

Oral Health Policy Priorities Revised in Light of COVID-19

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Oral Health Policy Ideas for Nevada

1. TITLE: DENTAL HEALTH TELEMEDICINE: TELEDENTISTRY FOR NEVADA

Overview: Through teledentistry, Nevada can reduce traditional barriers to care, foster equality, and adopt an innovative service delivery models. Additionally, if cuts are made to Medicaid dental benefits due to the current fiscal emergency, non-traumatic dental emergency room visits will increase which will place an enormous strain on the state's financial resources.

Definition: Teledentistry is the use of technology (including digital radiographs, digital photos/videos, electronic health records, the Internet, etc.) to facilitate the delivery of oral healthcare and oral health education services from a provider in one location to a patient in a physically different location.- American Dental Association.

Mechanism: Addition of dental health telemedicine or teledentistry as a subset of NRS 629. Specifically, NRS 629.510 and 629.515 describes telehealth.

To include: a) teledentistry for use in rural Nevada, hospital settings, and dental offices b) the requirement that Medicaid medical care organization RFPs include a request for companies to include teledentistry services within any telehealth packages, c) that emergency room triage nurses provide written information on teledentistry options for patients that present with non-traumatic dental conditions, d) definitions and interaction between dentists and dental hygienists, and e) incorporation of a CE requirement in teledentistry for initial dental and dental hygiene licensure to increase awareness and comfort level in providing care with digital records and working remotely as a team.

Fiscal Impact: The addition of teledentistry services to the Medicaid plan will have a small fiscal impact which will be balanced by any budgetary cuts to the dental Medicaid plan for adults and any potential increase in emergency department encounters for non-traumatic dental conditions.

Similar Legislation: [California A.B. 1174](#) in 2014; [Ohio Revised Code 4715.43](#)

2. TITLE: HEALTH SCREENING BEFORE SCHOOL ENTRANCE POLICY

Overview: Universal access to health and education are fundamental to us as public health advocates. It is for this reason that the Affordable Care Act included preventative services (regular medical and dental checkups, scheduled immunizations, and screenings for childhood disease) as an essential requirement.

Eighteen states have already treated this disconnect by instituting a health assessment before school entrance policy. This policy requires children to receive a medical and a dental assessment before they enter school which promotes the establishment of a medical and dental home and provides the state with data on the healthcare needs and condition trends of its school age children.

While we have snapshots of the health of our school children such as the DPBH 2013 report which found that 36.8% of Nevada's children are overweight and obese, we do not have specific data on the health status of Nevada children through the grades or understand how their health changes as they develop. We cannot promote the wellness of children and their parents/guardians if we have no way to gauge the current health status of individuals relative to their peers as well as contrasting their counterparts from previous generations.

Data: Despite the availability of health services, according to Oral Health in America: A Report of the Surgeon General, "more than 51 million school hours are lost each year to dental-related illness". When children miss valuable classroom hours due to dental pain, they fall behind and are less likely to graduate and become a productive member of society. Children with good oral health can spend more time in the classroom and concentrate on their schoolwork.

Mechanism: Changes to NRS 392.420 to include medical and dental screenings at specific grade levels. Per NRS 392.420, Nevada schools

in counties with a population of 100,000 or more are required by law to provide a visual, scoliosis, and auditory screening at set intervals. (Note, BMI screenings were recently removed.) By requiring the examination to be performed by medical/dental personnel outside the school, students and parents are compelled to build medical/dental relationships in their local community. There may also be greater buy-in for such a policy as it may result in a cost savings measure for school districts and allow for a redistribution of nursing staff.

Phase-in Plan: Dental Examination and Health Check

- 2022/23 Grade K/1
- 2023/24 Grade K/1 and 4
- 2024/25 Grades K/1, 4, and 7
- 2025/26 Grades K/1, 4, 7, and 10
- 2026/27 Grades K/1, 4, 7, 10, and 12

Fiscal Impact: Regulation will have a positive economic impact for the people of Nevada. If a dental assessment and an overall health examination become part of a school entrance requirement, this would potentially reduce the workload of the school nursing staff, minimize classroom contact time lost to complete the in-school examination, require health evaluations for all children not just those living in largely populated area, and improve the state’s understanding of the healthcare needs of Nevadans. Data collection and analysis fuels our ability to make policy changes and establish programs that promote health and prevent diseases.

Potential Partner Organizations: UNR SOM, UNLV SOM, UNLV SDM, CCSD, WCSD, FQHCs, and health departments.

Considerations: The Oral Health Program will require funding to coordinate with organizations such as the dental and medical schools, local non- profit clinics, and health departments to provide medical and dental screenings before school for those that are unable to access services.

Similar Legislation: Enacted in eighteen other states. Key examples: [Illinois 77 IAC 665.410 105 III](#); [Iowa code 135.17 and 641-51.1](#); [Oregon Rev St. 336.213](#); [Utah 53-G-9-4](#)

3. TITLE: DENTAL EMERGENCY RESPONDERS

Overview: Nevada dentists and dental hygienists have routinely demonstrated records of professional volunteerism and contribution at all levels of the community, state, and federal arenas. By expanding the scope of practice dental professionals and permitting the profession to serve within public health departments, hospitals, and medical facilities during a disaster, dental responders will be poised to alleviate the burden on and collaborate with interprofessional emergency response teams during a public health crisis.

