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On the Cover

A historical operating room photo from the Library of Congress shows personnel masked and gloved in 1920. Effects from the "Spanish Flu" of 1918, a real pandemic (at least 500,000,000 infected and at least 60,000,000 deaths) as opposed to our politically correct but rather pedestrian 2020 COVID-19 version (72,000,000 infected but only 1,600,000 artificially inflated deaths). In 1918 politicians did not reek societal medical and economic devastation by presuming to be doctors as they have with when quacking about COVID-19. Example: hydroxychloroquine (HCQ) Rx's were virtually banned beginning in March after President Trump recommended their considered use. Yesterday, the day after the Electoral College confirmed President-Elect Biden, the same experts, including the AMA, reversed their HCQ recommended restrictions 180 degrees.

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COVID bolo tie, courtesy of Dollar-Burch originals.

Unmasking Masks, or Vectors Trump Barriers

The current COVID-19 (COVID) related dysfunctional political responses continue to manifest themselves on a daily basis. Consider masking. Some states don't require masks for regular people, such as non-surgeons, and some states do. The next week, many of the dos don't and many of the don'ts do, flip-flopping 180°. At times, different officials order conflicting mandates, such as WHO's "avoid touching the mask" vs California's "replace your mask between bites." (Tables 1 and 2)

The nonsensical rudderless paradigms continue to be regularly proffered by the Centers for Disease Control (CDC), WHO, and of course the social media validated politicians supplanting doctors with their conflicted personal dicta. What may be most concerning is that some sort of goofy precedent, based on feelings or politics, instead of logic or scientific study, may be being established for the next epidemic (understanding that COVID may not even qualify as a pandemic[1]). Now that we are testing over 500,000 mostly asymptomatic citizens per day,[2] the comprehensive COVID death rates are plummeting to below what we see with the annual flu variants. If we tested asymptomatic citizens for the annual flu to the degree COVID is being tested, the

Table 1: WHO'S Mask Do's

Dr. Orr practices Anesthesiology and OMS in Las Vegas, is an Adjunct Professor (Surgery) at UNLV SM and Touro University SM (Jurisprudence), Professor Emeritus at UNLV SDM, and a member of the CA Bar and Ninth Circuit Court of Appeals.

resultant numbers would certainly validate the statistically innocuous nature of COVID, as studies from Stanford and USC have suggested.[3] Because of the nonsensical precedents we are submitting to, are we doomed to wear masks forever if we choose to breathe and someone down the street may be sick? How in the world has humankind survived for 7,000,000 years without government mandated masking?

Certainly there are virtuous reasons for everyone's mask conduct, whether one chooses to wear one or not. Those who wear masks may be signaling that they care about others along with themselves and choose to "play it safe." Those who choose to not wear masks may be demonstrating that they consider themselves pragmatic mask realists, and value the freedoms guaranteed in our Constitution, virus or not, more than platitudes.

Table 2: California's Lifesaving Out-to-Dinner Tips.

Figure 1: Paddleboarder Fending off a Rude Interloper

The CDC has stated that masks "may" help COVID from spreading.[4] In other words, the CDC admits that masks may not help COVID from spreading. It is also safe to say that washing one's hands, brushing one's teeth, noetics, and/or prayer may, or may not, help COVID from spreading. The CDC pointed out in September that nearly 70% of new COVID-positive patients "always" wore masks. This directly contradicts the prevailing narrative of many government commentators.

The CDC also opines that COVID is spread by close contact of "about six feet." However, the CDC does not reference the scientific evidence for the "about six feet" sentiment. Some will say that six feet sounds about right and go along with the guideline, admittedly in part because of the threat of criminal prosecution (for example, arrested disobedient lone paddleboarders and young mothers with their toddlers at parks[5,6]). (Figures 1 and 2) Others will say if six feet is good, why not seven or eight feet to be truly safe? The last group will share that the hippies at Woodstock in 1969, who were never declared non-essential by the way, weren't social distancing even six millimeters during the more virulent H3N2 Hong Kong Flu that killed 1,000,000 plus world-wide (there are 600,000 statistically inflated COVID deaths at this writing[7,8,9]).

The presence or absence of a virus is not a condition precedent to Constitutional guarantees. Not only do we not have to wear masks (that may slow down aerosolized bacteria, but not viri that in general are 10x smaller), but we also have the freedom to wear a mask whenever we choose.

There are nuanced considerations and exceptions of course. Just a few months ago, wearing a mask, sunglasses, and a hoodie into a bank may have been a bit disconcerting to some. But now bankers are masking-up too, perhaps more appropriately considering their fees. (Figures 3 and 4)

Figure 2: Criminally Close Mother and Child Flaunting the Law

Figure 3. Bank Robber

Figure 4. Bank Teller

The CDC has stated that masks may help COVID from spreading. In other words, the CDC admits that masks may not help COVID from spreading.

