

Nevada Board of Dental Examiners 6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

PETITION FOR ADVISORY OPINION								
Applicant/Licensee: Antonina Capurro						Date: A	august 14, 2020	
Address: 2516 Dornoch Lane						Suite No.:		
City:	Henderson		State:	Nevada		Zip Code:	89044	
Telephone:	702-774-2573	Fax:		Email:	acapurro@	health.nv.go	V	
In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:								
This request is for clarification of the following statue, regulation, or order: (Identify the particular aspect thereof to which the request is made.) Note: If you require additional space you may attach separate pages to the petition form.								
NRS 631.215, NRS 631.287, and NRS 631.310								
The substance and nature of this request is as follows:								
(State clearly and concisely petitioner's question.)								
Note: If you require additional space you may attach separate pages to the petition form.								
Following a virtual oral health screening or limited dental exam, is it appropriate for a parent to paint a single unit dose of fluoride varnish to their child's teeth if they are being supervised and instructed in real-time by a Nevada licensed dental								
practitioner (ie. dentist, dental hygienists, and/or dental hygienists that holds a public health endorsement) through a synchronous teledentistry platform.								
Fluoride varnish applied in this way could be part of a virtual home visiting model that introduces children and their families								
to preventive oral health services, increases oral health literacy, reinforces the concept of the dental home, and improves daily oral hygiene practices.								
Attached is a project proposal that would utilize the virtual application of fluoride varnish.								
(Please submit any additional supporting documentation with the petition form)								
Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this								
petition and issue an advisory opinion in this matter.								
Applicant/Licensee Signature								

Nevada Action Network

"Everyone has a mouth, not everyone has a voice"

The COVID-19 pandemic has resulted in a series of interconnected crises which will be compounded by the recently proposed alternative learning environment for the 20-21 school year. This will result in a disruption to school-based health services which is an opportunity for creative solutions and alternative service delivery methods particularly focused on the Medicaid population. To increase value-based care and disparity reversal activities, delivery of preventive services that prioritize reaching vulnerable and underserved children where they are through teledentistry dental visits and fluoride varnish home application is proposed.

The Nevada Division of Public and Behavioral Health, Oral Health Program (NV OHP) is committed to partnering with community dental providers and stakeholders to improve oral health throughout the State and specifically supports partners that are able to meet the needs of underserved vulnerable children. According to the 2012, *Burden of Oral Disease in Nevada*, Nevada's proportion of children with dental caries experiences in primary and permanent teeth is more than double the nation average. Children in Nevada are twice as likely to have a dental cavity compared to the United States national average. Caries experience and untreated decay are documented with the National Oral Health Surveillance System which allows comparison across the nation and standard calibration. In order to improve oral disease in Nevada, we believe early detection is the key along with education and resources. In recent years Washoe County has suffered losses of school-based sealant programs and Clark County will not allow school-based sealant programs on campus in the 20-21 school year which severely limits access to preventive dental services for underserved children.

Nevada's oral health quality measures when compared to national averages are deficient and will only worsen given the current limitations in access to preventive services. The Centers for Medicare and Medicaid Services (CMS) Oral Health Initiative monitors the proportion of children ages 1-20 receiving a preventive dental services (PDENT). PDENT is the main child oral health quality improvement measure used by CMS. The national average is 48% and the national goal is to increase PDENT by at least 10 percentage points. Nevada is one of the seven states that have had a decrease in PDENT metrics from FFY 2011 to FFY 2018 and Nevada is 10% behind the national average.

The Nevada Oral Health Program proposes a pilot project in collaboration with a State of Nevada approved vendor(TBD), to train, educate, and improve oral health care of Medicaid enrolled children throughout the state via teledentistry. Children enrolled in Medicaid by definition of a lower socioeconomic category are classified within a moderate to high caries risk level. Due to this increased risk of tooth decay, preventive services such as fluoride varnish application and sealant placement should be prioritized.

Through this partnerships and collaboration, Nevada's Medicaid enrolled children will be navigated to care and receive preventive services which will identify early dental needs and increase oral health literacy. Additionally, in a blanket fashion, state measures will be boosted including HEDIS, PDENT, and EPSDT metrics, health literacy and care coordination will be promoted by a State of Nevada approved vendor, and the Nevada Oral Health Program will

receive oral health surveillance data needed to develop sustainable funding sources for the ongoing improvement of oral health in Nevada.

Goal:

Through an alternative delivery method (teledentistry) provide preventive dental services to Medicaid children previously reached through school-based health services and in so doing, increase HEDIS measures, PDENT scores, and EPSDT reportable dental preventive services.

