



December 9th, 2025

Nevada State Board of Dental Examiners,  
2651 N. Green Valley Pkwy, Ste. 104,  
Henderson, NV 89014

**RE: ATA ACTION OPPOSITION TO SECTION 2 OF LCB File No. R056-24**

Dear Members of the Nevada State Board of Dental Examiners,

On behalf of ATA Action, thank you for the opportunity to provide updated comments on the November 6 version of LCB File No. R056-24. We appreciate the Board's continued refinements, including clearer recognition of the statutory carve-outs for emergent care, public health programs, and initial orthodontic diagnoses. These are meaningful improvements. Despite these updates, ATA Action continues to oppose Section 2 as drafted because the rule remains more restrictive than Nevada statute and creates unnecessary barriers to safe, evidence-based teledentistry.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services – including teledentistry – across the care continuum. ATA Action supports the enactment of state and federal telehealth coverage and fair payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

First and foremost, ATA Action has broad concerns with the proposed definition of “bona fide relationship” in Section 2(2) of the proposed rule, which requires a licensee to conduct an in-person examination within the previous six months—or review the results of such an exam by another licensee—before a patient-provider relationship can be established. While the newest draft acknowledges statutory exceptions, the core requirement remains unchanged. This requirement directly contradicts the legislative intent of Nevada Revised Statute § 631.34583(1), which limits in-person examination mandates solely to the confirmation of an initial orthodontic diagnosis before beginning treatment. Outside of that narrow orthodontic context, the statute does not impose any in-person exam requirement. The draft rule, however, extends this requirement to all teledentistry relationships—an added restriction not found in statute.

Further, ATA Action has significant concerns with the authorized uses of telehealth by licensees. Nevada Revised Statute § 631.34582(1)(a) states “a licensee may use teledentistry to examine... a new patient if the examination is sufficient, in accordance with evidence-based standards of practice, to provide an informed diagnosis.” However, the proposed rule indirectly prohibits



licensees from using teledentistry to examine and diagnose a new patient through the definition of “bona fide relationship,” which requires an in-person examination within the preceding six months. How can a licensee utilize teledentistry to examine a *new* patient if the arbitrary requirement for the establishment of a patient relationship requires an examination by the licensee within the previous six months?

While the caveat allowing a dentist who utilizes teledentistry to obtain records from another licensee who examined the patient within the previous six months as a means of establishing a bona fide relationship may satisfy the *new* patient—insofar as new to the dentist utilizing teledentistry—the rule still prohibits licensees from examining new patients when the examination is sufficient according to evidence-based standards, as the enacting statute states. Moreover, the statute **does not** direct the board to make a determination of when utilization of teledentistry is appropriate—it directs the board to allow licensees to examine new patients via telehealth when sufficiently utilizing evidence-based standards of practice. By substituting statutory reliance on clinical judgment with an arbitrary six-month in-person rule, ATA Action believes the draft exceeds the statute and lacks clinical justification.

Additionally, the informed consent requirements outlined in Section 10 of the proposed rule unfairly discriminate against teledentistry providers by imposing obligations not required of licensees conducting in-person services. Specifically, the rule mandates that teledentistry providers disclose a list of services and any limitations, provide detailed information about the qualifications of the licensee delivering care, outline precautions for emergencies or technological failure, and include any other information the board may later prescribe. These additional burdens create an uneven regulatory landscape that treats virtual providers as inherently less capable than their in-person counterparts, despite adhering to the same standard of care. Moreover, the rules around informed consent are inconsistent: within the requirements for informed consent outlined in Section 10(4), providing any and all information about the licensee's qualifications must be provided in order to obtain informed consent, while the previous paragraph, Section 10(3), requires that same information only “upon request of the patient,” creating confusion about a licensee’s obligations for providing services via teledentistry and further reinforcing the arbitrary nature of the proposed requirements.

ATA Action is firmly opposed to the arbitrary establishment of in-person requirements which take away the ability of licensed providers to use any available modalities, be that in-person or via teledentistry, which will meet the standard of care for the condition presented by the patient. We agree with the *Federation of State Medical Boards* that it should be practitioners, relying on their extensive education and clinical experience, who should have the ability to determine if treatment can be conducted via telehealth or in-person. State governments should seek to empower licensed providers to be able to offer patients safe access to the full market of available healthcare services, rather than arbitrarily pick winners and losers.

There is no clinical justification for this requirement which would significantly limit access to teledentistry care, at the cost of patient flexibility, time and personal cost. Many Nevada patients



would no longer have access to innovative new dental technologies, such as the ability to receive an on-demand emergency visit or other services using asynchronous teledentistry platforms. While we acknowledge that there are situations in which the standard of care for the condition presented by the patient cannot be met through telehealth modalities, synchronous or asynchronous, we believe the blanket requirement of an in-person exam prior to the establishment of a patient provider relationship via teledentistry is severely limiting. In these instances, it is the responsibility of the provider to take steps to treat the patient in-person or direct them to seek other treatment that does meet the standard of care.

Finally, implementing this policy would put unrealistic requirements on teledentistry patients and providers. Many counties in Nevada lack an adequate number of brick-and-mortar dental offices, with only two of Nevada's seventeen counties not identified as health professional shortage areas for dental care, forcing patients to potentially travel a great distance for routine or even unnecessary care that could have been conducted virtually.<sup>1</sup> We encourage you to consider how reducing access to convenient, safe, and often less costly teledentistry services will affect patients, particularly those in rural and underserved communities.

We strongly encourage the Board to revise Section 2 to align with the statute, which imposes an in-person requirement only in the limited orthodontic context, and to remove additional restrictions that lack clinical evidence and unnecessarily constrain provider judgment. Thank you for the opportunity to comment on this legislation. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in Nevada. If you have any questions or would like to engage in additional discussion regarding the telehealth industry's perspective, please contact me at [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written over a faint, light blue circular watermark.

Kyle Zebley  
Executive Director  
ATA Action

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<sup>1</sup> Health Professional Shortage Areas: Dental Care, by County, April 2025 – Nevada, Rural Health Information Hub, data from HRSA, <https://www.ruralhealthinfo.org/charts/9?state=NV>.