Board to pass 631.220, which could need the support of the NDHA, the Board felt this was the opportunity to carry out Senator Doñate's directive.
- The license endorsement to zero years has already passed and implemented but did not solve the problem. Something more is needed to avoid crisis levels of lack of access to care by 2030.

## What we need and why we need it?

- We know more education reform and access is needed, but the Board lacks power to change this; the schools must take the lead, and the Nevada System of Higher Education has the power over those reforms.
- We know insurance reimbursements are a problem and reform is needed, but the Board lacks power to change this; industry (the ADA and not just the NDA) must take the lead, and federal lawmakers and the Nevada Division of Insurance have the power over these reforms.
- What the Board does have the power to do is regulate or change statute to create a solution that could be implemented in the shorter-term while education and insurance solutions are sought in the long-term.
- It is our goal to propose a compromise that is as protective as possible of dental hygienists while simultaneously helping dentists decrease patient wait times for dental hygiene care.

# A measurable Nevada hygienist shortage exists, with multiple, intersecting causes

## **Hygienist supply has reversed.**

Licensed hygienists fell from 1,919 in 2020/2021 to 1,709 in 2026/2027 (-10.94%) while dentists grew to 1,900.

## **The hygienist-to-dentist ratio is widening.**

Ratio has fallen from a 1.04 peak (2019-2022) to 0.81 (2023-2026) — a 407-person gap to 1:1.

## **Pipeline is thin and structurally constrained.**

CSN+TMCC capacity is 68 seats with 27 graduates per cohort; 2021 shift to bachelor's requires master's-level CODA faculty.

## **National retention findings matter, but do not eliminate Nevada's issues.**

Workplace retention issues are real, but Nevada also has pipeline constraints that licensing policy is being asked to address to help alleviate the shortage.

## **NAC 631.220 is a narrow, safeguarded short- to mid-term option, not the long-term solution to the pipeline problem**

Supragingival prophylaxis only, direct supervision, training + competency exam, temporary and only effective during shortages, hygienist scope preserved.

# Invited guests for a Nevada-specific workforce discussion

## Industry Association Leaders

State professional associations with NDA and NDHA.

## DANB Competency Examination Developers

Subject-matter experts on dental assisting competency examination design and validation.

## Nevada Hygiene Program Educators

Faculty and program directors from CSN and TMCC dental hygiene programs.

## Nevada Dental Assisting Program Educators

Faculty and program directors from Nevada dental assisting education programs.

## Nevada Legislative Members

Legislators familiar with past legislation regarding similar topics.

## Other Stakeholders

UNLV, Insurance Carriers, Nevada State Dental Officer and Department.

# Nevada hygienist supply has fallen while dentist supply has continued to grow

**-10.94%**

**Dental hygienists**

1,919 → 1,709 licensed

**+3.32%**

**Dentists**

1,839 → 1,900 licensed

**+7.32%**

**Dentist specialists**

519 → 557 licensed

**0.81 : 1**

**Hygienist-to-dentist ratio**

Down from 1.04 peak (2019-2022)

*Note: 2026/2027 hygienist counts reflect active licenses ahead of the 6/30/2026 renewal cycle.*