Mechanism:

Through an agreement between DHCFP, NV OHP, and a State of Nevada approved vendor, all Medicaid enrollees under the age of 21(both DBA and FFS) will be contacted by a State of Nevada approved vendor to schedule a virtual dental appointment. A fluoride varnish packet(if applicable), toothbrush kit, and oral health educational brochure will be mailed to children that schedule a virtual dental appointment. Using teledentistry, a licensed Nevada dentist will provide a limited intraoral exam, collect oral health information, instruct the parent to safely apply fluoride varnish, and deliver oral hygiene instruction. Data collected will be shared with DHCFP and NV OHP which will result in a final program report.

Colgate will assist in providing oral hygiene instruction materials and oral hygiene supplies.

A formal advisory opinion from the Nevada State Board of Dental Examiners will also be sought for approval of fluoride varnish application via teledentistry as presented in this project proposal.

Partners and Responsibilities:

Division of Health Care Financing and Policy (DHCFP):

- a. Will provide member lists to SNAV of enrolled Medicaid children
- b. DHCFP will promote the program to members.

A State of Nevada Approved Vendor(SNAV):

- a. SNAV will follow the protocol listed below.
- b. SNAV may utilize their dental contractors such as Teledentistry.com to meet the intent of this program.
- c. SNAV will provide care coordination to any DBA members that are in need of dental services and care referral to any FFS members.
- d. SNAV will mailed Silver State Smile Kits and provide the oral hygiene supplies and varnish
 - i. Each kit will contain a single unit dose of fluoride varnish, a piece of gauze, a pair of gloves, a fluoride varnish brochure from NV OHP, a brush and floss or OHI brochure, a toothbrush and sample tube of toothpaste, and a brochure on the virtual dental exam including how to access the appropriate app.
- e. SNAV will promote this program.

The Department of Health and Human Services, Nevada Oral Health Program (NV OHP):

a. NV OHP will provide educational brochures on oral hygiene and the NV OHP fluoride varnish pamphlet which will be included in the varnish packets.

- b. Will provide SNAV with a list of questions based on state specific metrics that should be collected during each phone call to better inform state policies and gather oral health surveillance information.
- c. NV OHP will create a video that demonstrates to parents, children, and families that provides an overview of the project, demonstrates an application of fluoride, and reviews OHI links in papers mailed in the Silver State Smile kit.
- d. NV OHP will be provided with data from oral health questionnaire and will analyze information for final report.

Colgate:

- a. Pre-recorded oral hygiene instruction and/or a registration link for a zoom OHI presentation.
- b. Educational materials will be provided.
- c. If Colgate products are ordered, Colgate will provide a price match/negotiated price.

Protocol:

- 2. All children enrolled in Nevada Medicaid will be contacted as part of this program.
 - i. The list of enrollees will be ranked based on their last dental exam. Those that have not had an exam within the previous 12 months will be contacted first.
 - ii. The parents of children 0-18 will be contacted by phone and then by email to schedule a virtual appointment for their child. For children 18-20, they will be contacted directly for an appointment.
- 3. Individuals that provide positive consent for a virtual dental examination and qualify (based on allergic questionnaire) for fluoride varnish will be mailed a Silver State Smile Kit
 - i. Each kit will contain a single unit dose of fluoride varnish, a piece of gauze, a pair of gloves, a fluoride varnish brochure from NV OHP, OHI brochure, a toothbrush and sample tube of toothpaste, and a welcome letter on the virtual dental exam including how to access the appropriate app.
 - ii. Within the welcome kit will be a link to an online video produced by NV OHP. The video will provide an overview of the project, display the teledental visit, demonstrates an application of fluoride, and review OHI Colgate links and educational materials provided in the Silver State Smile kit.
- 4. On the day of the appointment, a licensed Nevada dentist working directly through SNAV will perform the limited oral evaluation (D0140) through a virtual HIPPA compliant platform.
 - i. The parent will take intra-oral photos as applicable. With the oversight and instruction of the virtual licensed dentist, the parent will paint the fluoride varnish to the outer surface of their child's teeth.
 - ii. Both the parent and child will be instructed on the proper techniques for daily oral hygiene and motivated to follow the dental checkup and preventive services periodicity schedule for infants, children, and adolescents.
- 5. Care coordination will be provided.

- i. Should visually signs of decay be found, the patient will be routed into a care coordination database, and an outreach specialist will call the patient within 72 hours to schedule an appointment with their assigned dental home.
- ii. Should urgent signs of decay, active infection or pain be found, the patient will be routed into a care coordination database, and an outreach specialist will call the patient within 24-48 hours to schedule an appointment with their assigned dental home.
 - i. Prescriptions as appropriate will be sent to the local pharmacy (no opioids will ever be prescribed).
- iii. If the patient is a FFS patient not enrolled with the dental benefits administrator, a referral will be given to the patient to access in-network dentist.
- 6. Claim will be generated and sent for reimbursement. Codes to be billed include DO140, D1206, and D9994
- 7. A State of Nevada approved vendor will work collaboratively with NV OHP on final project report.

