Rebekah Vanleer

Subject: RE: Opposing Dental Assistants Scaling

From: Amy McLamore <sdaorhs@gmail.com>
Sent: Tuesday, April 28, 2026 1:24 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposing Dental Assistants Scaling

I am opposed to the training of Dental Assistants on the job to perform supragingival scaling. In my 13 years as a Dental Hygienist in 2 states I have seen and experienced a lot of disconcerting things done by Dental Assistants UNDER the supervision of Dentists..

I'm curious if anyone has asked the assistants if they want to do this? The assistants I've spoken to are only interested in doing it because they think you're going to pay them dental hygienist wages. I don't believe that is your intent, but I could be wrong. The other reason they want to do it is because they 'can't' go to hygiene school for a variety of reasons. That doesn't usually work on me either as I went to hygiene school as a single mom of a 7-year-old, while unemployed using student loans and grants to pay, as well as moving 3 hours away from any of my family to help with my child. Did I mention I was also a 38-year-old student? I became a licensed hygienist 2 months before my 40th birthday. If you want something bad enough you find a way.

Following is a breakdown of the other reason I am in opposition of this 'resolution'.

- 50 hours of observation- most Dental Hygiene programs require a minimum of 14 hours of observation to even APPLY to a program. 50 hours of observation is not going to give them any insight to doing the job effectively.

- Supragingival scaling only. That is not a prophylaxis, scaling supragingival only. The CDT definition of 1110 Adult Prophylaxis

  'removal of plaque, calculus, and stains from natural teeth and implants in permanent or transitional dentition to control local irritation. It is a preventive procedure for patients with healthy gums or mild gingivitis, usually covering adults and children with all permanent teeth (typically age 14+).'

  The American Association of Periodontics defines healthy gums or mild gingivitis as being ***Probing Depth:*** *Shallow pockets, specifically 3 mm (measurement of the space between the tooth and gum).*

The same definition is used by the AAP for mild gingivitis.

Thus, both the CDT definition and the AAP guidelines are indicative of scaling SUBGINGIVAL as appropriate treatment. If this 'specially trained' assistant is only scaling supragingival, when will the subgingival scaling be done? How is this appropriate treatment as needed per these guidelines?

- Today I saw 8 patients. NONE of them would have qualified, EVERY SINGLE one of them had at least one 4mm pocket; even the 17-year-old male, who qualified for 4346 Scaling in the presence of Gingival Inflammation due to the amount of bleeding on probing.

- Perio probing is necessary on the patient to insure they still 'qualify' as a healthy mouth or mild gingivitis.
  - Think about this appointment from your patient's perspective:
    - § 'Specially trained' DA seats patient; hopefully understands the importance of the medication lists and health history and reviews this with the patient
    - § 'Specially trained' DA comes and gets a Dentist or Hygienist to perio chart their patient. Now you are disturbing 2 patient's appointments as the Dentist or Hygienist has to leave their patient.
    - § What if the patient doesn't qualify as 'healthy mouth' or 'mild gingivitis'? (which isn't even the care the board is proposing) Are the Hygienist and DA trading patients? Creating further disruption in 2 patient's appointments.
      - Who is spending the 5-10minutes explaining the findings and why the 'specially trained' Dental Assistant can't do the cleaning? Now your patient is suspicious of a 'bait and switch' as well as the qualifications of both the Hygienist and 'special' assistant.
    - § "Special" DA cleans the mouth supra gingivally -your best-case scenario. Then the Dentist must come in and pick up an instrument and feel around every tooth as to assess for subgingival tarter. And then picking up a different instrument to remove the subgingival deposit. As well as performing an exam.

- Dentist or Dental Hygienist will be checking this scaling.
    - I don't know the last time you practiced clinically but on a daily, if not hourly basis, I am generally running behind WAITING for the dentist. You're proposing the dentist is now going to run their 2 columns of restorative as well as providing 2 periodic exams, as well as 'checking' the supragingival scaling of a 'specially trained' dental assistant. As well as picking up an instrument to DO the subgingival scaling. This is a time management nightmare. Patients will be leaving practices due to the delays, as well as the sub-par car

- 200 hours of training is going to teach a Dental Assistant how to properly instrument.
    - In my final semester of hygiene school, we had to scale and present a report including before and after radiographs of a periodontally involved patient. At this point we had had 1000 hours of instrumentation on actual patients. My classmate presented her case. The entire class gasped, including the supervising Periodontist, at the amount of tooth structure she had whittled away with instrumentation. But I'm sure 200 hours will be sufficient.

Let's talk about the distressing issues I see on a day-to-day basis with Dental Assistants, these are merely experiences in the last 2 weeks and at different offices. I'm not talking about 'new' dental assistants, but the same assistants you are proposing with their 5+ years of experience can be trained in 200 hours to scale supragingival.

- A 5+ year assistant was helping me flip my room this weekend. I had a packaged sterilized instrument that I did not use, on my table/12 o'clock. She told the other assistant to just put it back in the sterilizer; the other assistant with only 6 months of experience asked if she should re-bag it. Assistant 1 said NO, just put in the 'to be sterilized pile'.
    - This is wrong on so many levels.
    - What if someone went into sterile to help process instruments and sees this there, with the 'brown' steam indicator, they are naturally going to assume someone put in the wrong pile.
- The same assistants as above. Assistant 1 asked for some matrix bands. Assistant 2 went into sterile to grab them. In my head I saw the 2 bagged matrix bands on the dirty side and thought that's what is going to be grabbed. Sure enough, assistant 2 brought the 2 dirty bagged matrix bands to the room. Luckily assistant 1 caught that they were un-sterilized.

- Knowingly sterilizing single use items and not saying anything.
- Letting dirty instruments sit over nite in the ulatrasonic, dry. Not just 1 basket/set-up but 6+.
- Dentist is performing my hygiene exam, and patient needs a bite/occlusal adjustment. Dentist sends me to the assistant to get a hand piece. Assistant of 10+ years is in sterile; I ask her for the hand piece. She rifles through the dirty pile, finds one, wipes it with alcohol and attempts to hand it to me.
- I recently gave the assistants a 'class' on why we must drain water bottles of distilled water and purge lines daily. All 3 assistants have been practicing for 10+ years.
    - In this same office I haven't seen them run lines/suction/vacusol in the several months that I have been helping them.
- Just watched a 8+ year assistant remove 2 trays of instruments from the autoclave that had only been drying for 20 minutes. Dripping wet. Realized the error and left the other 2 trays in the autoclave to complete the cycle. (I rebagged all the instruments and submitted for sterilization again.)
- We could delve down the rabbit hole of proper PPE, hand washing, but there really isn't enough time for that. Half the offices I have been to don't even have hand sanitizer, and you rarely hear the sink running.

In my professional opinion and experience as a hygienist who has been temping for 6+ years in 2 states, the reason SOME dentists cannot keep a hygienist are basic.

- We need instruments. The current office I'm temping at has 5 working cavitron tips. For 2 hygienists.
    - But in the supply closet there are BOXES of new burs.
- Consistent availability of necessary supplies.
- Lack of sterilization protocols and guidelines being followed.
- Why am I as the temp, or merely the hygienist, one of the first employees to arrive and generally one of the last to leave.

Why would one want to stay working for an office like this? Would you?

I'm curious who is going to monitor these dentists and their training procedures. In my life I live with a Trust but Verify thought process. While hygienists are wanting autonomy, there will still need to be checks/balances in place so that patients are receiving appropriate care. Most hygienists do and want to do the right thing by patients, as I believe most dentists do. Like any profession though there are bad seeds who need to be Trusted but Verified they are doing right.

- A dentist I temp for regularly in Las Vegas has 3 hygienists on staff. He has been running assisted hygiene for years. EVERY hygienist there hits 'copy' on the perio chart. On an average day there I will see 8-14 patients, and only 1 will be classified as Perio Maintenance. Yet what I am performing is Perio Maintenance due to pocket depth, bleeding and radiographic bone loss.
    - Their schedule is so full and booked out that a patient would have to wait at LEAST 6 months to get in for SRP. But the dentist continues to take new patients.

I have a 23-year-old daughter who has finished her pre-reqs in another state for Dental Hygiene. We have applied to at least 5 different hygiene schools. College of Southern Nevada did not make the list of schools applied to. Why not CSN you ask, well we can't get a single person over there to answer the phone or an email. And in all honesty, the fact that the rumors around town are that they have only graduated and licensed under 10 students a year is alarming.

When I applied to hygiene school 15 years ago it was tough, competitive. The hoops that these schools want applicants to jump through now to even apply is ridiculous and honestly unnecessary.

- A 5 hour proctored exam for $200
- The TEAS
    - 1 school will not accept results unless you take the exam at their location
- The HRST

What are any of these tests proving? I had absolutely no dental background and was admitted to hygiene school on my first application cycle, graduated, successfully licensed in 2 states and practicing for 13 years.

Let's be honest about what will happen here. I have been asked numerous times to do things out of my scope of practice, by assistants and Dentists. "Get my/the patient numb, I'm/Doctor (is) just around the corner and will be

there momentarily.” If anyone truly believes that assistants will only be scaling supra-gingival, and the dentist will reschedule or have the hygienist see the patient with 4mm pocketing, or the guy with the one 5mm, you are mistaken. You will give an inch, and they will take a mile. Is this who you will be sending your 65-year-old mother, brother, or neighbor to?

In my opinion, the majority of hygienists are women. We have a I will get through and get this done with what is provided mentality. A previous boss would say to me ‘I don’t want the labor pains, just the baby’. I see us all treading water to get thru each day at an office where we are not valued or respected and have a lack of necessary equipment. Where we complete our jobs with compassion, empathy and substandard equipment. And we will continue to do so. After all, we survived Dental Hygiene School.

We want what every employ wants: fair wages, benefits and a good working environment.