## Population grew while hygienist availability per resident declined

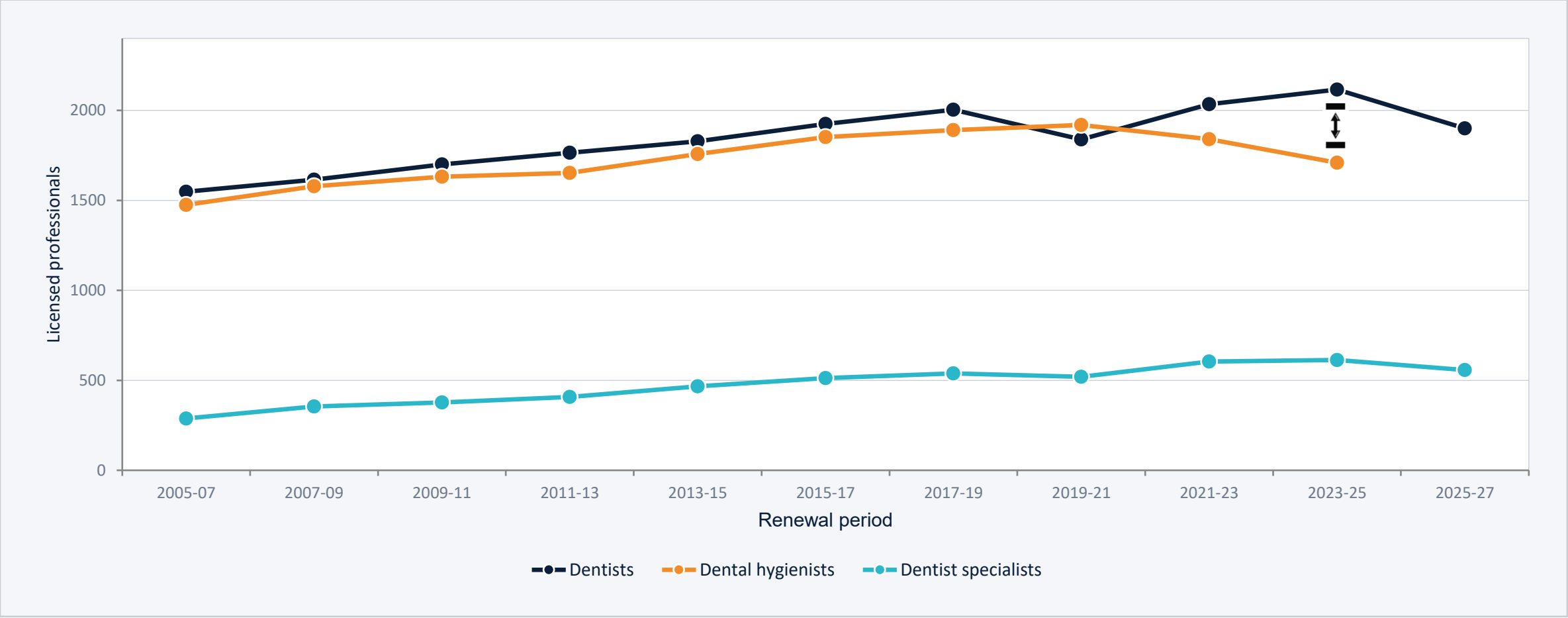
Measure	2015	2025	Change
Nevada population	2,897,625	3,326,902	+429,277 (+14.8%)
Licensed dental hygienists	1,758	1,709	-49 (-2.8%)
Hygienists per 100,000 Nevadans	60.7	51.4	-9.3 per 100K (-15.3%)
Nevadans per hygienist	1,648	1,947	+299 more people per hygienist