Dental providers have a unique skill set that can be useful as surge support during major disasters, pandemics, for emergency management, and forensic identification. Dentist and dental hygienists can provide clinical care in medical settings, “walking well” care, pandemic vaccinations, biometric information, and forensic dentistry to support public health efforts during emergencies and disaster situations.

Dentists can play a critical role as a first responder and in health security.

Proposed Definition: Dental responders:

A licensed Nevada dentist or dental hygienist in good standing with the Nevada State Board of Dental Examiners may apply for a dental responder permit through the Nevada Department of Health and Human Services after completing training certified by the National Incident Management System or the National Disaster Life Support Foundation that provides certification in disaster preparedness, immunizations, and

dental humanitarian medical response consistent with the Society of Disaster Medicine and Public Health.

A dental responder is deemed to be acting within the bounds of his or her license when providing emergency medical care, immunizations, mobile, and humanitarian care that is consistent with his/her training during a declared local, state, or national emergency. Licensed dental responders who provide emergency care voluntarily and without compensation during declared disasters are provided indemnity.

Mechanism: Inclusion of dental providers into NRS: Chapter 414.

To include: a) creation of a committee on dental emergency management that will advise the Nevada State Board of Dental Examiners during an pandemic, local, state, or national state of emergency, b)verbiage on patient abandonment during a disaster, and c) courses for disaster certification

Fiscal Impact: None

Similar Legislation: [Illinois Public Act 94-409](#):Dental Emergency Responder

4. TITLE: EXPANSION OF SCOPE OF PRACTICE FOR DENTISTS TO PRESCRIBE AND ADMINISTER VACCINATIONS

Overview: In 2019, Oregon became the first state to allow dentists to provide vaccinations to all patients. Minnesota and Illinois allow dentists to vaccinate against the flu for adults only. Vaccinations are a key public health tool to reduce the spread of infectious diseases.

Data: According to Immunize Nevada, vaccines save more than 33,000 lives in the U.S., prevent 14 million cases of disease, and save \$43.3 billion in healthcare costs. HPV vaccination is linked to oral cancer prevention. HPV is linked to 70% of oropharyngeal cancers. Cancer is the second leading cause of death in the U.S. and oral cancer is the eighth leading cause of death among males. According to the CDC, more than 20,000 women and approximately 12,000 men are diagnosed with HPV-associated cancers each year, with cervical cancer the majority in women and oropharyngeal cancer the majority in men. HPV vaccine protects against HPV-associated oral cancers. The national goal for HPV vaccination is 80%. Nevada's level is well below 60%.

Mechanism: Inclusion of this language into NRS: Chapter 631 or authorization for the Nevada State Board of Dental Examiners to add vaccinations into the scope of work for dentists. This will include authorization for the Oral Health Program to provide the necessary hands-on training which will include WebIZ training, reporting requirements, and best practices for administration and storage of vaccinations. Vaccinations to include influenza, Hepatitis A&B, Tdap, MMR, Shingles, HPV, and COVID-19 related immunizations.

Fiscal Impact: No fiscal impact

Potential Partner Organizations: Immunize Nevada, Nevada State Board of Dental Examiners, Nevada Dental Association, UNLV SDM, ADA, State Immunization Program

Hypothesis: Expansion of the scope of practice for Nevada dentists will increase access for patients to receive life-saving vaccinations from highly trained practitioners. Additionally, the inclusion of dentists into the community of vaccine capable providers will boost Nevada's vaccination rates. This will be of critical importance should a COVID-19 vaccination become available and required for healthcare providers and school-age children.

Similar Legislation: [Oregon HB 2220](#) in the 2019 regular session.

5. TITLE: DENTAL LOSS RATIO POLICY FOR NEVADA

Overview: Dental insurance plans do not operate with the same level of transparency that is required of medical plans. This bill would provide protection for consumers and dental providers by holding dental insurance companies to a similar standard of disclosure as health

insurance policies. Namely the issue is the wide variability in the dental loss ratio of each dental plan. This permits dental insurance companies to determine at will what percentage of total premium dollars will be spent towards patient services versus administrative expenditures. During the coronavirus pandemic, this has become an issue of great concern as patients continue to pay for their insurance plan, but claims from dental offices decreased as offices were restricted to provide emergency only procedures for six weeks. Patients in needs of additional support and practices that are now struggling to resume services due to high personal protective equipment mandates are looking to insurance companies to partner with them to improve access to care.

Mechanism: NRS Chapter 695 A dental insurance transparency bill will require a service plan that covers dental services in Nevada to “utilize a uniform benefits and coverage disclosure matrix”. The benefits and coverage disclosure matrix requires a health care service plan that covers dental services to provide specific information such as the dental plan reimbursement levels and estimated enrollee cost share for services and may support a set percentage for the dental loss ratio to maximize the reach of dollars for patient care or for refunds to plan purchasers.

Similar Legislation: [California SB-1008](#) approved 10.29.18.

6. TITLE: APPROPRIATIONS BILL FOR THE DPBH, ORAL HEALTH PROGRAM

Overview: Access to clinical and preventive dental services as well as clinical management of internal health related policies and Medicaid administration require a robust state Oral Health Program. State appropriations and investment are needed to support dental public health infrastructure and related workforce development initiatives.