I strongly encourage you to think about the subpar healthcare you want to allow in the State of Nevada.

Sincerely

Amy McLamore RDH BSDH 102638

Lee Annette Lincicome, BS, RDH
alincicome@ymail.com
702-376-4029

Public Comment for NSBDE Meeting April 29, 2026

Agenda Item 5.b.i.
Regarding Potential Bill Draft Request (BDR) Concepts by Boards and Commissions for the 2027 Legislative Session

Dear Nevada State Board of Dental Examiners Members,

I vehemently oppose the BDR concept that would permit dental assistants to perform supragingival scaling upon the completion of training and demonstration of competency to provide workforce support to dental teams and alleviate some of the pain of a dental hygienist shortage in Nevada.

Prior to performing any dental hygiene procedures on any patient, dental hygienists currently licensed in Nevada are required to possess a degree from a CODA-accredited dental hygiene program, to pass a third party, independent dental hygiene competency exam, to complete an NSBDE application for licensure, and to pay a licensing fee. The movement to allow inferiorly trained assistants, often called the Oral Preventive Assistant or OPA, to scale above the gumline is an ongoing, national legislative movement proffered primarily by the American Dental Association as a way to quickly address a dental hygiene workforce shortage. Sadly, it is a shortcut that is not professionally sound and could, in fact, be detrimental to the patients.

CODA-accredited dental hygiene programs do not teach or recognize supragingival scaling as a legitimate, therapeutic dental hygiene procedure. CODA-accredited dental hygiene programs teach that every dental prophylaxis (cleaning) requires “the supra- and subgingival removal of biofilm, calculus, and extrinsic stains from tooth and prosthetic structures, to preserve health and prevent disease.” Supragingival scaling only does not preserve health or prevent disease, and is not, therefore, a “prophylaxis level” procedure, and is not appropriate for any patient at any time. Any BDR that permitted dental assistants with less than a CODA-accredited dental hygiene education to perform supragingival scaling would not ethically alleviate any of the pain of a dental hygiene shortage in Nevada. Please do not pursue such a BDR.

I do, however, support the BDR concept to eliminate the fictitious requirements that currently bar licensure of dental therapists in Nevada. Dental therapists must be dental hygienists first and they must maintain their dental hygiene licenses to practice. It stands to reason that a BDR removing the barriers to the licensure of dental therapists in Nevada could alleviate some of the pain of the dental hygiene shortage in Nevada, especially in the most vulnerable rural areas.

Respectfully,
Lee Annette Lincicome, BS, RDH
NV Lic. #3293

AMERICAN DENTAL HYGIENISTS' ASSOCIATION™
444 Michigan Ave, Ste 400 | Chicago, IL 60611 | 312.440.8900 | adha.org

Date: March 23, 2026

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

From: Lancette VanGilder, BS, RDH, PHEDH, CEAS, FADHA, ADHA President

Subject: Oppose dental assistant scaling and Oppose board name change and Support creation of the Nevada State Board of Dental Hygiene and Dental Therapy

Dear Members of the Nevada State Board of Dental Examiners,

I am writing to express my strong opposition to the agenda items under consideration that would allow individuals with limited formal education to perform partial and substandard scaling procedures that lack evidence and therapeutic value.

The role of this Board is clear. Its responsibility is to protect the public. It is not to create new workforce models that lower educational standards. These efforts have been brought forward multiple times and have been rejected, citing ethical concerns specifically around substandard and incomplete care that compromises the health and safety of the public. That matters. It reflects a commitment to patient safety, patient care over profits, ensuring all Nevadans receive high quality of care, and maintaining the integrity of the profession that currently provides comprehensive preventive services.

Dental hygiene care is not a series of isolated tasks that can be delegated/supervised through short-term training. It is rooted in assessment, clinical judgment, and a deep understanding of oral and systemic health. Every day, licensed dental hygienists screen for diseases, recognize risk factors, and make real-time decisions that directly impact patient outcomes. This level of care is built on years of accredited education, national board examinations, professional licensure, and ongoing continuing education. To suggest that these responsibilities can be transferred to individuals without that same foundation is to misunderstand the complexity of the care being provided. Dental hygienists are the recognized experts in disease prevention.

There is also a broader issue at play. Expanding assistant roles into areas that require clinical decision-making and require direct supervision does not solve access to care and this model lacks real world data to support it. The real barriers for patients and dental hygienists are well known and well documented. They include over restrictive supervision and setting requirements, limited scope of practice, insufficient reimbursement pathways, and ***underutilization of the ready-made, licensed workforce that we do have***. Addressing those issues could improve access to care and workplace retention immediately, without compromising care or patient safety.

What is being proposed introduces unnecessary liability, and places patients in a position where the standard of care will vary based on who is delivering it. That is not a direction that serves the public or a direction that Nevada citizens deserve.

At the same time, I believe there is an opportunity here to think differently about the future. Rather than continuing to explore models that lack evidence, Nevada could take a leadership position by supporting models and providers that have been well established in other states. Exploring true professional autonomy for dental hygienists could improve workforce issues, work towards modernizing dental hygiene practice and increase access to care. ***The creation of a separate Board of Dental Hygiene and Dental Therapy would better align regulation with the education, training, and preventive focus of these professions and would allow for thoughtful oversight of scope, licensure, and practice models in a way that supports both safety and access.*** Most importantly, it would reflect where healthcare is going, with greater emphasis on prevention, early intervention, and integration with overall health. At the minimum, a board composition and name that truly reflects its role would be appropriate, such as the Nevada State Board of Dentistry, Dental Hygiene and Dental Therapy, along with equal representation among voting board members.

The decisions made by this Board carry significant weight. They shape not only how care is delivered today, but the direction of the profession for years to come. I urge you to remain grounded in your primary responsibility to the public and to reject proposals that lower standards, create confusion, implement stricter supervision requirements or to move forward ideas that have already been clearly denied three times in recent legislative process.

There is a better path forward. It starts with respecting the education and expertise of licensed dental hygienists, the prevention experts. It starts with removing barriers that limit access to care, and building a system that supports high-quality, evidence-based, and prevention-focused healthcare for all Nevadans. It could start with immediate strategies to improve dental hygiene workforce retention efforts, as we have several years of well documented data supporting workforce retention is a primary driver of workforce shortages.

Respectfully,

Lancette VanGuiler, BS, RDH, PHEDH, CEAS, FADHA

President, American Dental Hygienists Association

Dental Hygienist, licensed Nevada dental hygienist since 1998

Rebekah Vanleer

Subject: RE: Opposition NSBDE BDR Concept A

From: Lisa Daniels <HygieneChick@outlook.com>
Sent: Sunday, April 26, 2026 1:45 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition NSBDE BDR Concept A

Written testimony to be included in the public record

Dear Members of the Nevada State Board of Dental Examiners,

I am writing to strongly oppose any proposal that would allow dental assistants to perform scaling procedures on patients. This is not a minor scope of practice adjustment; it is a fundamental shift that lowers the standard of care and places patient safety at risk for the wrong reasons.

Dental hygienists complete approximately 3,000 hours of formal education and clinical training to become licensed professionals. These requirements are established through accreditation standards set by the Commission on Dental Accreditation, ensuring competency in periodontal instrumentation, patient assessment, and disease management. Scaling is not simply “cleaning teeth.” It is a clinical procedure requiring advanced skill, critical thinking, and the ability to identify and respond to pathology in real time.

By contrast, ADA-supported workforce models in other states allow dental assistants to perform scaling procedures after as little as 120 hours of training. This stark disparity in training, for the same clinical procedure, raises serious concerns about safety and quality of care. The American Dental Hygienists’ Association has stated that there is insufficient evidence demonstrating the safety and effectiveness of expanding scaling duties to non-licensed personnel.

Even within ADA-supported models, assistants are restricted to patients with healthy tissue or mild gingivitis, which inherently requires accurate clinical assessment to rule out periodontal disease. This level of evaluation demands education and training that far exceeds that of dental assistants. Furthermore, the ADA itself recognizes that procedures involving gingival manipulation carry clinical significance and may require medical risk considerations, reinforcing that scaling is not a low-risk or simplistic task.

This model also assumes that dental hygienists will be responsible for supervising, training, and evaluating dental assistants performing procedures they can do themselves. Dental hygiene education, while extensive in clinical care, is not designed to prepare hygienists to train other providers in complex clinical skills. That is the role of accredited educational programs led by highly trained faculty. Expecting hygienists to assume this responsibility in a busy clinical setting is unrealistic and completely

unsupported.

There are also significant clinical concerns with the proposed limitation to supragingival scaling only. This approach is neither therapeutic nor appropriate as a standalone intervention. In fact, it can be harmful. Periodontal disease is driven by biofilm accumulation below the gingival margin. Effective care requires disruption of subgingival biofilm and calculus, as emphasized by the American Academy of Periodontology. Supragingival-only scaling leaves approximately 2–4 mm or more of subgingival area untreated, allowing biofilm to mature and disease to progress. As clinicians, we consistently educate our patients on the importance of flossing specifically to disrupt biofilm below the gumline. A care model that intentionally ignores this critical subgingival component contradicts established preventive and therapeutic standards and creates a false sense of treatment while disease progresses.

There are also significant practical and procedural concerns. Dentists do not have the time nor skill to adequately train assistants to perform scaling at the level required for safe patient care. This is a complex skill set; not something that can be effectively taught chairside in a busy practice environment. Dental students receive education in periodontal procedures, but there is no standardized requirement for extensive training in hygiene instrumentation. Their training is broad and diagnostic in nature, not focused on the repetitive, high-level instrumentation skills that dental hygienists develop over thousands of dedicated clinical hours.

It is also deeply concerning that the Nevada State Board of Dental Examiners and the Nevada Dental Association have not meaningfully engaged with dental assistant training programs or schools in Nevada. Many programs were not even aware that this proposal was being considered. Such a significant scope expansion without consultation reflects a lack of due diligence. This proposal risks worsening workforce instability among dental assistants by placing them into roles for which they were not trained or prepared, increasing burnout and turnover.

