

# Legislative Updates



**2021-2022 Nevada State Legislative Goals:** The committee will be working towards advancing public health measures. Key points for 2021-2022 will include the following:

- Amend Nevada Revised Statute 629.031 (1) to add dental hygienists as recognized providers of healthcare.
- Promote the term 'Licensed Dental Practitioners' in regulatory and legislative language to include dentists, dental hygienists and dental therapists in all measures that expand access to care and promote public health: Teledentistry, dental emergency responders and providers of care for various programs and services.

**The Nevada State Board of Dental Examiners:** The dental board recently appointed two NDHA members to the new subcommittee for the Committee on Dental Hygiene and Dental Therapy. This subcommittee is charged with drafting language to implement Dental Therapy regulatory language that was passed by the Nevada Legislature in 2019. Implementing regulatory language is required to enable dental therapists to obtain licensure and practice in our state. We encourage all dental providers in our state to become familiar with the language passed by the Nevada State Legislature (SB366) that deemed a midlevel dental provider was proven to be a safe and effective way to increase access to dental care for all populations in a variety of settings. You can reference language, education, scope of practice here: <https://www.leg.state.nv.us/NRS/NRS-631.html#NRS631Sec312>

The Dental Therapy model that was passed in Nevada requires:

- **Dual licensure:** dental hygiene license with public health endorsement PLUS dental therapy license.
- A minimum of two additional years of dental therapy education in a CODA Accredited Dental Therapy Program.

## **Dental Therapy in Nevada: An Innovative New Workforce Model to Address Access to Care**

**Where are we now?** Dental Therapy language passed the Nevada State Senate and Assembly with more than 75% of the vote and with bipartisan support in June 2019. The bill language (SB366) was brought forward by the Nevada Dental Hygienists Association and sponsored by Senator Julia Ratti. The Nevada State Board of Dentistry has the duty of implementation of the bill language and intent and to ensure a provider is safe, ethical and competent. Nevada Revised Statutes contain the legislative language that was adopted and can be found at: [NRS: CHAPTER 631 – DENTISTRY, DENTAL HYGIENE AND DENTAL THERAPY \(state.nv.us\)](https://www.leg.state.nv.us/NRS/CHAPTER_631_-_DENTISTRY,_DENTAL_HYGIENE_AND_DENTAL_THERAPY_(state.nv.us)).

**Historical Perspective:** Dental Therapists exist in over 54 countries. To date, 11 states in the US have passed legislation and another 8 are pursuing legislation. The American Dental

Hygienists Association (ADHA) adopted policy in 2004 to support the creation of the Advanced Dental Hygiene Practitioner (now called a Dental Therapist) when access to care issues were brought to the forefront across the nation. There are various models/names and educational pathways to become a dental therapist. In 2009, Minnesota was the first state to adopt a model that could serve all vulnerable populations in various settings, including urban and rural areas. Minnesota has two models and one of which is an Advanced Dental Therapist that is dental hygiene based. On the other hand, dental therapists have been practicing in a tribal model in Alaska since 2000 but the Alaska model is not a dental hygiene-based model. Each state in the US has the ability to determine which model fits the needs of their communities. [Expanding Access to Dental Therapy.pdf \(adha.org\)](#)

**The Nevada Model for Dental Therapy (adopted by the Nevada State Legislature and Signed by the Governor):** A dental therapist must be a dental hygienist, must take additional dental therapy education from a CODA accredited program, must be dual licensed and must work with a written collaborative practice agreement with a supervising dentist. The dental therapist is designed to improve access to care to vulnerable populations, has the education to do restorative work, extractions and provide preventive and therapeutic services for adults and children. **(See NRS 631.312 and NRS 631.3122)**

**Facts:**

- Practitioner evolution has been happening with other professions in the US for the last 55 years. Dentistry is far behind other healthcare providers in workforce development and innovative workforce models. Dental Therapy is similar to Nurse Practitioners and Physician Assistants and is seen as a cost effective, safe and efficient way to enhance access to basic dental services.
- Nevada has many areas that have been federally designated as dental healthcare professional shortage areas and receives poor rankings for overall health and dental care and services.
- There is a growing body of evidence that oral health is critical to overall health.
- There has been no disciplinary action/malpractice against any dental therapists in Minnesota in the last 11 years.
- National polls show that 81% of the public supports midlevel dental providers. <https://healthjournalism.org/blog/2017/01/backers-of-dental-therapist-profession-find-support-in-national-poll/>
- The American Dental Association Council on Scientific Affairs has stated: “Many published studies demonstrate that appropriately trained midlevel providers can provide high-quality services, including irreversible procedures such as restorative care and dental extractions.”
- A review of more than 1,100 academic papers concluded: “There is no question that dental therapists provide care for children that is high quality and safe. None of the 1,100 documents reviewed found any evidence of compromise to children’s safety or quality of care. Given these findings, the profession of dentistry should support adding dental therapists to the oral health care team.” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4062028/>

- A workforce brief published by the Minnesota Department of Health evaluated the first 9 years of data in Minnesota after dental therapy was implemented and concluded:
  1. Workforce is young (average age is 34), more diverse than any other oral health profession, have a 98% job satisfaction rating and 93% of graduates were employed.
  2. Geographically distributed among the state, 59% in metro areas and 41% outside the metro area.
  3. 49% of Dental Therapists practice in private clinics and 47% practice in Community Health Centers, non-profit based organization, Federally Qualified Health Centers and mobile settings.
  4. Documented studies show dental practices that employ a dental therapist report increased productivity and earnings.
  5. Loan repayment and forgiveness programs may assist in getting dental providers into rural areas.
  6. <http://www.health.state.mn.us/divs/orhpc/workforce/oral/2018dtbrief.pdf>

**Want to be involved or know more:** Request upcoming committee notice [SKM C65817112816140 \(nv.gov\)](#) from the Nevada State Board of Dental Examiners and provide comment in public comment. AND/OR reach out to NDHA ( Lancette VanGuilder) at: lancettevg@gmail.com

**WATCH FOR THE NEXT LEGISLATIVE UPDATE TO  
INCLUDE MORE ON DENTAL THERAPY  
IMPLEMENTATION IN OUR STATE!**