

**PROPOSED REGULATION OF THE  
BOARD OF DENTAL EXAMINERS OF NEVADA**

**LCB FILE NO. R056-24I**

**The following document is the initial draft regulation proposed  
by the agency submitted on 03/14/2024**

# AB 147 Draft Regulations

## 1) Define Bona Fide:

- a) **“Bona fide relationship” according NRS 631.... is defined as:**
- b) **a professional relationship that exists between a patient and a licensee when the licensee has:**
- c) a. **Reviewed the patient’s relevant history of present illness , medical records, and current obtained in the past six months diagnostic and radiographic records;**
- d) b. **Performed an appropriate in-person examination of the oral cavity within a six month period of time of the patient for the purpose of diagnosing, assessing, or determining the patient’s current medical condition; and**
- e) c. **Has a reasonable expectation that he or she will provide follow-up care and treatment to the patient.**

## 2) Procedures for Informed Consent:

1. **A digital form of written informed consent shall be gained from each patient and/or their parent or guardian of the patient who is a minor or does not have the capacity to give consent . Information provided to each patient shall consist of:**
  - a) **Copy of Nevada Board of Dental Examiners assigned license**
  - b) **Contact information for licensees such as telephone number, email address, physical office address, and emergency contact information.**
  - c) **Similar information about another dental licensee working with the patient.**
  - d) **Precautions that the licensee shall take in emergency situations**
  - e) **The types of approved services, once a bona fide relationship is established, that the patient might receive through teledentistry shall be limited to:**
    - i) **Consultation and recommendations of possible treatment to a patient;**
    - ii) **Prescribing medication by the licensed dentist deemed necessary to the emergent need of the patient;**
    - iii) **Limited diagnosis based on the information gained from patient to meet their specific complaint during that encounter;**
    - iv) **The need for orthodontic corrections to address identifiable problems related the malposition of teeth**
    - v) **Correcting the positioning of teeth using orthodontic appliances**

## 3) Forms that must be collected by a dentist:

1. **The digital forms that a licensee must collect signed from a patient for a teledentistry visit shall be:**

- a) **Informed Consent**
- b) **HIPAA privacy acknowledgement**
- c) **Patient’s insurance information, if applicable**
- d) **Financial agreement, if applicable**
- e) **Applicable health history**

## 4) Recordkeeping and Privacy:

1. **A licensee shall maintain a complete record of each encounter with a patient through teledentistry, such records shall follow:**
  - a) **Follow all the provisions set forth in the federal Health Insurance Portability and Accountability Act of 1996 related to the maintenance of records and the privacy of patients who are participating in a telehealth visit.**

## 5) Evidence-based standards of practice:

1. **Evidence-based standards of practice means the practices of a Dentist which are outlined in the Standards of Care as recommended by the American Dental Association.**

## 6) Procedures for ordering prescriptions:

1. A licensee shall ensure the following when ordering a prescription for a patient using Teledentistry:
  - a) The use of electronic drug prescribing
  - b) The use of telephonic drug prescribing

7) Collaboration with physicians and other specialties:

1. A licensee shall use teledentistry to collaborate with the office of a physician, physician assistant, and/or a advanced nurse practitioner for the purposes of:
  - a) Obtain relevant information pertaining to the patient's medical history; and
  - b) Collaboration of care.
2. A licensee shall use teledentistry to collaborate with another licensee practicing in a different specialty area for the purpose of:
  - a) Obtain relevant information pertaining to the patient's medical history; and
  - b) Collaboration of care.
  - c) Developing a treatment plan

8) Collaboration with another licensee provide care to the same patient:

1. Should multiple licensees be providing care to the same patient, the licensee providing teledentistry care shall obtain all information about other dentists treating the patient from the patient and communicate with the other licensed dentist. Information that needs to be obtain and submitted shall be:
  - a) relevant information pertaining to the patient's medical history;
  - b) Collaboration of care; and
  - c) Assurance that the provider of teledentistry shall send all relevant information and recommendations regarding the encounter to the patient's dental home/office.

9) Supervision of Dental Hygienist and Dental Therapists using teledentistry:

1. A licensed Dental Hygienist and/ or a licensed Dental Therapist may provide services when an overseeing licensed dentist authorizes the services that are allowable under appropriate supervision using teledentistry.
2. Only services which can be performed under indirect supervision can be supervised by a licensee through teledentistry.

## Teledentistry (AB 147) Summary of Requested Regs

- 1) Board regs should define both synchronous interactions and asynchronous transmissions (reference to NRS 629.515)
- 2) Board regs need to define “bona fide relationship” between patient/dental provider (potentially use Virginia definition §541.2711 or NDA version as a guide)
- 3) Board regs should require written consent of patient receiving proof of dental provider licensure/details as outlined in Sec.10/sub 3 (part of informed consent below)
- 4) Board regs should require contents of informed consent: 1) type of service to be provided and cost of service to be provided; 2) precautions to be taken; 3) emergency health facility location to be used in the event of medical emergency; and 4) licensee to maintain a list of providers for referrals purposes as outlined in Sec.10/sub 4 (cross reference Sec.12/sub c).  
\*Informed consent should also include proof of dental provider licensure/details provided to patient.
- 5) Board regs should require adherence to Pharmacy Board standards/regs for the purposes of issuing prescriptions as outlined in Sec.13/sub 1(a)  
\*Restrict opiate prescriptions
- 6) Board regs should require adherence to HIPAA standards/regs for the purposes of maintenance/storage of information/records as outlined in Sec.13/sub 1(b) and Sec.14
- 7) Board regs should require written practice agreement establish procedures/protocols for supervision of dental therapist via teledentistry until hours of clinical practice fulfilled pursuant to NRS 631.3122 as outlined in Sec.13/sub 1(d)(1)(reference to NRS 631.3122)
- 8) Board regs should require all medications/immunizations to be returned to a physical location on a daily basis to ensure safety/storage protocols
- 9) Board regs should clarify who must “Issue or obtain...a standing order for administration of immunization approved by DPBH/DHHS” as outlined in

Sec. 17/sub1(a)

\*Statutory language can be potentially interpreted to permit a hygienist or dental therapist to issue standing order

10) Board regs should require that policies and procedures outlined in Sec.17/sub b and c to be submitted along with endorsement application

\*Note: Pharmacy Board indicates that unused drugs must be returned to clinic at the end of the day (i.e. epinephrine).

### Immunizations (AB 147) Summary of Requested Regs

1) Board regs should require patients to be treated/immunized will be 18+

2) Board regs should limit vaccines to flu and Covid-19

3) Board regs should require DH/DT to complete 20 hrs. continuing education re: immunizations similar to American Pharmacist Assoc. (APhA) program as outlined in Sec.15/sub 2

**\* This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.**

4) Board regs should require DH/DT to complete 3 hrs. CE annually re: immunizations to retain PHE i.e. NILE webinars offered by Immunize Nevada

5) Board regs should require that licensees contact patient's primary care physician (CPC) after each vaccine dose given

6) Board regs should require emergency kits (including oxygen administration, epinephrine and other allergic reaction response equipment) to be on site and inspected quarterly; specific storage equipment to be used for mobile units inspected quarterly

7) Board regs should require written consent and verification of medical history review for immunizations as outlined in Sec.18

8) Board regs should require licensee to maintain daily and/or monthly log of all vaccines administered

9) Board regs should Require written practice agreement between dentist and DH/DT that specifically includes info for professional liability insurance as outlined in Sec.8

10) Board regs should require policies and procedures re: immunization storage/disposal and emergencies to mirror State Board of Health regs (reference to NAC 639.2973/639.2975)