This issue must also be viewed in the broader context of policy and incentives. The ADA has supported expanded assistant roles as part of efforts to address workforce shortages and increase access to care. However, these proposals are primarily framed around efficiency, capacity, and economic pressures, not supported by robust, long-term patient safety data. This creates a concerning dynamic. Practices may be incentivized to substitute lower-paid personnel for licensed professionals, increasing production while reducing labor costs. At the same time, models that rely on incomplete care, such as supragingival-only scaling, risk allowing disease progression, which may ultimately lead to more extensive, higher-reimbursed procedures later. This reflects a potential misalignment between financial incentives and preventive, patient-centered care.

If the true goal is to improve access to care, we must address the actual root problem: inadequate insurance reimbursement rates. Low reimbursement discourages providers from accepting patients and limits the ability of practices to hire licensed dental hygienists. Expanding duties to undertrained personnel is not a solution; it is a workaround that compromises care instead of fixing the system. Additionally, proposals that shift scaling duties to assistants' risk discouraging licensed hygienists from relocating to Nevada, further exacerbating workforce shortages. Other states are exploring models that expand hygienist utilization while maintaining safety and professional standards, not replacing them with less-trained personnel.

Patient care should never be compromised for convenience, efficiency, or cost savings. Scaling is a clinical procedure that belongs in the hands of properly educated, licensed professionals. I respectfully

urge the Board to reject any proposal that diminishes training requirements, lowers standards of care, and places patients at unnecessary risk.

Thank you for your time and consideration.

Sincerely,
Lisa Daniels, RDH
President-Elect, NDHA

Rebekah Vanleer

Subject: RE: BDR Concept A

From: Adam York <ayork@tmcc.edu>
Sent: Monday, April 27, 2026 10:26 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: BDR Concept A

04/27/2026

Nevada State Board of Dental Examiners:

I wish to write in opposition to BDR Concept A to be discussed in an upcoming Dental Board meeting. I have been practicing dentistry in the State of Nevada since 2006. I have run a private practice for 17 years in Sparks, Nevada. I have spent over five years in non-private practice models including DSO models, primarily Medicaid facilities, IHS Clinics, rural health facilities, and educational facilities. I am currently the Dental Director of a tribal health center as well as a Supervisory Dentist and Faculty member at Truckee Meadows Community College. I am also a past member of the Nevada State Dental Board of Dental Examiners. I wish to discuss three aspects of this concept that are not being addressed.

First, I have worked in all types of dental models. I am currently spending the vast majority of my time serving in a public health capacity. It has been a great pleasure in my career to help the exact population that is so often used to justify an action such as this. The provider shortage hits me harder than most due to reduced pay and longer hours compared to the public sector. I have had many discussions in the last few years with my patients and I find one undeniable truth. When asked about expanding assistant responsibilities and duties to include hygiene services the resounding answer is NO! The population and the patients do not want this. They do not want a weakening of the same experience a patient at a private practice will experience. At no time does the patient population state that they want the wait lists to be corrected by reducing the standard of care or allowing for less qualified people to perform services. My patients demand a standard of care that they have come to expect from the profession, not a settling or a loosening of standards to place a bandage on the proposed problem.

Second, as an educator and the chief practitioner of many busy practices I would like to take a second to discuss the concept of dentists educating and mentoring a hygiene assistant to perform prophies. The demands of the educational requirements to earn your RDH are daunting and exceptionally demanding. This process as everyone on the Board is aware creates trained licensed professionals not just employees. The assumption that dentists have the time and ability to replicate the educational process to train and monitor these positions is dangerous. In modern practice models, especially in the large DSO models the doctors are under extreme pressure to maintain their own schedules and hit

production numbers to support themselves, their student debt, and their practices. The board is setting up dependency on the providers to do their due diligence and train these positions to not only clean but screen and act as healthcare providers to the level of RDHs with essentially no oversight or monitoring by the Board. There is simply not enough time in your day as a provider to do this. This will not be correctable by the board until action needs to take place which unfortunately always happens after the fact when undesirable outcomes occur.

Finally, the Board either has failed to see or refuses to discuss the incredible negative impact this will have on the profession. During my time on the Board, I found you often had to weigh the pros and cons, the benefits and risks of every decision. The risks here are enormous. You allow the business interests of dentistry this opportunity and change the practice law, they will take full advantage. It is easy to model and has already been discussed amongst the corporate and production driven entities in dentistry. You give me assistants that I can train. I expand my hygiene department with staff making $25/hr. Profit skyrockets. At this point, a decision is made that prophies are only done by assistants and done quickly. Periodontal monitoring declines. Any subgingival calculus will be left and unaddressed. Hygienists will be forced to only do Scaling and Root Planings. The justification will be their salaries and education levels. This will cause staff burnout amongst hygienists further worsening the hygiene shortage. This increased shortage will place more burden on the hygiene assistants and the system will feed on itself. The more offices that cave to the system the more offices there will be to accept the abysmally low PPO rates for preventive surfaces. This will stagnate the PPO reimbursements worse than what is currently occurring. The model feeds back on itself and the profession becomes dependent on the system and will not be able to correct the error in judgement happening today.

It is my hope that after reading this, you will see that this is a very slippery slope that very well likely will end in the result of a drastically hampered standard of care. And once this is unleashed it will be near impossible to correct. Please reconsider this action and address the true issues that are plaguing healthcare as a whole. The real issue here is a lack of funding for dental education in the state as well as the disgusting reimbursement rates of insurance plans. Rather than championing this vision of the future where mass volume of procedures are the driving force of dentistry, as the Nevada State Board of Dental Examiners and the dental community at large let's champion a future where standards of care are pressed higher not lower. This is not a quick fix, but it is the right one. These decisions are not to be made politically or financially. The patient population demands us to be healthcare advocates, let us not let them down. Please reconsider and deny any further movement on Concept A

Sincerely,

Adam B York DMD

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Rebekah Vanleer

Subject: RE: Public comment for 4/29/26 meeting

From: Heather Benson <lvflosser@cox.net>
Sent: Monday, April 27, 2026 9:56 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public comment for 4/29/26 meeting

Dear NSBDE,

I am writing in opposition to the proposal that would allow dental assistants to perform supragingival scaling. I am strongly against this proposal.

In order to determine what treatment is appropriate (i.e., prophy, perio maintenance, scaling in the presence of inflammation, or SRP) probing needs to be performed at the beginning of the assessment. This is a subgingival evaluation. Assistants will only be permitted to scale supragingival. So who is going to perform the periodontal assessment via probing at the beginning of each hygiene appointment?

Also, a prophy is appropriately determined when pockets are 1-4 mm deep. If assistants are scaling supragingival, who is going to scale 1-4 mm subgingival? The patients may become free of plaque and calculus above the gumline but all deposits and biofilm up to 4 mm subgingival will be neglected.

If hygienist and dentists will be the ones going back and removing any subgingival deposits after the assistant has scaled supra, it seems like more work for everyone involved. As a hygienist, I spend vast majority of my time detecting deposits and scaling deposits subgingival. I can remove supra deposits in just a few minutes. It's the subgingival deposits that take more time to detect and remove and they are more important since it directly affect the health of the gingiva.

I fear that active periodontal disease will be overlooked and not addressed because assistants cannot determine subgingival. I have a full schedule of patients that I scale sub and do not have time to check an assistant's work. Jumping from patient to patient is inefficient, will create more wear and tear on hygienists' bodies, increase chances of cross contamination, creates more disposable waste (used gloves and masks). This proposal is going to burn out hygienists faster and we are going to have a bigger shortage of hygienists.

I also ask how many assistants want to scale hygiene patients. Assistants are a much needed part of the team. I value them immensely. Assistants have a heavy load within the traditional office. If we have assistants shift to providing supragingival scaling, who is going to assist chairside? Next, there will be a shortage of assistants. It is shifting one problem for another.

I challenge you to really think through this proposal. Will it really solve the problem? It could influence patient care and the entire dental team. It potentially could allow for periodontal disease to be neglected and not treated appropriately. This is subpar patient care. It could burn out our current hygienists at a faster rate. It could shift a hygiene shortage to an assistant shortage.

Thank you for reading my concerns. I have faith that you will consider the thoughts of an experienced hygienist who takes great pride in the preventative care I provide for my patients.

Heather Benson, RDH

TMCC

Truckee Meadows Community College

April 27, 2026

Nevada State Board Dental Examiner Board Members,

As a licensed dental hygienist and dental hygiene educator, I strongly oppose any proposal to permit dental assistants to perform supragingival scaling, regardless of additional training or competency assessments.

While I recognize Nevada's workforce challenges, this proposal poses significant risks to patient safety, diminishes the quality of care, and undermines established standards in oral health education and regulation.

Dental hygienists complete a minimum of 2,900 hours in nationally accredited programs, encompassing extensive didactic and clinical education in anatomy, microbiology, pathology, pharmacology, and infection control. This training prepares hygienists not only to remove deposits, but to conduct comprehensive patient assessments, recognize early signs of oral and systemic disease, and apply critical clinical judgment to ensure safe and effective care.

Supragingival scaling is not merely a mechanical task—it is a clinical procedure requiring precision, assessment, and an understanding of the complex relationship between oral and systemic health. The ability to distinguish between health and disease, identify contraindications, and respond appropriately to clinical findings is essential to this procedure.

Although dentists and dental assistants are vital members of the oral healthcare team, their education and training do not include the depth required for preventive periodontal instrumentation and disease assessment. Expanding their scope to include scaling risks lowering the standard of care and may mislead the public regarding provider qualifications.