### TAKEAWAY

**Nevada added more than 429,000 residents while the licensed dental hygienist count fell by 49, a -2.8% decline.**

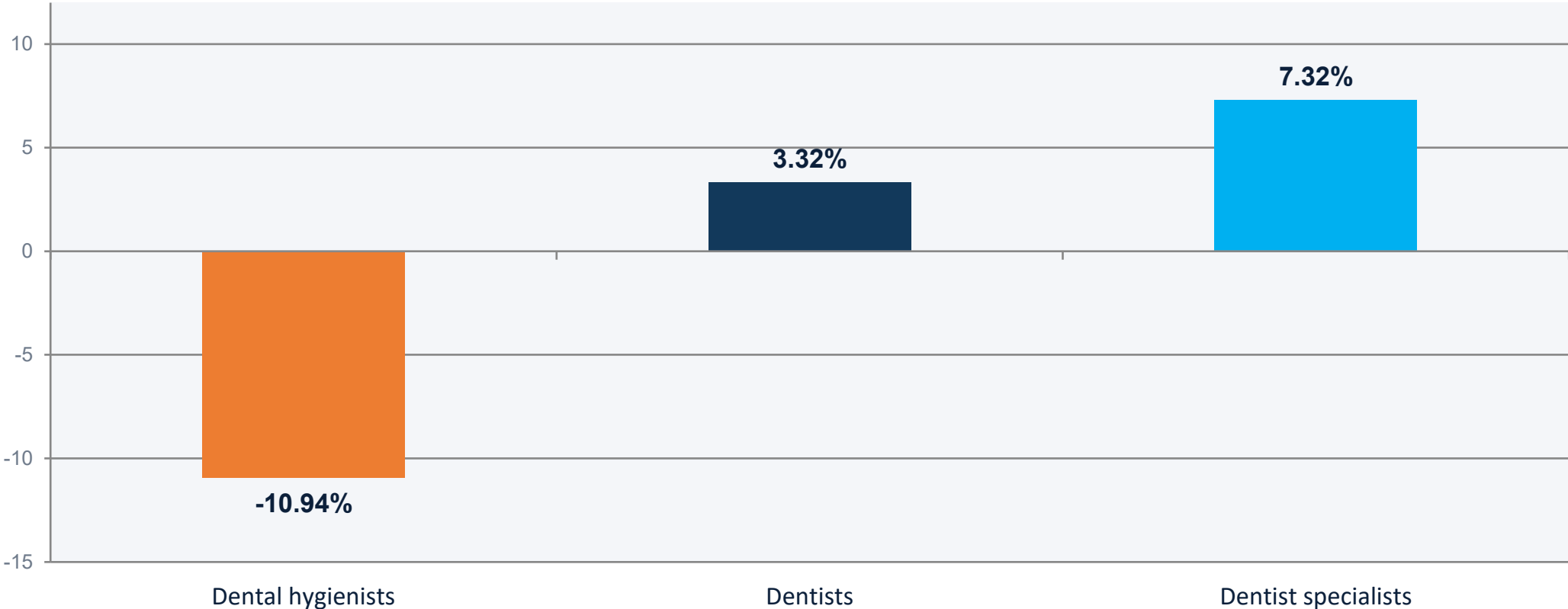
**NOTE: US Bureau of Labor Statistics projected a 20% increase in dental hygienists from 2016 to 2026.**

# Hygienist licenses peaked in 2020/2022 and have declined for two consecutive cycles



Source: Nevada Board licensing data; Nevada educational institution output; Nevada State Demographer; national dental workforce survey; NAC 631.220 draft language.

