

December 20, 2016

The Honorable Michael Roberson, Senator, Chair
The Honorable Rick Combs, Director, Secretary
State of Nevada – Legislative Commission
Legislative Counsel Bureau
Legislative Building
401 S. Carson Street
Carson City, Nevada 89701

RE: **In Opposition to the Nevada State Board of Dental Examiners Proposed Rule:
Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables**

Dear Honorable Members of the Legislative Commission:

This past summer, ASPS directed comments to the attention of the Nevada State Board of Dental Examiners (Dental Board) registering the opposition of the American Society of Plastic Surgeons to the proposed amendments to Chapter 631 of the Nevada Administrative Code, which, if promulgated, would allow dentists and dental hygienists to administer botulinum toxin (Botox), dermal fillers or other facial injectables after completing twenty-four hours of coursework. ASPS is forwarding the attached comments in advance of the Legislative Commission's meeting regarding this measure.

In our previously submitted comments, ASPS highlighted several points including:

- **Insufficient training** - dental and dental hygienist training and the required additional twenty-four hours is not sufficient to perform these procedures. Dental training and expertise does not involve the majority of facial anatomical areas in which Botox and fillers are injected, and this lack of training increases the patient's risk of complications.
- **Incorrect diagnoses** - the largest safety concern that arises when patients receive cosmetic injections from a dentist or dental hygienist are centered on the correct diagnoses of which patients are appropriate candidates for injections and the potential complications arising after the fact.
- **Higher complication rates** - in cases where medical record review should be completed because a patient is higher risk, dental hygienists and dentists do not have sufficient training to conduct those reviews. Thus, poor candidates are more likely to receive treatment and complications are more likely to occur.

Thank you for your consideration of our request that you not approve the Dental Board's Proposed Rule Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at phermes@plasticsurgery.org or at 847-228-3331 with any comments, questions or concerns. Additionally, ASPS would be happy to discuss this important issue with the Commission.

July 29, 2016

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

RE: **In Opposition to the Nevada State Board of Dental Examiners Proposed Rule:
Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables**

Dear Honorable Members of the Nevada State Board of Dental Examiners:

We are writing on behalf of the American Society of Plastic Surgeons (ASPS) to register our opposition to the proposed amendments to Chapter 631 of the Nevada Administrative Code, which, if passed, would allow dentists and dental hygienists to administer botulinum toxin (Botox), dermal fillers or other facial injectables after completing twenty-four hours of coursework. Training for dentists and dental hygienists is simply not sufficient to perform these procedures, and twenty-four hours of instruction, as required by the draft rule, does not begin to bridge this gap. As such, we formally request that these proposed amendments be withdrawn.

ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94 percent of all American Board of Plastic Surgery board-certified plastic surgeons in the United States. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients. These services include the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, cancer and cosmetic procedures. ASPS promotes the highest quality patient care, professional and ethical standards, and supports the education, research and public service activities of plastic surgeons.

Botox, dermal fillers and other cosmetic injectables have grown tremendously in popularity, and with this rise in demand, many levels of medical providers, dental providers and, quite frankly, unlicensed individuals have been providing these services in both medical and non-medical settings. While attractive as a way to generate quick revenue, it is important to remember that these are medical procedures with very real side-effects and complications for patients. Therefore, ASPS advises patients to have treatments performed by qualified physicians, certified nursing professionals or physician assistants (PA) designated by the physician who understand neuromuscular and facial anatomy, facial aging and aesthetics, as well as the potential neurotoxicity of the products.

The largest safety concerns that arise when patients receive cosmetic injections from a dentist or dental hygienist are centered on the correct diagnoses of which patients are appropriate candidates for injections and potential complications arising after the fact.

Not all individuals are candidates for injections of Botox or dermal fillers. Among those who should not receive such injections are those who are sensitive to the ingredients; patients with neuromuscular diseases (such as myasthenia gravis, Eaton-Lambert syndrome, or amyotrophic lateral sclerosis); and pregnant (also lactating/breast feeding) women. Injections should also be applied with caution and discretion in those patients on anticoagulation/aspirin therapy; patients treated with aminoglycosides, penicillamine, quinine, or calcium channel blockers, as these drugs have been known to possibly potentiate clinical effects. Patients who have unreasonable expectations or psychological issues that would preclude a satisfactory outcome should be excluded from treatment. In a dental setting, it is considerably less likely that these factors from a patient's medical record will be sufficiently reviewed.

In cases where they might be reviewed, dental hygienists and dentists do not have sufficient training to conduct those reviews. Thus, poor candidates are more likely to receive treatment and complications are more likely to occur.

As previously noted, the most significant concern that arises when inadequately trained practitioners administer Botox, dermal fillers and other cosmetic injectables is the high stakes risk of complications. The Food and Drug Administration (FDA) approved uses of Botox Cosmetic is for glabellar frown lines on the forehead and crow's feet in the eye area. These areas are nowhere near the oral cavity. Dental training and expertise does not involve the majority of facial anatomical areas in which Botox and fillers are injected, and this lack of training increases the patient's risk of complications. This risk is then compounded because of the lack of expertise in how to treat such complications. Only physicians, certified professional nurses and PAs as authorized by state law should inject Botox and fillers. Hygienists are trained only in tooth/alveolar anatomy and have, at best, scant knowledge of the anatomy of the perioral area, let alone the rest of the face. No credible claim can be made that they are equipped to inject Botox or fillers into lips or the skin of the face, and to allow this carries significant risk to the patient. Dentists have more training, but they also lack the additional, critical knowledge of how to diagnose and treat serious complications such as nodules, granulomas, skin necrosis, blindness and anaphylaxis.

Possible side-effects of Botox administration include drooping of the upper eyelid, significant bruising, cosmetic deformity, etc. Only physicians, certified professional nurses or PAs should inject Botox. Hygienists' training does not compare to the level of medical training that nurses or PAs have, and this puts patients at significant risk. There are also very severe complications that are associated with dermal fillers. If inadvertently injected into blood vessels, for example, extreme complications can occur, including permanent vision impairment, blindness, stroke and necrosis (death) of facial tissue.

Therefore, injections of Botox, dermal fillers and other cosmetic injectables are medical procedures and are subject to the same precautions of any medical procedure. Treatment should be administered in the physician's office or other clinical setting with appropriate medical personnel and necessary equipment to safely observe patients and deal with possible complications. **Providers who are not qualified to assess or treat complications should not administer the injections.** In a dental setting, patients also do not have the recommended continuing access to medical supervision for several weeks following treatment, should an adverse event occur.

Additionally, there is absolutely no "manpower shortage" with regard to the ability of patients to find well-trained providers of Botox, dermal fillers and other cosmetic injectables in the physician community. It therefore makes no sense, and puts patients at unnecessary risk, to allow lesser trained practitioners to administer cosmetic injectables.

Thank you for your consideration of our request for the withdrawal of the Proposed Rule Amending Dentist's and Dental Hygienist's Scopes of Practice for Injectables. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at phermes@plasticsurgery.org or at 847-228-3331 with any comments, questions or concerns. Additionally, ASPS would be happy to discuss this important issue with the board.

Regards,

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