Workforce shortages should be addressed through evidence-based strategies that strengthen—not dilute—the profession. These include:

- Expanding capacity in accredited dental hygiene programs
- Improving reimbursement for preventive services
- Supporting licensure portability through interstate compacts
- Increasing utilization of dental hygienists in public health and underserved settings

Nevada must remain committed to ensuring that preventive oral health services are delivered by appropriately educated and licensed professionals in order to protect patient safety and uphold the integrity of care.

Respectfully,

Lori McDonald, RDH, MA

Lori McDonald, RDH, MA
Program Director

Rebekah Vanleer

Subject: RE: Question on BDR Concept E for Wednesday Meeting

From: Lori McDonald <lmcdonald@tmcc.edu>
Sent: Monday, April 27, 2026 4:26 PM
To: Adam Higginbotham <ahigginbotham@dental.nv.gov>
Subject: Question on BDR Concept E for Wednesday Meeting

Mr. Higginbotham,
I am confirming that Concept E: Proposed Bill Topic: Removing a requirement from the statute regulating dental therapist licensure that does not exist, this creating a legal impossibility for anyone to be licensed as a dental therapist.

We do want to approve this since the NSBDE have never administered the exam for Dental Therapist?

Thanks,
Lori

--

Lori McDonald, RDH, MA
Truckee Meadows Community College
Director, Dental Hygiene
CDHEA Immediate Past President
7000 Dandini Blvd. RDMT 417 H
Reno, NV 89512
(775) 674-7554
Lmcdonald@tmcc.edu

"Be the Reason Someone Smiles Today" Unknown Author

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Rebekah Vanleer

Subject: RE: Opposition to BDR A and E

-----Original Message-----
From: Victoria Plumb <victoriam_plumb@yahoo.com>
Sent: Monday, April 27, 2026 7:02 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR A and E

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,
Victoria Lamborn
Sent from my iPhone

Rebekah Vanleer

Subject: RE: Opposition to BDR Concept A,B and Concept E

From: Veronica Teran <veronicateran1390@gmail.com>
Sent: Saturday, April 25, 2026 11:23 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR Concept A,B and Concept E

To the Nevada State Board of Dental Examiners,

I am writing to respectfully oppose BDR Concepts A, B, and E, scheduled for discussion at the public Dental Board meeting on Wednesday, April 29.

Concept A, which would permit dental assistants to perform supragingival scaling after training and competency demonstration, is my strongest objection. Scaling is a clinical procedure that necessitates the education, judgment, and licensure of a dental hygienist. Addressing Nevada's dental hygiene shortage should not compromise patient safety or professional standards.

Concept E, along with any changes related to dental therapist licensure, is also my opposition. I urge the Board to ensure that such changes are transparent and involve meaningful input from dental hygienists and other licensed oral health professionals.

I respectfully request that the Board refrain from advancing Concepts A or E and protect the integrity of dental hygiene practice and patient care in Nevada.

Sincerely,

Veronica Marquez

BSDH, RDH

Rebekah Vanleer

Subject: RE: Public comment for board meeting 4/29/26

From: Sharon R <sewcool9000@hotmail.com>
Sent: Tuesday, April 28, 2026 8:38 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public comment for board meeting 4/29/26

Dear Members of the Nevada State Board of Dental Examiners,

I am writing as a Nevada patient to strongly oppose the proposed draft that would allow dental assistants to perform supragingival scaling.

From a patient perspective, this proposal raises serious safety concerns. Supragingival scaling is part of professional preventive dental care and requires proper training and clinical judgment. Allowing individuals who are not fully licensed or formally trained in dental hygiene to perform this procedure does not, in my view, protect patients.

I would personally prefer longer wait times to be seen by a properly trained and licensed dental hygienist or dentist rather than receive care from someone without the appropriate qualifications. Patients should not be placed in a position where convenience or access comes at the expense of safety and quality of care.

Additionally, patients deserve complete and thorough cleanings performed by qualified professionals, not partial or “incomplete” procedures that may not meet the standard of care or adequately address oral health needs.

While I understand the need to address workforce shortages, lowering clinical standards is not an appropriate solution. There are safer alternatives that do not compromise patient protection or the integrity of dental care.

I respectfully urge the Board to reconsider this proposal and prioritize maintaining appropriate standards of licensure and patient safety.

Rebekah Vanleer

Subject: RE: Testimony

From: sarena89139@icloud.com <sarena89139@icloud.com>
Sent: Friday, April 24, 2026 8:18 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Testimony

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,

Sara Betts, RDH

Sent from my iPhone

Nevada State Board of Dental Examiners
Public Board Meeting April 24, 2026
Written Testimony

Dear Nevada State Board of Dental Examiners,

My name is Mary Teresa (Terri) Chandler, NV RDH #3420. I have held my NV RDH license since 1999. I have firsthand experience and understanding in both roles – dental hygienist and dental assistant. I also have advanced education in both roles: an AAS in Dental Hygiene from the College of Southern Nevada, an EFDA Certificate from Case Western University, and National Dental Assistant Certification. I deeply value the education I have been fortunate to achieve over more than 4 decades in dentistry.

As a former dental assistant, I can attest that our role is to be the practice timekeeper, support the dentist's treatment planning, ensure the schedule stays on time, triage and assess dental patients, serve as the primary sterilization technician, and serve as the inventory and supply lead. Dental assistants fill a critical role in the practice and experience a very busy workday filled with multiple duties. Within this current structure, I'm not sure how the dentist (employer) can provide in-office training for the dental assistants to add on dental hygiene duties to include supra-gingival scaling, stain removal, and plaque removal with proficiency in highly skilled equipment, like using ultrasonic scalers, hand instruments, rotary cup coronal polisher, and air polishers.

SUMMARY QUESTIONS:

1) Are there currently CODA-defined educational standards established for dental assistants to perform a supragingival scaling?

2) Will dental insurance plans (insurers) cover the dental assistant's supragingival scaling?

3) What will the liability standards be, and will malpractice insurance plans cover the dental assistant who performs a supragingival scaling?

4) Does the NSBDE have the necessary staff, budget, complaint review, legal representation to address public complaints, and managerial ability to expand its scope to include the oversight, training, testing, and records for the dentist and dental assistant supragingival scaling?

KEY POINTS:

- Has there been a survey of Nevada dental assistants to determine whether this vital workforce is even interested in taking on additional roles and responsibilities, including supragingival tooth scaling?
- Will there be time requirements for the dentist's in-office training?
- Will the training be conducted after hours and on weekends to avoid disrupting the practice's regular workflow? How will the training be reported to the NSBDE prior to the "special endorsement" certificate is issued to the dental assistant.
- Will the NSBDE require registration of scaling dental assistants and charge a biennial licensing/certification fee, as it does for other licensees in the State?
- Will Malpractice Policies cover services rendered by the dental assistants who are scaling the patient's teeth?
- Will dental insurance plans recognize the dental assistant scaling of the patient's teeth as a standard D110 – adult prophylaxis or D1120 – child prophylaxis?
- Will there be a need for a new CDT code that correctly defines the dental assistant scaling of supragingival calculus, plaque and stain?
- How much training will be required before the supragingival scaling is billable to the public?
- Will there be annual CPR and CEU requirements?

Respectfully submitted,

Mary Teresa (Terri) Chandler, RDH
(702) 521-4550
tchandlerrdh16@gmail.com

Rebekah Vanleer

Subject: RE: Opposition to BDR Concept A

From: Ryan Katausky <rkatausky@tmcc.edu>
Sent: Sunday, April 26, 2026 11:50 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR Concept A

Good Day,

My name is Ryan Katausky DMD, and I have been a licensed dentist in the state of Nevada since 2013. I have also lived in Northern Nevada my entire life, excepting four years of dental education in Glendale, Arizona.

I am writing in direct opposition to the recently submitted (as of this week) Bill Draft Request Concept A, pertaining to allowing dental assistants to treat patients with scaling instruments. This is going to be an unsafe practice that will likely cause undue harm to patients, and ruin the reputation of the dental profession in the state of Nevada.

Licensure under the Commission on Dental Accreditation (CODA) for a dental hygiene program generally consists of approximately 3000 educational hours for a student. This education is multifaceted, with considerable didactic exposure and clinical patient hours. In comparison, under Arizona's Senate Bill 1124 that was signed into law in April of 2025, an 'Oral Preventive Assistant' needs only to have completed a 120 (!) hour training course, in addition to having a dental-assisting certificate and a coronal-polishing certificate.

The staggering difference in program hours for an 'Oral Preventive Assistant' (four percent) is unacceptable. These dental assistants will be essentially using the same scaling instruments as an accredited hygienist with 3000 hours of training, and these instruments can easily cause harm to a patient. This is analogous to an electrical lineman only receiving 4% as many training hours (linemen typically receive about 7000 hours of on-the-job apprenticeship) before being expected to provide services with the same tools as an experienced electrician, and protect both themselves and the public.

The historical work that has been done by CODA to create an accredited dental hygiene curriculum for our country should not be taken this lightly. I am genuinely curious to know the reasoning behind this decision: why would we take a known amount of time needed to safely train a hygienist to treat a patient, and subtract from it so profoundly? This will not help dental offices sustain their patient base, but rather the opposite—as 'Oral Preventive Assistants' start to poorly care for the patients and harm them, patients will leave practices and dental neglect will increase. *It is already difficult enough* to help the public realize that our dental hygiene programs can help them, but now when they have their mouths wrecked by a poorly-trained and unknowledgeable dental assistant, they will feel that dental offices are too terrible to bother with in their busy lives.

Thank you for your time,

Ryan Katausky DMD

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Rebekah Vanleer

Subject: RE: Public Comment for Board Meeting 4/29/2026

From: Rebecca Myrick <myrickhousehold@gmail.com>
Sent: Saturday, April 25, 2026 12:43 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public Comment for Board Meeting 4/29/2026

Dear Members of the Nevada State Board of Dental Examiners,

I am writing as a Nevada patient to express my strong opposition to the proposed draft that would allow dental assistants to perform supragingival scaling.