Conversely:

Reporting metrics:

- Number of calls made before appointment scheduled
- Utilization of teledentistry services (visits, no-shows, declined appointments)
- Number of kits sent to recipients
- Positive consent for fluoride varnish
- Number fluoride varnishes applied
- Number of limited exams completed
- Number of children with an urgent dental case
- Number of children with active decay
- Number of children who have been to the dentist in the last 12 months
- Number of children that report having had a cleaning in the past 12 months.
- Demographics: child's age, sex, current zip code, ethnicity
- School situation ie. at home, hybrid, in-person
- Did this child previously receive school-based health services?
- Dental health: last dental visit (date or year), presence of untreated decay, treatment urgency (none, early, urgent), presence of sealants (for school age), suspicious lesions.
- Possible additional date to collect:
- 1. On a scale of 1 -10, how important is your dental health to you?
- 2. Would you feel comfortable coming into a dental office for an appointment?
 - a. Yes b. No Comment:
- 3. How would you describe the condition of your child's teeth? (check one)
 - a. Excellent
- b. Good
- c. Fair
- d. Poor

- 4. During the past 12 months, has your child had frequent or chronic difficulty with any of the following? (Check all that apply)
 - a. Toothaches (no/yes)
 - b. Bleeding gums (no/yes)
 - c. Decayed teeth or cavities (no/yes)
- 4. About how long has it been since your child last visited (saw) a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (check one)
 - a. 12 months or less
 - b. More than 1 year, but not more than 3 years ago
 - c. More than 3 years ago
 - d. My child has never been to a dentist
 - e. Don't know/don't remember
- 5. What was the main reason your child last visited a dentist? (check one)
 - a. Went in on own for check-up, examination or cleaning
 - b. Was called in by the dentist for check-up, examination or cleaning
 - c. Something was wrong, bothering or hurting
 - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
 - e. Other
 - f. Don't know/don't remember
- 6. During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (check one)
 - a. No b. Yes c. Don't know/don't remember
 - IF YES: What were the reasons that your child could not get the dental care she/he needed? (Check all that apply)
 - b. Could not afford the cost
 - c. Did not want to spend the money
 - d. Insurance did not cover recommended procedures
 - e. Dental office is too far away
 - f. Dental office is not open at convenient times
 - g. Another dentist recommended not doing it
 - h. Afraid or do not like dentists
 - i. Unable to take time off from work
 - j. Too busy
 - k. I did not think anything serious was wrong/expected dental problems to go away
 - 1. Transportation or lack of reliable transportation
 - m. Other
 - n. Don't know/don't remember



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PETITION FOR ADVISORY OPINION								
Applicant/Licensee: Antonina Capurro	Date: May 20,2020							
Address: 1001 Shadow Lane, MS 7411	Suite No.:							
City: Las Vegas State: Nevada	Zip Code: 89106							
Telephone: 702-774-2573 Fax: 702-774-2521 Email: acapurro	@health.пv.gov							
In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:								
This request is for clarification of the following statue, regulation, or order: (Identify the particular aspect thereof to which the request is made.) Note: If you require additional space you may attach separate pages to the petition form.								
NAC 652.397								
	10							
The substance and nature of this request is as follows: (State clearly and concisely petitioner's question.) Note: If you require additional space you may attach separate pages to the petition form.								
Requesting NSBDE support for inclusion of licensed dental providers to NAC 652.397 which will allow								
providers to apply for the certification and licensure needed to administer COV see documentation attached.	ID-19 waive tests. Please							
(Please submit any additional supporting documentation with the petition form)								
Wherefore, applicant/licensee requests that the Nevada State Board of Dental petition and issue an advisory opinion in this matter.	Examiners grant this							
Applicant/Licensee Signa	iture							



Advisory Committee on the State Program for Oral Health (AC4OH)

Board Members

Brandon Abbatangelo,Tina, DMD

Capelli, David, DMD, PhD

Chandler, Terri, RDH

Coppes, Max J., MD, PhD, MBA, FAAP

Davenport, Cathie

Garvey, Christina, RDH

Liveratti, Mary

Mariano, Chris Elaine, APRN, CPNP-PC, MSN, RN

Prohaska, Benjamin, PA-C, BC-ADM

Putnam, Bryce, DMD

Skelton, Judith, PhD

Talley, Robert, DDS

Taylor, Kelly, RDH

August 13, 2020

Nevada State Board of Dental Examiners 6010 S. Rainbow Blvd., Ste. A-1 Las Vegas, NV 89118

Re: Support for Dr. Capurro's Request for an Advisory Opinion on NAC 652.397

Dear Nevada State Board of Dental Examiners

The Advisory Committee for Oral Health (AC4OH) appointed by Governor Steve Sisolak was formed to support the State of Nevada's Department of Health and Human Services Oral Health Program with a mission to advocate for optimum oral health for all Nevadans.