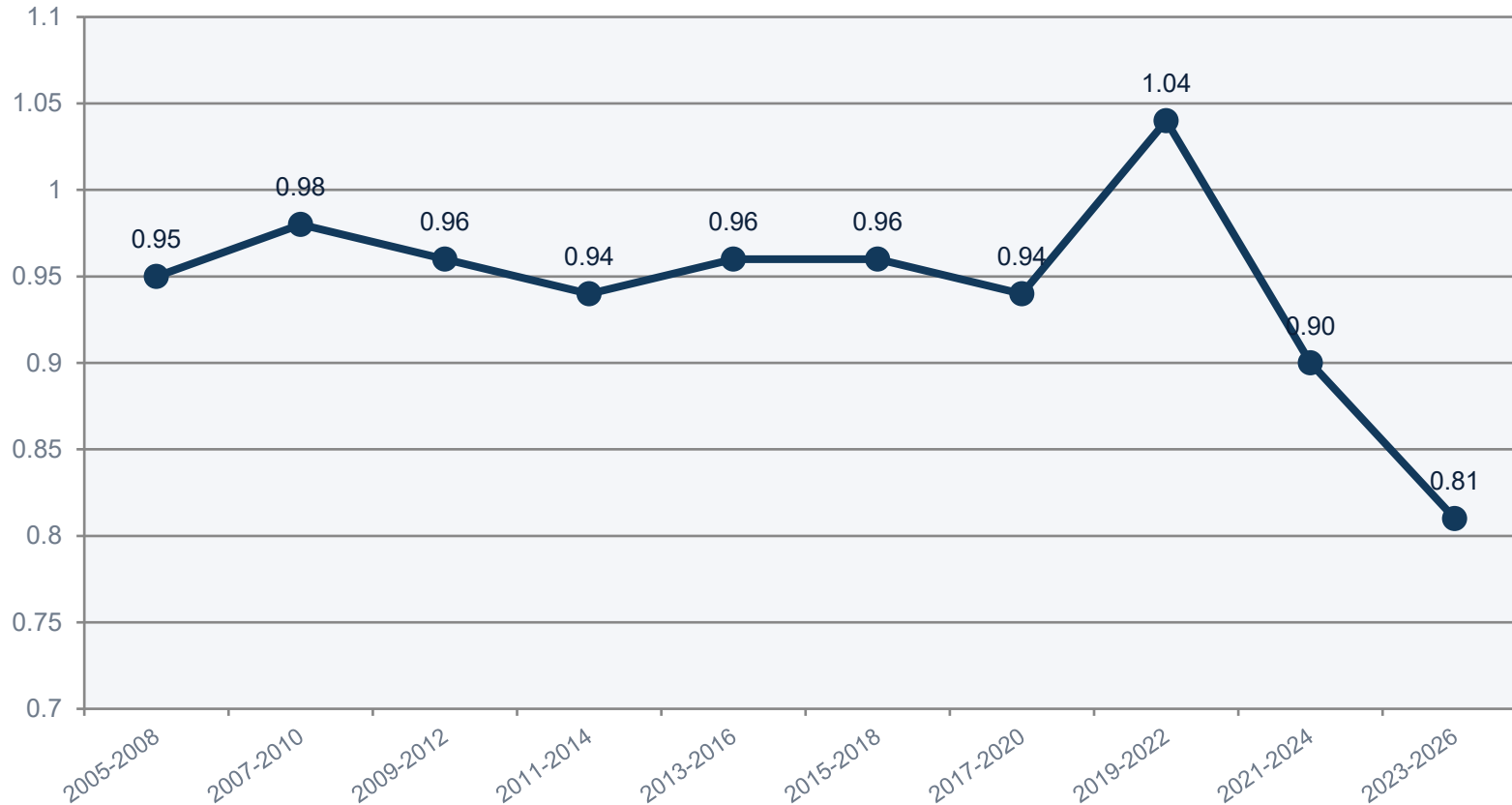
# Hygienists are the only licensed group with a negative 5-year change



20-year context: hygienists +15.86%, dentists +22.74%, specialists +93.4% — recent reversal is unique to hygienists. 4.9% away from returning to licensing numbers 20 years ago.

Source: Nevada Board licensing data; Nevada educational institution output; Nevada State Demographer; national dental workforce survey; NAC 631.220 draft language.