From a patient's perspective, this change raises significant concerns about safety and quality of care. Supragingival scaling is a clinical procedure that requires specialized training, skill, and professional judgment. Allowing individuals who are not licensed dental hygienists or dentists to perform this service does not, in my opinion, adequately protect patients.

Personally, I would rather wait longer to be seen by a properly trained and licensed dental hygienist or dentist than receive care from someone without the appropriate qualifications. Access to care is important, but it should never come at the cost of patient safety or reduced standards.

Patients also deserve complete and thorough cleanings that meet the established standard of care—not partial or potentially insufficient procedures that may leave oral health needs unaddressed.

While I understand the challenges of workforce shortages, lowering clinical standards is not the right solution. There are more appropriate ways to address access issues without compromising patient safety or the integrity of dental care.

I respectfully urge the Board to reconsider this proposal and continue to uphold the standards that protect patients and ensure high-quality care.

Sincerely,

Rebecca Myrick

Rebekah Vanleer

Subject: RE: I OPPOSE NAC 631.220

From: Patrick Felt <patfelt@gmail.com>
Sent: Saturday, April 25, 2026 9:04 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: I OPPOSE NAC 631.220

Opposition to NAC 631.220

As a dental hygienist, I oppose NAC 631.220 because it expands dental assistant duties in ways that risk patient safety and lower care standards.

Hygienists undergo significantly more education and clinical training. Allowing assistants to perform additional procedures—even under supervision—does not replace the depth of knowledge required for safe, high-quality care.

This also creates a gap in accountability. Hygienists are licensed providers held to strict standards, while expanded duties for assistants do not come with equivalent oversight or liability.

Ultimately, this regulation prioritizes cost savings over patient outcomes and undermines the value of trained professionals. If the goal is better access to care, solutions should focus on expanding hygienist utilization—not lowering the bar for clinical practice.

Patrick

Rebekah Vanleer

Subject: RE: Public comment for board meeting 4/29/26

From: Michelle Salmon <salmi1586@me.com>
Sent: Saturday, April 25, 2026 12:23 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public comment for board meeting 4/29/26

Dear Members of the Nevada State Board of Dental Examiners,

I am writing as a Nevada patient to express strong opposition to the proposed draft permitting dental assistants to perform supragingival scaling.

From a patient safety standpoint, this proposal is deeply concerning. Supragingival scaling is not a routine or low-skill task—it is a clinical procedure that requires comprehensive education, hands-on training, and the ability to assess oral health conditions in real time. Expanding this responsibility to individuals who are not licensed dental hygienists or dentists risks compromising the quality and safety of care patients receive.

As a patient, I would rather wait to be treated by a properly trained and licensed dental professional than receive care from someone without the appropriate level of clinical expertise. Access to care should never come at the expense of safety, thoroughness, or professional standards.

Patients also deserve complete and effective preventive care. Allowing partially trained providers to perform components of a dental cleaning raises concerns about incomplete treatment, missed findings, and overall reductions in the standard of care.

While workforce challenges are real, lowering clinical standards is not an appropriate or safe solution. Efforts should instead focus on strengthening the dental workforce without compromising patient protection or the integrity of care delivery.

I respectfully urge the Board to reject this proposal and uphold the established standards that ensure safe, high-quality dental care for all patients.

Sincerely,

Michelle Hoffmann

Rebekah Vanleer

Subject: RE: public comment for meeting 4/29/26

From: Jill Hahn <hahn4224@gmail.com>
Sent: Monday, April 27, 2026 5:40 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: public comment for meeting 4/29/26

To the Members of the Nevada State Board of Dental Examiners,
I am a licensed dental hygienist in Nevada and am writing to express my opposition to any proposed regulatory change that would allow dental assistants to perform supragingival scaling.
Thank you for the opportunity to provide input on this matter. The proposed change raises important concerns related to patient safety, quality of care, and the Board's responsibility to protect the public.
Supragingival scaling is a clinical preventive procedure that involves more than the removal of deposits from tooth surfaces. It requires the ability to assess oral conditions, recognize signs of disease, identify potential contraindications, and apply appropriate instrumentation techniques. Dental hygienists receive extensive education and clinical training to perform these responsibilities safely and competently within the scope of licensure.
Expanding this duty to individuals who do not possess equivalent education and licensure introduces several risks, including:
• The potential to overlook indicators of periodontal disease, inflammation, recession, caries, and oral pathology during patient care.
• Increased likelihood of patient injury, such as damage to hard and soft tissues, incomplete calculus removal, or improper technique.
• A reduction in the standard of care by assigning a procedure requiring clinical judgment to personnel who are not licensed providers.
• Possible confusion for patients, who may assume they are receiving treatment from a licensed professional when they are not.
While access to care and workforce limitations are valid issues, modifying scope of practice in this manner does not provide a solution that adequately safeguards patients. Efforts to improve access should maintain established standards and ensure that care is delivered by appropriately trained and licensed professionals.
The Board's primary obligation is to protect the health and safety of the public. Allowing dental assistants to perform supragingival scaling would diminish current safeguards and may negatively impact the quality of care provided to patients in Nevada.

For these reasons, I respectfully request that the Board not move forward with this proposal and instead consider alternatives that preserve patient safety and uphold the standards of dental hygiene practice.

Margaret J Hahn, RDH

License # 102389

Dear Members of the Nevada State Board of Dental Examiners,

I am writing to formally express my opposition to BDR Concept A and BDR Concept E, which are scheduled to be discussed at the upcoming board meeting on April 29.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety, quality of care, and the integrity of the dental hygiene profession. Dental hygienists undergo extensive education and clinical training to safely assess patients. Extra oral and intra oral exams are performed for any pathology; learning proper skills to assess gum and periodontal disease and how to adequately treat the disease with both sub gingival and Supra gingival scaling- this takes years of training. Allowing individuals with substantially less training to perform these duties blatantly lowers the standard of care and may ultimately compromise patient outcomes. While workforce shortages are a legitimate concern, allowing untrained people to scale in this manner is not an appropriate or safe solution.

Regarding Concept E, the proposed removal of a statutory requirement for dental therapist licensure appears to create confusion and potential unintended consequences for the profession. If the current statute presents barriers, those issues should be addressed through thoughtful revision rather than elimination of requirements that may undermine the structure and clarity of licensure pathways. Regulatory changes should prioritize transparency, consistency, and long-term workforce planning.

I respectfully urge the Board to reject both Concept A and Concept E and to instead pursue solutions that maintain high standards of care while addressing workforce challenges in a responsible and sustainable way.

Thank you for your time and consideration.

Sincerely,

Marcela Cardenas, RDH

Rebekah Vanleer

Subject: RE: Public Comment Opposing BDR Comment A 4/29/26

From: Makena Ahles <makenaahles@gmail.com>
Sent: Sunday, April 26, 2026 8:18 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public Comment Opposing BDR Comment A 4/29/26

To Whom It May Concern,

I am writing to formally oppose the proposal to allow dental assistants, with minimal additional training, to perform supragingival scaling as a solution to the ongoing dental hygiene workforce shortage.
While addressing access to care is an important and necessary goal, this proposal introduces a model that compromises the quality, safety, and ethical standards of patient care. Supragingival scaling cannot be isolated from comprehensive periodontal assessment and treatment. Oral health conditions do not present in neatly confined categories, and the presence of supragingival calculus is often directly associated with subgingival deposits, inflammation, and active periodontal disease. Allowing individuals without the depth of education and clinical training required of licensed dental hygienists to perform even “limited” scaling ignores this fundamental reality.
Dental hygienists undergo extensive education in anatomy, pathology, instrumentation, radiographic interpretation, and periodontal therapy. This training enables them to recognize underlying disease, adapt treatment appropriately, and prevent progression of conditions that may not be immediately visible. Minimally trained personnel are not equipped to make these clinical judgments, increasing the risk of missed diagnoses, incomplete treatment, and ultimately harm to patients.
From an ethical standpoint, this proposal lowers the standard of care provided to patients—particularly those already facing barriers to access. It effectively creates a two-tiered system in which some patients receive comprehensive, evidence-based care while others receive a reduced, task-based service that does not meet established clinical standards. Patients should not receive diminished care simply because of workforce shortages or systemic inefficiencies.
Furthermore, framing this as a solution to the hygiene gap fails to address the root causes of the shortage, such as workforce retention, compensation, working conditions, and support for dental hygiene education programs. Expanding the scope of practice for undertrained providers is not a sustainable or responsible solution.
If improving access is truly the goal, efforts should be directed toward strengthening the dental hygiene workforce, supporting education and recruitment, and implementing models that maintain the integrity and quality of care.
For these reasons, I strongly urge you to reject this proposal and instead pursue solutions that uphold patient safety, ethical standards, and the long-established principles of comprehensive oral healthcare.

Sincerely,

Makena Ahles, Nevada RDH

Rebekah Vanleer

Subject: RE: Opposition to BDR Concept A

From: Luan Kieu <lkieu@tmcc.edu>
Sent: Monday, April 27, 2026 11:31 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR Concept A

Dear Sir or Madam,

I am a resident and voter in Washoe County and have been a Nevada resident for 45 years. I am also a registered dental hygienist in Nevada, receiving my license in 2011. I am respectfully writing to the board to voice my deep opposition to BDR Concept A.

I understand that there is a general shortage of licensed health care professionals in the state of Nevada, dental hygienists included among them. While I understand that BDR Concept A is meant to address this work force shortage in dentistry, the passage of any legislation related to Concept A would not be a solution of any kind. Allowing dental assistants to clean teeth with minimal training would be a tremendous disservice to the residents of Nevada.