There are multiple real reasons to not wear masks, which corporate retailers, now unofficially deputized by many governors as mask-regulation-enforcement agents, should recognize. One should consider, again per the CDC, not masking if:

1. Under two years old
2. Trouble breathing
3. Unconscious or incapacitated
4. Deaf or hard of hearing (lip readers)
5. Intellectual or developmental disabilities, mental health conditions, or other sensory sensitivities
6. Younger children
7. Swimming or other activities that may cause the mask to become wet
8. Engaged in high intensity activities like running
9. Susceptible to heat related illness

In practicality, no business wants to accept the obligation to validate customer iterated exemptions. Examples abound of individuals being turned away from enterprises despite claiming an exemption, thus necessitating emergency responses. (Figure 5)

Figure 5. Emergency hat-mask used to pick up pizza and avoid issues with the pizza police.

Others have chimed in on the mask controversy, doing their best with impressive credentials, but truncated practical experience, to convince the world of their view. For instance, the director of a medical intensive care unit states: "surgical and fabric masks do not add resistance while inhaling… while you help keep others safe…"[10] From the same article, a "patient safety physician champion," stated that surgical or cloth masks have: "no effect on respiratory mechanics."[11]

With all due respect, these two doctors are wrong. These uncircumspect feelings, more restrictive both in terms of regulation and ventilation than the CDC apparatchiks, are simply incorrect. For instance, in addition to the CDC's list, what about persons with facial cutaneous conditions such as inflammatory disease, a burn, acne, or allergy? We are dentists... what about patients with facial fractures treated by intermaxillary fixation, TMJ orthotics, or other oral-facial paraphernalia? Surgeons who have worn masks in an intentionally warmed operating room for hours know the first thing done at the end of the procedure is to gratefully remove the mask in order to breathe unhindered and cool down, in part by ventilating less restrictively. Those experienced with pulmonary function testing know that anything that restricts airflow can compromise the test results. Masks increase turbulence at the expense of laminar ventilatory flow. Any doubters should volunteer to mask-up for a study involving a walk around Las Vegas (110° today) to see if they develop lightheadedness or other symptoms, as has been reported to physicians secondary to mandated masking here in Southern Nevada.[12]

Enough about masks for the time being, let us move to vector control, the more important consideration.

As a novice surgical resident and mask wearer, I once had the temerity to turn my head when I sneezed behind my mask. A wise registered nurse immediately taught me one of the innumerable valuable lessons learned from RN's through the years. This vector maven advised that if one sneezed while wearing a mask, the last thing that should be done is to turn one's head, as would be appropriate without a mask. She explained that the mask is in part designed to prevent particulates from firing straight out from our oral and nasal cavities. But upper respiratory or gastrointestinal ejaculations have to go somewhere, and find ways around the edges of masks. So head turning while wearing a mask increases the exposure for proximate companions via the edge of mask vectors.[13] How many of the millions of 2020 novice mask-wearers know that?

Doctors generally automatically practice vector control with everyone. Doctors deal with communicable diseases on a daily basis, something the current crop of governors do not seem to realize as they dictate what prescriptions can or cannot be written and what procedures can or cannot be performed. When approaching patients, doctors automatically practice disease prevention by positioning that avoids patient exhalations, while at the same time courteously doing the same for patients with regards to their own CO_2 elimination.

Doctors know that sometimes the disease vectors cannot be avoided, so gloves, safety glasses, and more may be donned. All this conduct is second nature to clinical health professionals that have dealt with much more virulent pandemics than our rather pedestrian 2020 virus. Care must be used when declaring non-pandemics pandemics. Again, with a little research we now know COVID may not even qualify as a pandemic,[14,15] in spite of some politicians' best efforts.

There is another group of professionals, perhaps more expert in avoiding vectors of harm than doctors, which has been featured in countless videos peripheral to the social violence this year. Law enforcement officers regularly deal with the exhalations,

expectorations, and the hemorrhage doctors deal with, and more.[16,17,18] A police officer's clientele, while most often cooperative, may at times volitionally seek to do harm to the officer. Harmful vectors law enforcement must consider include not only corporal particulates, but contact from vectors energized with fists, feet, motor vehicles, knives, bullets, and more, all originating from multiple sources. When the opportunity to observe these events arises, for instance even at a routine traffic stop, observe how law enforcement limits the possible harmful vectors criminally inclined citizens can create.