# The hygienist-to-dentist ratio has fallen from 1.04 (2019-2022) to 0.81 (2023-2026)



Latest snapshot

**1,709**

Hygienists, 2024-2026

**2,116**

Dentists, 2023-2025

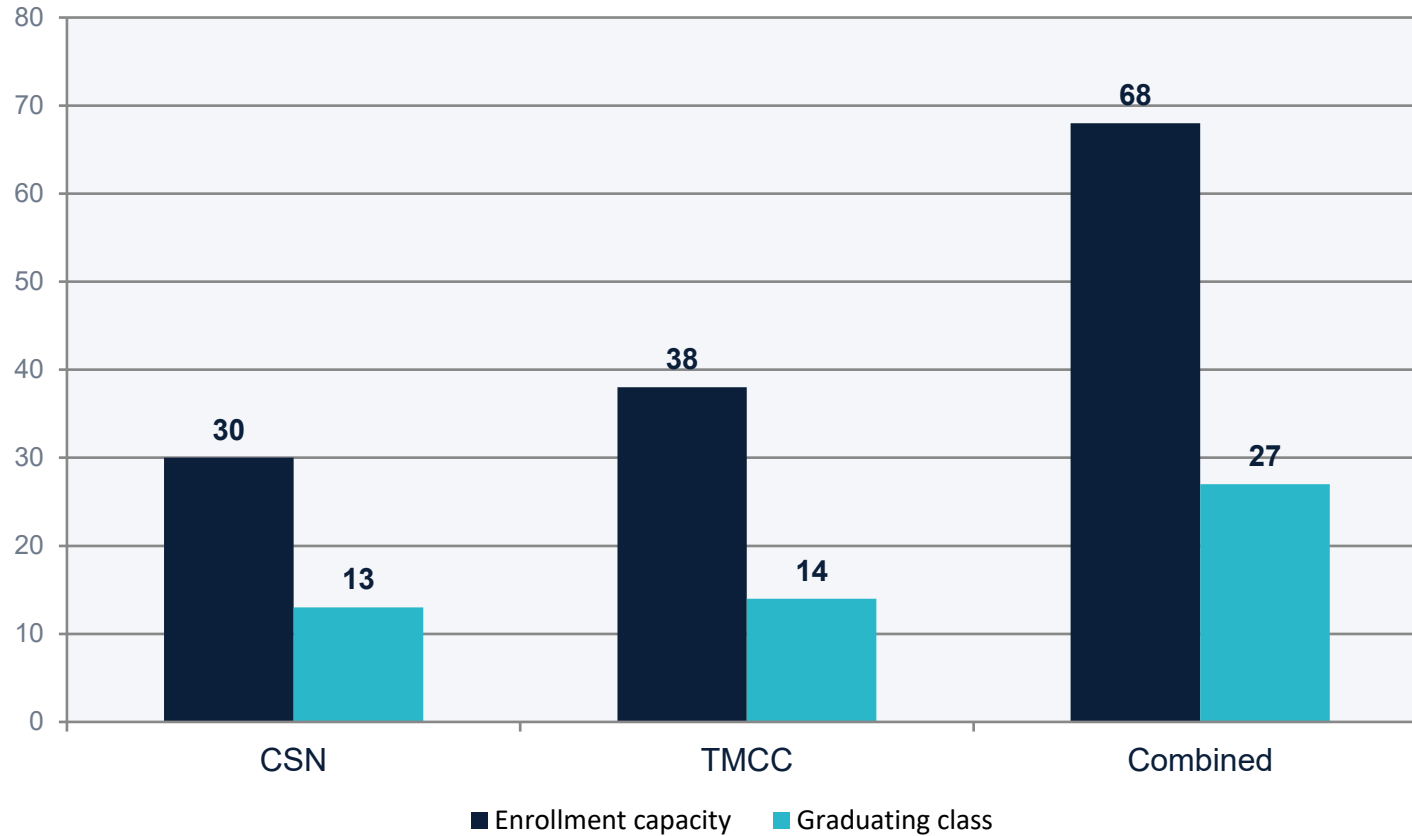
**407**

Person gap to a 1:1 ratio

*Equivalent to roughly one full TMCC + CSN graduating cohort every year for 15 years.*