Dental hygienists are licensed professionals who have attended accredited schools, which currently require nearly 3000 hours of education both clinically and academically. I feel that to support BDR Concept A is equal to supporting a massive decrease in dental services to all Nevadans - men, women, children, and every other population. This would be a tremendous step backwards for oral health.

My motivation for writing this is not to support my career as a dental hygienist, but to support and protect the health of all Nevadans. Nevadans deserve better than this, not the bare minimum. I believe our leaders and lawmakers are reasonable people who make decisions that should benefit the most Nevadans. If you are reading this, I urge you to close the door on BDR Concept A and future attempts at weakening health care in the great state of Nevada.

Thank you very much for your time,

Luan Kieu

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Luan Kieu, RDH, M.Ed.
Dental Hygiene Instructor
Truckee Meadows Community College
7000 Dandini Blvd, RDMT 417-K
Reno, NV 89512
(775-674-7908)
lkieu@tmcc.edu

Name pronounced "Lon", last name "Q"

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Rebekah Vanleer

Subject: RE: Opposition to BDR Concept A – Lack of Defined Standards and Patient Safety Risks

-----Original Message-----
From: lareepurdum@gmail.com <lareepurdum@gmail.com>
Sent: Saturday, April 25, 2026 4:58 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR Concept A – Lack of Defined Standards and Patient Safety Risks

NSDBE,

I'm writing to formally oppose BDR Concept A as currently proposed.

While I understand the intent to address access-to-care concerns, this proposal introduces significant regulatory and patient safety issues. Lowering standards does NOT provide a realistic solution. There are so many other options. For example, expanding dental hygiene programs would be a much better solution. I personally can name at least ten dental assistants hoping to get into a dental hygiene program; I am certain there are hundreds in the state who would jump on the opportunity should programs be expanded.

There is virtually no benefit to supragingival scaling. Harmful bacteria resides subgingivally, even in healthy patients. Additionally, supragingival scaling cannot be separated from clinical assessment. The act itself requires the provider to recognize signs of gingival inflammation, calculus presence, and potential periodontal involvement. These determinations directly influence whether care should proceed, be modified, or be deferred for periodontal treatment. Allowing this procedure to be performed by individuals without comprehensive education in disease recognition increases the likelihood of incomplete or inappropriate care.

Additionally, the proposal does not clearly establish supervision parameters or accountability measures. In the absence of defined oversight requirements, responsibility for errors becomes unclear, and patient protection is weakened.

It is also important to note that expanding duties without equivalent educational standards does not address the underlying causes of workforce shortages. Instead, it introduces variability into clinical care without improving long-term access or outcomes.

Nevada's current regulations maintain a clear connection between clinical procedures and the education required to perform them safely. BDR Concept A disrupts that balance by permitting a clinical procedure without establishing the necessary regulatory structure to support it.

Let's look at expanding schools and access to dental hygiene programs to start, as has been successfully done in the past. Rather than lowering standards for the public, this seems a reasonable solution.

For these reasons, I respectfully urge the Board to reject BDR Concept A in its current form and prioritize solutions that maintain clear standards, accountability, and patient safety.

Thank you for your consideration.

Sincerely,
LaRee Purdum, RDH
Sparks, NV

Rebekah Vanleer

To: Adam Higginbotham
Subject: Response to Bill Draft Requests

From: Kristin Gonzalez <toothfairyrdh13@gmail.com>
Sent: Friday, April 24, 2026 1:50 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Response to Bill Draft Requests

Dear Members of the Nevada State Board of Dental Examiners,

I am writing to provide formal feedback on the proposed Bill Draft Request (BDR) concepts currently under consideration. After careful review, I support Concepts B, C, and D, while expressing significant concern and opposition to Concepts A and E due to their potential to undermine public safety and regulatory integrity.

Opposition to Concept A
Concept A raises serious concerns regarding patient safety and standards of care. Permitting dental assistants to perform supragingival scaling (even with additional training) represents a significant expansion of clinical duties traditionally reserved for licensed dental hygienists, whose education and clinical preparation are substantially more comprehensive.

While workforce shortages are a legitimate concern, addressing them by lowering clinical thresholds is not an appropriate or safe solution. Supragingival scaling is not merely a mechanical task; it requires the ability to assess oral health conditions, recognize pathology, and respond appropriately to complications. Expanding this responsibility to individuals without the depth of education and licensure required of dental hygienists introduces unnecessary risk to patients.

This proposal could ultimately erode public trust, dilute professional standards, and create inconsistencies in care quality across practices. Workforce challenges should instead be addressed through sustainable strategies such as education pipeline expansion, retention initiatives, and incentives for licensed professionals.

Support for Concept B
Streamlining the anesthesia and sedation permitting structure from three permits to two is a practical and thoughtful modernization. This change has the potential to reduce administrative complexity while maintaining appropriate safeguards, provided that competency standards and patient safety protocols remain rigorous. A simplified framework can improve compliance and clarity without compromising care quality.

Support for Concept C
Transitioning the biennial license renewal deadline to align with each licensee's date of birth is a common-sense administrative improvement. This approach distributes workload more evenly throughout the year, reduces bottlenecks, and enhances efficiency for both licensees and the Board. It is a widely adopted model across professional licensing bodies and represents a clear operational benefit.

Support for Concept D
Updating the Board's name to the Nevada State Board of Dental Medicine accurately reflects its current scope and responsibilities. Eliminating outdated references to examination administration improves transparency and aligns the Board's identity with its modern regulatory role. This change supports clarity for both professionals and the public.

Opposition to Concept E
A dental therapist is a mid-level oral health provider whose scope of practice is designed to expand access to basic dental care, **particularly in underserved and rural communities,** while maintaining a strong focus on safety and prevention.

Scope of Practice
While the exact scope varies slightly by state, dental therapists are generally authorized to perform a defined set of preventive and routine restorative procedures under the supervision of a licensed dentist. Their scope commonly includes:

- Oral evaluations and risk assessments
- Preventive services such as cleanings, fluoride applications, and sealants
- Basic restorative procedures, including filling cavities
- Simple extractions of primary (baby) teeth
- Emergency palliative care (e.g., addressing pain or infection until definitive treatment is available)
- Patient education and disease prevention counseling

Importantly, dental therapists are trained to assess patients, identify pathology, and make clinical decisions within their scope, skills that go well beyond those of dental assistants.

Education and Workforce Pipeline
Presently, there are only three accredited dental therapy educational programs in the United States, which significantly limits the pipeline of new providers entering the field. This constrained supply already poses challenges for scaling the model nationwide, even as demand for accessible dental care continues to grow.

Access to Care, Especially in Rural Areas
Dental therapists are specifically intended to serve populations with limited access to care, including rural and underserved communities. In many models, they are permitted to practice in **community-based settings such as public health clinics, tribal health systems, and federally qualified health centers.**

This is a critical distinction: dental therapists can directly provide care to patients in settings where a supervising dentist may not be physically present at all times, depending on state law (once it has been finished and adopted) and collaborative agreements. Dental assistants, by contrast, do not have an independent or semi-autonomous clinical scope and must work under direct supervision; they are not authorized to diagnose, treatment plan, or perform restorative procedures.

As a result, dental therapists can reach patients that dental assistants simply cannot, both geographically and clinically.

Impact on Workforce Shortages
Eliminating or weakening the dental therapy pathway would likely exacerbate existing workforce shortages, including the well-documented shortage of dental hygienists. Rather than competing with hygienists, dental therapists complement the dental team by handling routine restorative care, allowing dentists and hygienists to focus on more complex procedures and preventive services.

Reducing the availability of dental therapists would:

- Increase the burden on already stretched dentists and hygienists
- Limit access to care in rural and underserved areas
- Reduce system efficiency by removing a key team-based provider
- Narrow the pipeline of future oral health professionals at a time when expansion is needed

In contrast, maintaining and strengthening the dental therapy model helps distribute care more effectively across the dental workforce, improving both access and outcomes.

Bottom line
Dental therapists are a carefully trained, limited-scope provider who play a crucial role in expanding access to safe, routine dental care, **especially where it is most needed**. With only a handful of training programs currently in operation, the profession is still developing in the U.S., and policy decisions that restrict or eliminate this role risk deepening existing workforce shortages rather than solving them.

Conclusion
In summary, Concepts B, C, and D represent thoughtful improvements that enhance efficiency, clarity, and modernization within Nevada's dental regulatory framework. In contrast, Concepts A and E introduce substantial risks that could undermine patient safety, weaken professional standards, and create regulatory ambiguity.

I respectfully urge careful reconsideration of Concepts A and E, with a focus on solutions that uphold the highest standards of care and maintain public trust in the dental profession.

Thank you for your time and consideration.

Sincerely,
Kristin Gonzalez, M.Ed, BSDH, PHEDH, FADHA

2nd year Clinic Coordinator at Truckee Meadows Community College, Nevada Dental Hygienists' Association Treasurer

Rebekah Vanleer

Subject: RE: Board meeting comments public

From: Kim <gma.kim.91@gmail.com>
Sent: Sunday, April 26, 2026 8:00 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Board meeting comments public

Dear Nevada State Board of Dental Examiners,
I am a Nevada patient writing to oppose the proposal to allow dental assistants to perform supragingival scaling.
I value the specialized training of licensed dental hygienists and believe that allowing less-qualified staff to perform these procedures compromises patient safety. I would prefer to wait for a properly licensed professional rather than receive a potentially incomplete or lower-standard cleaning.
Please reconsider this proposal and keep patient protection at the forefront of your decision.

Rebekah Vanleer

Subject: RE: Opposition to BDR Concept A

From: Kerry Kuster <kkuster@tmcc.edu>
Sent: Tuesday, April 28, 2026 7:09 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR Concept A

Dear Members of the Nevada State Dental Board:

For the record, my name is Kerry Kuster, and I reside in Sparks, Nevada. I am a registered dental hygienist, and I have been licensed for 31 years in the state of Nevada. Currently, I am a tenured professor in the Dental Hygiene program at Truckee Meadows Community College (TMCC) and have been a dental hygiene instructor at TMCC for 10 years.

