



June 30,2026

Testimony regarding agenda item R04126- 631

Dear members of the Commission,

The Nevada Dental Hygienists' Association (NDHA) collaborated with the Nevada Dental Association (NDA) to bring legislation forward in 2023 creating the Expanded Function dental Assistant (EFDA).

The NDA initially wanted to allow the EFDA to scale teeth, which is clearly a scope of practice for either the dentist, dental therapist or dental hygienist. A compromise was agreed upon that the EFDA would only be allowed to use scaling instruments to remove bonding material and NOT to be utilized on natural tooth structures.

The NDHA does support the Expanded Function Dental Assistant and wants to clearly inform the Commission that the intent of the legislation was to augment the dentist in the restorative realm of dental services, NOT to impinge on the care or scope of practice of dental hygienists.

Currently the NDA is still pursuing the scaling of teeth by dental assistants by asking the SBDE to consider regulations allowing unlicensed, under educated dental assistants to scale teeth above the gumline. The NDHA is against this as the SBDE's fiduciary role is to protect the public and license and regulate dental professionals.

This approach risks patient safety, widens care disparities, undermines public investment in dental hygiene education and may reflect regulatory capture rather than neutral public protection.

NDHA does want to point out to the Commission that in the 2019 legislative session the Dental Therapist was created in statute and to this date the regulations have not been finalized by the SBDE. The dental therapist can provide both restorative, therapeutic and preventive care.

Additionally, in 2003, the Legislature authorized pathways for dental hygienists to provide services without a dentist physically present when appropriately authorized. The initial agency draft regulation, [R231-03I](#), included a broader model of dental hygiene care, including assessment, care planning, implementation, evaluation, public

health protocols, continuing care and referral. The final regulation was narrowed creating barriers to dental hygiene services. The June 25, 2026 EFDA/Dental Hygiene Subcommittee meeting confirms that the Board is beginning discussions on NAC revisions to authorize dental hygiene practice under NRS 631.311. The Commission might ask why the access model the Legislature authorized has not been fully implemented for 23 years.

Requested Action

NDHA respectfully requests that the Legislative Commission require the Board to: explain why the broader 2003 access model was narrowed; identify the statutory basis and public-protection purpose for each restriction on dental hygienists; demonstrate that current NAC fully implements NRS 631.311; provide reliable workforce data before using shortages to justify reduced education standards or assistant scaling pathways; require clear patient disclosure when scaling is performed by a non-hygienist; evaluate the impact on NSHE dental hygiene programs; and withdraw or revise any portion of R041-26 that conflicts with NRS 631.3129 or expands assistant duties beyond statutory authority.

Conclusion

For more than two decades, Nevada has had statutory authority to expand access to preventive dental hygiene services. Instead of fully implementing that authority, the Board now appears to be advancing a workforce solution that shifts hygiene-related functions to lesser-trained assistants while licensed hygienists remain constrained. That approach risks patient safety, widens care disparities, undermines public investment in dental hygiene education and may reflect regulatory capture rather than neutral public protection.

Respectfully submitted,

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