# Nevada graduates only 27 dental hygienists per year against 68 enrollment seats

Combined CSN and TMCC dental hygiene programs

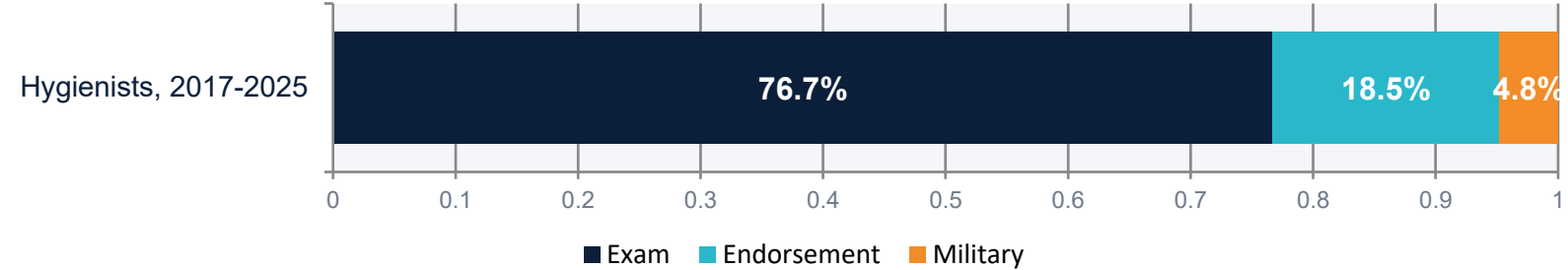


## Why pipeline output is constrained

- CSN and TMCC reduced enrollment around 2014-2016 as Nevada population growth accelerated due to Nevada's response to 2008 financial crisis.
- Both programs shifted from Associate's degrees to Bachelor's degrees in 2021, lengthening time to workforce.
- CODA requires faculty to hold a degree above the program taught — a Bachelor's program needs Master's-level instructors, creating a faculty bottleneck.

# Most new Nevada hygienist licenses come through exam — endorsement and military are smaller

Share of new dental hygienist licenses by pathway, 2017-2025 (n = 859)



**Pipeline implication**

Endorsement and military pathways combined are roughly 23% of new hygienist licenses. Most growth depends on exam pathway, which depends on Nevada and out-of-state graduate flow.

## Counts by pathway, 2017-2025 (cumulative)

Pathway	Total new licenses	Share of total
Exam	659	76.7%
Endorsement	159	18.5%
Military	41	4.8%
<b>Total</b>	<b>859</b>	<b>100.0%</b>

**TAKEAWAY**

Endorsement reform alone cannot replace pipeline shortfall and increases when paired with dentist licensing.

Source: Nevada Board licensing data; Nevada educational institution output; Nevada State Demographer; national dental workforce survey; NAC 631.220 draft language.

# Average licensed experience clusters around 14-15 years across all dental license types

**14 yr 6 mo**

**Dental hygienists**

Active 2024-2026 cohort

**14 yr 7 mo**

**Dentists**

Active 2025-2027 cohort

**13 yr 11 mo**

**Dentist specialists**

Active 2025-2027 cohort

### What this means

- National survey data: 31.4% of dental hygienists report expected retirement within five years or less.
- More than 30% of Nevada’s dental hygienists have 20+ years of experience.

# National retention findings matter, but do not eliminate Nevada-specific drivers

## National survey findings

Vacancies have reduced practice capacity nationally by approximately 10-11%.

31.4% of dental hygienists expect retirement within five years or less.

Top retention factors: work-life balance, positive workplace culture, ability to help patients.

Top attrition risks: culture, growth opportunity, benefits, overwork, communication, pay.

Education output may not offset pandemic losses and retirements.

## Nevada-specific conditions

Hygienist licenses fell 10.94% in five years, while dentists grew 3.32%.

Hygienist-to-dentist ratio fell to 0.81; gap of 407 persons to 1:1.

CSN and TMCC graduate 27 hygienists per year.

Bachelor's transition (2021) and CODA faculty rule lengthen time-to-workforce.

Most new licenses depend on exam pathway (76.7%); endorsement/military are smaller. Hygienists are less mobile than dentists.