I am **STRONGLY** opposed to BDR Concept A that would allow dental assistants with only 200 hours of education to be able to scale teeth. Allowing unlicensed and under-trained dental assistants to scale would only decrease patient care and cause harm to the public. Eliminating CODA approved educational standards it **NOT** the answer to the dental hygiene shortage in Nevada.

As a TMCC dental hygiene instructor, I have first hand knowledge of the extensive course load, education, and clinical instruction the dental hygiene students receive. Dental assistants have not received this educational background or training.

We must protect patient safety and professional standards. Approving this suggested BDR is a big mistake.

Thank you for your time regarding this important matter. I am happy to answer any questions you may have for me.

Sincerely,

Kerry Kuster RDH, MS

Kerry M. Kuster, RDH, MS
Dental Hygiene Professor
Truckee Meadows Community College
Reno, NV 89512
(775) 674-7593
kkuster@tmcc.edu

Pronouns: She, Her, Hers

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Rebekah Vanleer

Subject: RE: Opposition to BDR concepts A & E

From: kennedie Stimpson <kennediestimpson@gmail.com>
Sent: Friday, April 24, 2026 8:40 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR concepts A & E

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,
Kennedie Clark, RDH

Rebekah Vanleer

Subject: RE: Public Comment for 4/29 Board Meeting – BDR Concepts A & E

From: Kami Atkinson <atkinson.kami@gmail.com>
Sent: Monday, April 27, 2026 5:32 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public Comment for 4/29 Board Meeting – BDR Concepts A & E

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,
Kami Atkinson, RDH, BSDH

Rebekah Vanleer

Subject: RE: Opposition to Bill Draft Requests

From: Jenifer Anderson <jeniferandersonrdh@gmail.com>
Sent: Friday, April 24, 2026 8:05 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to Bill Draft Requests

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,
Jenifer Anderson, RDH

Rebekah Vanleer

Subject: RE: Board meeting comment

From: Jeff Perry <perrya2zcorp@gmail.com>
Sent: Saturday, April 25, 2026 3:24 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Board meeting comment

Dear Members of the Nevada State Board of Dental Examiners,
I am writing today as a concerned patient to oppose the draft proposal regarding supragingival scaling by dental assistants.
I believe that quality of care should never be sacrificed for the sake of convenience. Patients deserve comprehensive cleanings performed by fully licensed professionals, not "partial" procedures handled by assistants with less training. I personally do not support any initiative that replaces a licensed hygienist's skill set with a lower standard of care just to address staffing issues.
Please protect Nevada patients by upholding the rigorous licensure requirements currently in place.

Rebekah Vanleer

Subject: RE: Oppose BDR Concepts A & E

From: Isacc Guevara <isaccguevara@icloud.com>
Sent: Monday, April 27, 2026 11:18 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Oppose BDR Concepts A & E

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,

Isacc Guevara, RDH

Sent from my iPhone

Rebekah Vanleer

Subject: RE: Public comment for board meeting 4/26/26

From: Heather Rector <grahamcrackers31@gmail.com>
Sent: Saturday, April 25, 2026 3:44 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public comment for board meeting 4/26/26

Sent from my iPhone

Dear Members of the Nevada State Board of Dental Examiners,
I am writing as a Nevada patient to express strong opposition to the proposed draft permitting dental assistants to perform supragingival scaling.
From a patient standpoint, this proposal raises significant concerns about safety and quality of care. Supragingival scaling is a key component of preventive dental treatment that requires specialized training, skill, and clinical judgment. Allowing individuals who are not licensed dental hygienists or dentists to perform this procedure does not, in my view, adequately protect patients.
I would rather wait longer to receive care from a properly trained and licensed dental hygienist or dentist than be treated by someone without the necessary qualifications. Patients should not have to trade safety and quality for convenience or increased access.
Patients also deserve comprehensive and thorough cleanings performed by qualified professionals—not partial or potentially substandard procedures that may fall short of accepted standards of care or fail to meet oral health needs.
While I recognize the challenges posed by workforce shortages, reducing clinical standards is not an appropriate solution. There are better approaches that can address access issues without compromising patient safety or the integrity of dental care.
I respectfully urge the Board to reconsider this proposal and to prioritize maintaining rigorous standards for licensure and patient protection.

Sincerely,
Heather Rector

Rebekah Vanleer

Subject: RE: Letter of Opposition

From: Gloria Silva <gsilvardh@gmail.com>
Sent: Friday, April 24, 2026 8:03 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Letter of Opposition

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,
Gloria Silva, BSDH, RDH

Rebekah Vanleer

Subject: RE: Public comment for board meeting

From: dawn perry <dwnperry5@gmail.com>
Sent: Saturday, April 25, 2026 12:23 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public comment for board meeting

Dear Members of the Nevada State Board of Dental Examiners,
As a Nevada resident, I am writing to express my strong opposition to the proposal allowing dental assistants to perform supragingival scaling.
From a patient's standpoint, this change creates unnecessary safety risks. Scaling is a clinical procedure that requires the specific expertise and judgment of a licensed professional. I would much rather wait longer for an appointment with a qualified dental hygienist or dentist than receive treatment from an individual without formal licensure in that field.
Lowering clinical standards is not a sustainable solution to workforce shortages. I urge the Board to prioritize patient safety and maintain the current standards of care by rejecting this proposal.

Rebekah Vanleer

Subject: RE: Public Comment for April 29th Meeting

From: christine jacinto <jacintochristine1@yahoo.com>
Sent: Sunday, April 26, 2026 6:57 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public Comment for April 29th Meeting

To Whom It May Concern,

I am writing to formally submit my strong opposition to BDR Concept A, which proposes allowing dental assistants to perform supragingival scaling after completing unspecified training and demonstrating competency. I urge you not to move this proposal forward. In my clinical experience, I have never encountered a patient who required only supragingival scaling. Even patients who appear healthy often present with bleeding, inflammation, or subgingival deposits that require advanced assessment and instrumentation skills. In fact, I can recall only a very small percentage, less than 1%, of patients, who did not exhibit bleeding during a routine cleaning. Scaling is not a simple task; it is a complex clinical procedure that demands a deep understanding of anatomy, pathology, instrumentation, ergonomics, and infection control.

It took me two full years of intensive clinical education to feel confident and competent in scaling safely and effectively. There is no realistic way for a dental assistant to achieve this same level of proficiency through the limited training being proposed. Allowing assistants to scale under these conditions places patients at risk and undermines the standards that protect public health. While this proposal may appear to address the hygiene shortage, it will ultimately compromise patient care rather than strengthen it. Instead of lowering standards, we should focus on sustainable, evidence-based solutions. Truckee Meadows Community College (TMCC) is actively working to expand its dental hygiene program but requires funding and support. The program has already increased its cohort size from 14 students in 2020 to 18 students in 2026. With additional resources, such as more clinic chairs and adequate instructional support, TMCC could graduate even more qualified hygienists without sacrificing patient safety.

We must also examine the real reasons some offices struggle to retain hygienists. Is the office environment supportive? Are hygienists provided with proper instruments, adequate appointment times, and ergonomic considerations? Are benefits offered? Do dentists and office managers understand how to foster a healthy workplace

culture? Addressing these issues would have a far greater impact on workforce stability than delegating clinical procedures to individuals without sufficient education.

Nevada also recently declined to pass reciprocity for licensed hygienists from other states. These professionals already hold accredited credentials and could have helped alleviate the workforce shortage. If reciprocity were approved, these hygienists could immediately contribute to patient care. The only skills they may lack involve local anesthesia or nitrous oxide administration, which assistants would not be permitted to perform regardless. This makes the decision not to allow reciprocity even more concerning, especially when contrasted with the proposal to allow assistants to scale. There is no justification for lowering clinical standards and creating a disservice for our patients. Our focus should remain on expanding accredited programs, supporting qualified educators, improving workplace conditions, and strengthening pathways for licensed hygienists, not creating shortcuts that compromise the health and safety of the public.

Thank you for your time and consideration.

Sincerely,

Christine, J., RDH 04/26/26

Rebekah Vanleer

Subject: RE: Opposition to Proposed Expansion of Dental Assistant Scope of Practice to Include Scaling

From: Charlene Moreno <charleneemoreno@gmail.com>
Sent: Sunday, April 26, 2026 9:30 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: RE: Opposition to Proposed Expansion of Dental Assistant Scope of Practice to Include Scaling

Dear Members of the Board,
I am writing to formally oppose any proposal that would permit dental assistants to perform dental scaling procedures in the state of Nevada.
Scaling — whether supragingival or subgingival — is a clinical procedure requiring significant anatomical knowledge, tactile skill, and the ability to assess periodontal health. Licensed dental hygienists spend years in accredited programs developing these competencies. Dental assistants, regardless of their value to a dental team, do not receive equivalent education or clinical training for this procedure.
Permitting dental assistants to scale teeth creates serious patient safety risks, including root surface damage, soft tissue injury, infection, and the failure to identify early signs of periodontal disease. It also undermines the professional standards that Nevada's licensure system is designed to uphold.
I was a dental assistant for 13 years and recently graduated from an accredited dental hygienist program with my BSDH. I am extremely confident when I speak from experience that there are very specific skills needed to scale teeth supra and subgingivally. Allowing assistants with a fraction of education to perform these skills will put the public's dental and overall health at high risk. I respectfully urge the Board to reject this proposal and to preserve scaling as a function exclusive to licensed dental hygienists and dentists.
Thank you for your consideration. I welcome any opportunity to provide further comment.
Sincerely,

Charlene Moreno, RDH, BSDH

Rebekah Vanleer

Subject: RE: Opposition to Expanding Dental Assistant Duties to Include Scaling

-----Original Message-----
From: Cara <cararowe@sbcglobal.net>
Sent: Saturday, April 25, 2026 10:46 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to Expanding Dental Assistant Duties to Include Scaling

Dear members of the board,

I am writing to express my opposition to any proposal that would permit dental assistants to perform scaling procedures, even in a limited capacity. While I recognize and value the important role dental assistants play in patient care, scaling is a clinical procedure that requires the education, training, and licensure of a dental hygienist.