The Department of Health and Human Services is responsible for protecting, maintaining, and improving the health of all Nevadans, which includes oral health. As demonstrated through numerous studies, oral health is a vital component of overall health. The AC4OH is committed to collaborating with community dental providers and stakeholders to improve oral health throughout the state and specifically supports partners that can meet the needs of underserved, vulnerable populations.

This letter endorses the request for an Advisory Opinion on NAC 652.397 made by Dr. Antonina Capurro, Nevada State Dental Health Officer. We urge the Nevada State Board of Dental Examiners to support alteration of NAC 652.397 to include licensed dental providers (both dentists and dental hygienists) which will allow dental practitioners to qualify to serve as a director of an exempt laboratory and apply for exempt laboratory license and federal CLIA certification needed to administer waive tests (COVID-19, blood glucose level test – in-office using a glucose meter, HbA1c in-office point of service testing, dip-stick test, etc). Furthermore, we ask the Nevada State Board of Dental Examiners to submit an application for variance to the Nevada State Board of Health for dentally related variances to NAC 652.397 regulations.

In support of this request we offer data from a recent survey conducted by the American Association of Dental Boards. The survey found that 33.3% of survey respondents are allowing dental offices to conduct COVID-19 tests or order COVID-19 tests and an additional 33.3% of respondents are considering future approval for in-office COVID-19 testing. In fact, Utah recently approved the use of D0140 for the administration of COVID-19 testing within a dental office. We urge the Nevada State Board of Dental Examiners to make a similar recommendation.

The AC4OH respectfully asks for your kind consideration of the aforementioned advisory opinion.

Most Sincerely,

Cathie Davenport AC4OH Chairperson

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Additional Documentation for Nevada State Board of Dental Examiners Advisory Opinion

INCLUSION OF DENTAL PROFESSIONALS INTO NAC 652.397

In Nevada, to perform a laboratory test that has been categorized by the Food and Drug Administration (FDA) as a Waived test (ie. blood glucose level test – in-office using a glucose meter, HbA1c in-office point of service testing, dip-stick test, etc.), a State of Nevada Exempt Laboratory License and a federal CLIA certificate is required. This requirement must be met before licensed dental professionals can perform COVID-19 testing categorized as a waive test.

In order to qualify for an exempt laboratory license, a laboratory director must qualify according to NAC 652.397 which lists qualifying professions for this distinction. Currently, the dental profession is not included as qualified persons to be exempt laboratory directors. The Board of Health has jurisdiction over Chapter 652. Support from NSBDE is required before regulations can be submitted to the Board of Health for adoption of changes to this chapter. I humbly request that NSBDE consider this matter and vote to support inclusion of licensed dental providers in NAC 652.397: Director of Exempt Laboratory.

Example of NAC 652.397 change:

- 1. Except as otherwise provided in subsection 2 and NAC 652.395, to qualify to serve as a director of an exempt laboratory, a person must be:
 - (a) A licensed physician;
- (b) Qualified for a license as a director of a licensed laboratory pursuant to NAC 652.380;
- (c) Qualified for a license as a director of a registered laboratory pursuant to NAC 652.395; ...
- (h) A dentists licensed pursuant to chapter 631 of NRS.

Please note: While public health dental hygienists could be added to NAC 652.397 as they are allowed to practice without direct supervision according to NAC 631.145, in order to manipulate, collect, or perform a waive laboratory test they must additionally either qualify under NRS 652.210 or obtain certification as an assistant in a medical laboratory pursuant to NRS 652.127. Dentists are specifically listed under NRS 652.210. Any changes to NRS would require legislative action.

NRS 652.210 Manipulation of persons for collection of specimens; authorized practices of technical personnel.

1. Except as otherwise provided in subsection 2 and NRS 126.121 and 652.186, no person other than a licensed physician, a licensed optometrist, a licensed practical nurse,

a registered nurse, a perfusionist, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a certified advanced emergency medical technician, a certified paramedic, a practitioner of respiratory care licensed pursuant to chapter 630 of NRS, a licensed dentist or a registered pharmacist may manipulate a person for the collection of specimens. The persons described in this subsection may perform any laboratory test which is classified as a waived test pursuant to Subpart A of Part 493 of Title 42 of the Code of Federal Regulations without obtaining certification as an assistant in a medical laboratory pursuant to NRS 652.127.

2. The technical personnel of a laboratory may collect blood, remove stomach contents, perform certain diagnostic skin tests or field blood tests or collect material for smears and cultures.