*Implication: workplace retention initiatives are valid but do not by themselves resolve Nevada's pipeline constraints.*

# ADHA frames the issue as a retention crisis and opposes scope-substitution alternatives

## ADHA position

- Frames the workforce issue as a retention crisis, not a supply crisis. Even if this were true nationally, it is not true in Nevada, where focusing on retention alone will not resolve the significant supply crisis.
- Argues that substituting alternative personnel does not address why hygienists leave. While adding non-hygienist supragingival scalers may not address retention reasons, it can soften the blow of the supply crisis felt by patients, who have long wait times to secure hygiene appointments.
- Calls for employer-side investments in culture, scheduling, growth, communication, and pay. While their reasons for job dissatisfaction and leaving the industry may have merit, even if employers alleviated the dissatisfaction reasons, it would not change the lack of bodies capable of providing supragingival scaling.

## Pathways ADHA does not support

- Foreign-trained dentists practicing as hygienists.
- Expanding dental assistant scope into hygiene-adjacent procedures.
- Accelerating alternative licensure pathways that compress required preparation.

# Valid public concerns the Board should weigh during rulemaking

## Patient safety

Risk of missed subgingival pathology or trauma during instrumentation; need for clear pre-procedure screening criteria.

## Training adequacy

Curriculum length, didactic and clinical hours, and competency benchmarks must be sufficient and Board-validated.

## Supragingival-only scope

Concern that supragingival-only care does not reflect typical patient need and may set unrealistic patient expectations.

## Supervision and workflow

Direct supervision in real practice settings; how exam, procedure, and inspection sequence operate at chairside.

## Liability, billing, oversight

Insurance coding, malpractice exposure, recordkeeping, and Board enforcement mechanisms require clarity.

## Replacement risk

Even with the prohibition, market behavior risk exists; ongoing Board monitoring and enforcement should be defined.

## Patient preference

Patients should retain the option to be seen by a licensed hygienist; informed consent and disclosure should be specified.

## Additional areas of concern

Any other safeguards or rationale.

# Alternatives that could be forced on the dental profession if it cannot self-regulate

Models already drafted or enacted elsewhere that the Nevada Legislature could revert to

## The Alabama Apprenticeship

### Most convenient

- Came close to passage previously in Nevada.
- Most convenient model for the Legislature to revert to because draft language is already written.
- Legislative risk: prior draft remains a ready-made vehicle.

## OPA (Oral Preventative Assistant) Laws

### 4 states enacted

- Already passed in 4 other states (KS, AZ, MO, IL); additional states are investigating.
- SD allows DAs to perform supragingival scaling without the OPA title.
- Convenient model because the Legislature can borrow other states' laws already written.

## Foreign-trained dentists practicing as hygienists

### 3 states enacted

- Already passed in 3 other states (CT, IN, VA); additional states are investigating.
- Convenient model because the Legislature can borrow other states' laws already written.
- Legislative risk: pattern is spreading across additional state legislatures.

## COOPERATION QUESTION FOR THE BOARD

**Why is cooperating on our own regulation or BDR for NRS changes better for Nevada than what could be forced upon us?**

# Conclusions and recommended framing for Board deliberation

1

## **A measurable Nevada hygienist shortage exists.**

Five-year decline of 10.94% in licensed hygienists, ratio drop to 0.81, 407-person gap to 1:1, and constrained pipeline output.

2

## **The shortage is multi-causal.**

Pipeline structure, faculty bottleneck, retention dynamics, and population growth interact; no single lever resolves it.

3

## **National retention findings inform but do not replace Nevada policy options.**

Workplace retention concerns are valid; Nevada also has regulatory and access levers that retention work alone does not address.

4

## **NAC 631.220 is a limited short- to mid-term option with safeguards.**

Narrow procedure scope, training plus competency, direct supervision, hygienist scope preserved, replacement explicitly prohibited.

5

## **Any temporary decision should be paired with mid- and long-term pipeline investment in education.**

Faculty support, clinical site capacity, and ongoing monitoring of ratio and access metrics should accompany any short-term measure.