So, watch your mask edge vectors, and as our law enforcement colleagues warn, always your own six.[19]

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Outcomes of Nevada's Controlled Substance Laws: CS Prescribing is Down, CS Deaths are Up

By Taylor Cornwell-Hinrichs, MPH, MLIS; Cara Wyant; Cheryl Vanier, PhD; Weldon Havins, MD, JD; Joseph P. Hardy, MD

ABSTRACT

Background and Importance: In response to a rising opioid overdose epidemic, Nevada passed legislative bills SB 459, AB 474, and AB 239 between 2015 and 2019 to reduce opioid prescriptions and, in turn, opioid-related deaths in Nevada.

Objective

To analyze trends in opioid prescription rates relative to legal and illegal opioid death rates from June 2015 to May 2020 in Clark and Washoe Counties.

Methods

Data on opioid prescriptions was obtained from the Nevada Board of Pharmacy. Data on all opioid-related deaths was obtained from the Clark County Office of the Coroner/Medical Examiner and the Washoe County Regional Medical Examiner.

Results

Clark County and Washoe County showed similar trends (P=0.07), where AB 474 was associated with a 27.4% overall drop in prescription rates (from 68 per 1,000 people to 50 per 1,000), and it set up a trend of declining opioid prescribing rates that continued through May 2020. Prescription opioid death rates declined with prescription rates over time (P<0.01), but illicit opioid deaths rose slightly (heroin) or dramatically (fentanyl) during the same period, with a particularly notable increase during the COVID-19 Stay at Home order.

Conclusions

The goal of Nevada's three opioid prescription bills was to reduce the rate of Nevadans dying from opioid overdoses, yet more Nevadans are dying from opioids now than before the bills passed. We recommend three provisions to help balance appropriate accessibility to pain management for patients with the need to limit prescription opioid deaths: (1) Base law requirements on guidelines provided by professional or governmental agencies that are medically oriented, (2) Discipline first with education, then with sanctions, and (3) Enforce requirements through an entity which is very familiar with the providers' scope of practice, such as the Nevada State Board of Medical Examiners.

Cornwell-Hinrichs

Wyant

INTRODUCTION

Opioids have long been an important tool in the physician's arsenal to combat moderate to severe pain, but they can be addictive. The release of the synthetic opioid OxyContin (generic: oxycodone) by Purdue Pharma in 1996, hailed as a medical breakthrough for its long-lasting pain relief,[1] was quickly followed by an increase in synthetic opioid deaths.[2] Although illicit opioids (i.e. heroin and fentanyl) were available, legally obtained opioids were the main cause of opioid-related deaths throughout the 1990s and early 2000s[2], and the problem continues. In 2018 alone, an estimated 67,367 people died from legal opioid prescriptions.[2] The misuse of synthetic opioids and subsequent overdose deaths has risen to such an extent in the US that it is now widely regarded as an epidemic. In Nevada alone, opioid related deaths increased 26% in four years: from 545 per 100,000 in 2014 to 688 deaths per 100,000 in 2018.[2]

In response to Nevada's opioid overdose epidemic, three separate laws were passed between 2015 and 2019. Provisions of the law are provided in Table 1. The purpose of this research is to document the resulting temporal trends in opioid-related

Law	Effective year	New opioid restrictions or regulations	Amendments to previous opioid restrictions or regulations
SB 4593[3]	**2015**	A medical practitioner must query the Prescription Drug Monitoring Program (PDMP) prior to writing an initial and prior to writing a >7 day controlled substance (CS) Schedule II, III, or IV prescription. Practitioners must report patients suspected of misusing CS to the Board of Pharmacy. Prescribing physicians must receive one continuing education credit on the misuse or abuse of prescription drugs for each licensure period. Expanded access to the opioid antagonist naloxone (aka Narcan).	Not applicable as this was Nevada's first opioid-directed legislation.
AB 4744[4]	**2018**	A practitioner cannot prescribe a CS that another practitioner has prescribed for the same ongoing treatment. A practitioner must make a good faith effort to obtain prior medical history that is relevant to the source of the patient's pain. For the initial treatment of acute pain, a practitioner can only prescribe a CS for ≤14 days, only ≤90 morphine milligram equivalent (MME) if opioid naive, and must obtain informed consent.	Prior to prescribing a CS, a practitioner must query and obtain an informed decision from the PDMP by considering a list of 16 factors outlined in the bill [SB 459, Item 1].
AB 2395[5]	**2019**	The practitioner must document that he/she has obtained verbal or written informed consent; and, if the consent is written, this document must be included in the medical record. Provides exceptions for hospice, palliative, cancer, and sickle cell prescriptions.	If a practitioner determines it is medically necessary, he/she can prescribe the same CS that another practitioner has prescribed for the same ongoing treatment AND he/she can prescribe an initial CS prescription for treatment of pain that is >14 day supply and >90 MME daily [AB 474, Items 1 & 3]. If the prescription is >30 days supply, then the practitioner must document that he/she has made a good faith effort to obtain prior medical history that is relevant to the source of the patient's pain [AB 474, Item 2].