Dental hygienists undergo extensive formal education in areas such as periodontal disease, instrumentation techniques, patient assessment, and infection control. Scaling is not merely a mechanical task—it involves critical judgment, the ability to detect and respond to pathology, and the skill to safely remove deposits without causing harm to soft tissues or tooth structures. Even minor errors can lead to patient injury, incomplete treatment, or missed signs of disease progression.

Allowing dental assistants to perform scaling, regardless of how limited the scope may be described, risks lowering the standard of care. The distinction between “light” scaling and more involved procedures is not always clear in practice, and patients may not receive the comprehensive evaluation and treatment they require.

Furthermore, expanding duties in this way may create confusion among patients regarding provider qualifications and could undermine the professional role of licensed dental hygienists, whose training is specifically designed to ensure safe and effective preventive care.

Patient safety and quality of care should remain the top priorities in any regulatory decision. For these reasons, I strongly urge you to maintain current scope-of-practice standards and reserve scaling procedures exclusively for licensed dental hygienists and dentists.

Thank you for your time and consideration.

Sincerely,
Caralyn Rowe, RDH
Sent from my iPhone

Rebekah Vanleer

Subject: RE: Public comment meeting 4/29/26

From: Candy Smith <smithcandy80@yahoo.com>
Sent: Monday, April 27, 2026 7:33 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public comment meeting 4/29/26

Dear Members of the Nevada State Board of Dental Examiners,

I am writing as a licensed dental hygienist to express my opposition to any proposed legislation or regulatory changes that would permit dental assistants to perform supragingival scaling.

While access to care and workforce challenges are important issues, expanding the scope of practice in this manner raises serious concerns about patient safety and the overall quality of care. Supragingival scaling is a clinical procedure that involves more than the removal of deposits; it requires the ability to assess oral health conditions, recognize signs of disease, and apply appropriate clinical judgment. These competencies are developed through the formal education and training required for licensure as a dental hygienist.

Allowing individuals without this level of education and licensure to perform scaling introduces several risks, including the potential for missed indicators of periodontal disease, caries, gingival inflammation, recession, and other oral conditions. In addition, inadequate training in instrumentation and assessment may increase the likelihood of incomplete treatment or unintended injury to hard and soft tissues.

There are also broader implications for standards of care and public trust. Assigning procedures that require clinical judgment to personnel who are not licensed to provide

such care may lower established safeguards and create confusion for patients, who reasonably expect treatment to be delivered by appropriately qualified providers.

Efforts to improve access to care should prioritize solutions that maintain patient protections and uphold professional standards, rather than expanding duties beyond the scope supported by appropriate education and licensure.

The Board's primary responsibility is to protect the public. For these reasons, I respectfully urge you to reject any proposal that would allow dental assistants to perform supragingival scaling and to instead support approaches that preserve the quality, safety, and integrity of dental care in Nevada.

Thank you for your time and consideration.

Sincerely,

Candy Flinchum
Licensed Dental Hygienist

Rebekah Vanleer

Subject: RE: Opposition to BDR Concepts A & E

From: Brooke Hoggan <brookedukerdh@gmail.com>
Sent: Friday, April 24, 2026 8:36 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to BDR Concepts A & E

Dear Members of the Board,

I am writing to express my opposition to BDR Concepts A and E.

Regarding Concept A, permitting dental assistants to perform supragingival scaling raises significant concerns about patient safety and the standard of care. While addressing workforce shortages is important, expanding clinical duties to roles that do not receive the same depth of education and training as licensed dental hygienists risks compromising the quality and consistency of care. Scaling, even when supragingival, requires a strong foundation in periodontal health, instrumentation, and the ability to recognize early signs of disease—skills that are developed through comprehensive hygiene education programs, not limited training modules.

Concept E also warrants opposition. Removing a statutory requirement in a way that creates a legal pathway for dental therapist licensure, without clear and appropriate regulatory structure, may introduce ambiguity and unintended consequences. If the current statute contains inconsistencies, those should be thoughtfully corrected with transparency and stakeholder input—not simply removed in a manner that could weaken safeguards or create gaps in oversight. Any pathway to licensure should be deliberate, well-defined, and aligned with maintaining high standards of patient care.

While innovation and workforce solutions are necessary, they must not come at the expense of patient safety or professional integrity. I urge the Board to reconsider these proposals and pursue alternatives that uphold the quality and accountability expected in dental care.

Thank you for your time and consideration.

Sincerely,

Brooke Hoggan

Rebekah Vanleer

Subject: RE: Opposition to the legislative BDR permitting dental assistants to perform supragingival scaling

-----Original Message-----
From: Brittany <britthenriod2014@gmail.com>
Sent: Tuesday, April 28, 2026 8:46 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Opposition to the legislative BDR permitting dental assistants to perform supragingival scaling

Dear Nevada Dental Board,

I am writing to express my opposition to the legislative BDR permitting dental assistants to perform supragingival scaling as a solution to alleviate the dental hygiene shortage.

The hygienists and public of Nevada have already expressed opposition for solutions of this nature in the 2025 legislative session and have continued to express opposition throughout the 2025-2026 board meetings, and yet the NDA and Nevada Dental Board of Examiners continue to pursue this avenue.

The problem is written plainly in your BDR stating that “Nevada’s higher education pipeline produces an estimated 27 dental hygienists (CSN and TMCC) to 102 general dentists (UNLV and Roseman) yearly.”
Therefore, the solution is quite obvious: to fix the dental hygiene workforce shortage we must increase the pipeline to produce more hygienists. I urge you, for the benefit of patients and the value of the dental hygiene profession, to focus your resources on increasing the existing higher education programs and finding ways to create new programs in Nevada. I understand it is easier said than done and would time take, but investment now can exponentially help the future.

I implore you to drop the BDR permitting dental assistants to scale supragingivally and move the focus on the higher education pipeline.

Sincerely,

Brittany Henriod, BS, RDH

Rebekah Vanleer

Subject: RE: Public Comment for 4/29/26 Meeting

-----Original Message-----
From: braelynn.weatherbiee@gmail.com <braelynn.weatherbiee@gmail.com>
Sent: Monday, April 27, 2026 5:45 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Public Comment for 4/29/26 Meeting

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

Dear Members of the Board,

I am writing to express my opposition to the proposed bill that would allow dental assistants to perform supragingival scaling.

This proposal will not improve access to (quality) care, does not address the root of the issue, and will ultimately compromise patient safety. Dental hygienists receive extensive and specialized education to develop clinical judgment, recognize disease, and respond appropriately to patient needs. Expanding this duty to providers without the same level of education lowers the standard of care.

This is a multifactorial problem, and meaningful solutions should focus on strengthening the pipeline of licensed professionals. This may include increasing faculty and resources within existing hygiene programs and supporting the development of more CODA-accredited dental hygiene schools. Expanding education and training opportunities is a more sustainable and responsible approach than shifting duties to less-trained providers.

Protecting patient safety and maintaining high standards of care should remain the priority. I urge you to reconsider this proposal.

Thank you for your time and consideration.

Sincerely,
Braelyn Weatherbie, RDH, BASDH

Sent from my iPhone

Rebekah Vanleer

Subject: RE: Proposed changes for 4/29/26 meeting

From: Amber Hitchborn <yodafurtoda2@hotmail.com>
Sent: Tuesday, April 28, 2026 11:55 AM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Proposed changes for 4/29/26 meeting

To whom it may concern:
I am writing as a Registered Dental Hygienist in the state of Nevada for 8 years, as well as a prior dental assistant of 8 years, to oppose some suggested changes regarding dental hygiene. I am NOT in support of allowing assistants to perform scaling on patients. As proposed, the small amount of education that would be required for them to do so is not sufficient. It devalues all of the education and training and testing that we as registered hygienists had to go through in order to become licensed. It creates more work for assistants and also for hygienists in having to supervise, double check and complete their work. Which I as well as others I know, are not willing to participate in. And causes the patients to essentially have to undergo a cleaning twice, which would not be well recieved by patients in general, nor beneficial to them. Quite frankly it doesn't make sense either. It creates the potential for dentists to want to employ more assistants at a cheaper rate thereby emloying fewer actual registered hygienists creating fewer positions for us. It brings to mind the question, next are we going to allow hygienists to perform fillings and crowns and extractions on patients with just a few hours of extra training? I don't think so. Nor should we. Every position has their own duties in the dental office and it should stay that way in my opinion. No one I have talked to (whether in the dental filed or a patient) is in support of this. It is NOT a solution to your percieved shortage and is not a good idea.
I also do not support changing the renewal dates as it would create more confusion and seems unnecessary.

Thank you for adding my input to the record.

Amber Hitchborn, RDH.

Sent from my Galaxy

Rebekah Vanleer

Subject: RE: Protect Patient Care!

From: allie hummel <hummel_allie@yahoo.com>
Sent: Saturday, April 25, 2026 1:29 PM
To: Board of Dental Examiners <nsbde@dental.nv.gov>
Subject: Protect Patient Care!

To whom it may concern,

My name is Allie Hummel and I have been a Registered Dental Hygienist in the state of Nevada for almost a year now. I strongly oppose letting dental assistants with 200 hours of education to be able to scale supragingivally. This does not help with the workforce shortage! It decreases patient care and causes harm to the patients! Scaling supragingivally only will lead to more work for dental hygienists who have to clean up an assistants inadequate work and also lead to more cases of gingivitis and periodontitis.

Thank you,
Allie Hummel