# NAC 631.220: a narrowly scoped expansion with multiple safeguards

Draft regulatory language under NRS 631.220, Nevada Dental Association proposal

## Permitted procedures

Removal of supragingival calculus, soft plaque, and stain from exposed tooth surfaces using hand instruments, ultrasonic scalers, or air-polishing devices.

## Training and competency

Board-approved training completed; documented proof maintained on-site; Board-determined clinical competency exam or evaluation passed.

## Patient eligibility

Only prophylaxis-level patients with healthy gingiva or mild gingivitis; explicitly excludes periodontitis, scaling/root planing, and periodontal maintenance.

## Supervision and oversight

Direct supervision by a licensed dentist or hygienist; pre-procedure exam by dentist or hygienist confirms no subgingival calculus or active periodontal disease; dentist inspects and approves before patient dismissal.

## Hygienist scope protection

Preserves the exclusive hygienist scope; explicitly prohibits eliminating an employed hygienist and replacing with an assistant for this function.

# Common public-comment characterizations vs. actual draft language

Concerns and statements often read, mapped to what NAC 631.220

Statement in public comment	What NAC 631.220 actually proposes
Assistants would perform full cleanings.	Only supragingival calculus, soft plaque, and stain on exposed surfaces — not a full prophylaxis on diseased patients.
Assistants would perform periodontal treatment or subgingival scaling.	Periodontitis, scaling/root planing, and periodontal maintenance are explicitly excluded.
Assistants would practice independently.	Direct supervision by a licensed dentist or hygienist is required; dentist inspects before dismissal.
Assistants would decide patient eligibility.	A dentist or hygienist must first examine and confirm no subgingival calculus or active periodontal disease.
Training alone qualifies the assistant.	Training plus a Board-determined clinical competency exam or evaluation is required; proof kept on-site.
Hygienists could be replaced freely by assistants.	Eliminating an employed hygienist and replacing with an assistant for this function is explicitly prohibited.
Removes hygienist scope protections.	Preserves the exclusive hygienist scope.

# Sources, methodology, and definitions

Data are aggregated from Nevada Board licensing files and the listed supporting documents

<b>Nevada Board licensing data</b>	2005-2027 license summary by license type and renewal period, including biennium-over-year and year-over-year change calculations.
<b>Nevada hygienist-to-dentist ratio</b>	Computed from joint-biennium comparisons of hygienist and dentist active license counts.
<b>Nevada educational institution output</b>	Program enrollment capacity and graduating class size for CSN and TMCC dental hygiene programs.
<b>License pathway 2017-2025</b>	Annual counts of new licenses by pathway (exam, endorsement, military) for general dentists, specialty dentists, and dental hygienists.
<b>Years and days since original license date</b>	Average licensed experience in years and months by license type and renewal period.
<b>National dental workforce survey</b>	Background data on national vacancy and capacity impact, retention factors, attrition risks, and hygienist retirement intent.
<b>NAC 631.220 draft language</b>	Reg-draft NRS 631.220 assistant scaling language, Nevada Dental Association proposal.
<b>Nevada State Demographer</b>	ASRHO Estimates and Projections, 2015 and 2025 statewide population values used for population-adjusted comparisons.

## Definitions

"Active license" reflects renewed and active status as recorded by the Nevada State Board of Dental Examiners. Percentages are calculated from raw license counts. The 2026/2027 hygienist period reflects active licenses ahead of the 6/30/2026 renewal cycle.

# May 22, 2026, NSBDE Administrative Rulemaking Workshop — Closing

Final items before adjournment

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**1** Revisit NAC 631.033, 631.173, 631.175, and 631.177 (CE regulations) if needed

**2** Any procedural questions before closing public comment?

**3** Closing public comment

**4** Adjournment

**Thank you for participating in the Nevada State Board of Dental Examiners rulemaking workshop.**