Table 1: Summaries of Nevada's three opioid legislative bills: SB 459, AB 474, and AB 239.

New regulations and restrictions and modifications to the previous legislation are listed, with key messages of each law in bold and key changes underlined.

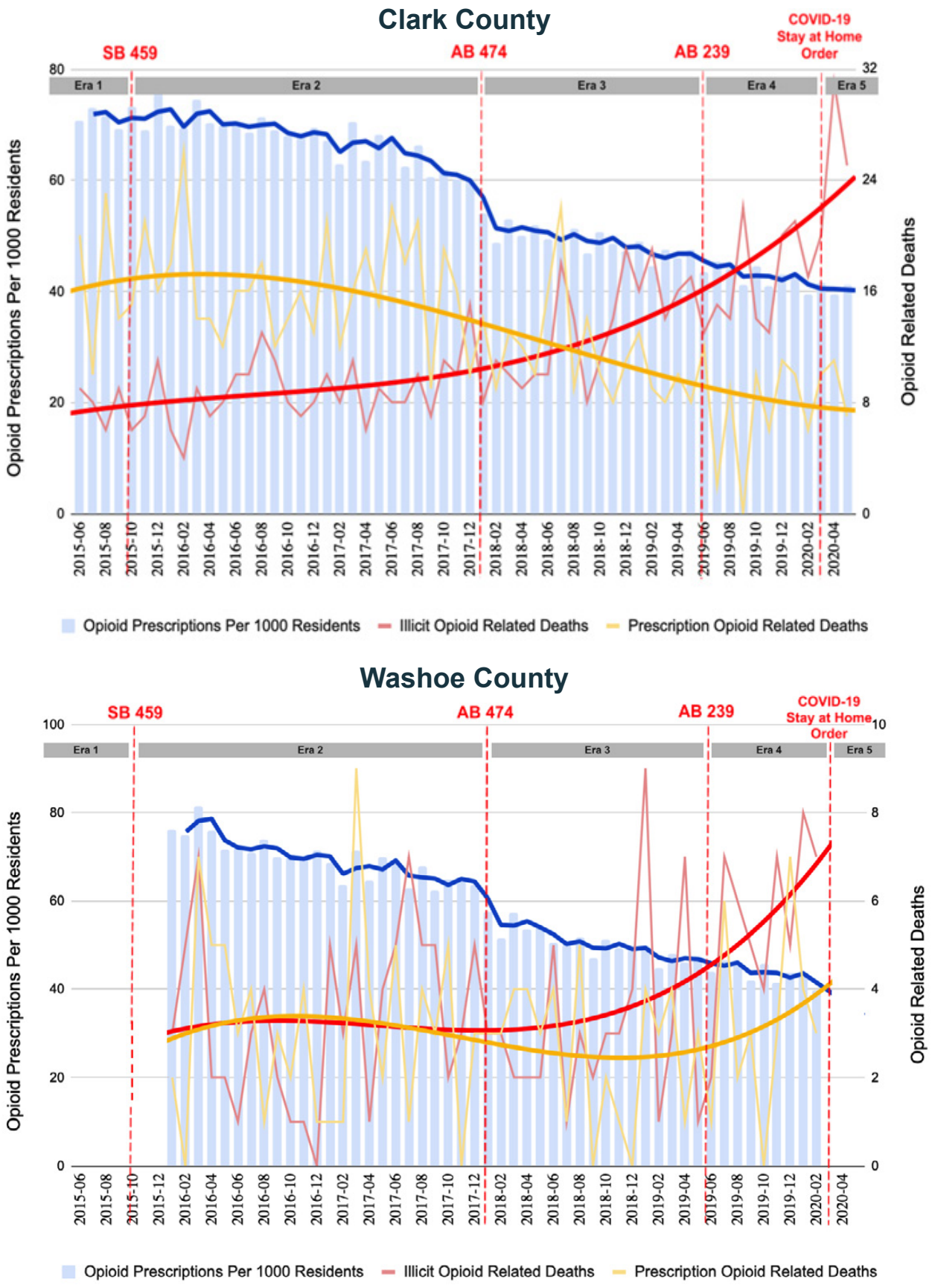

Figure 1: **Opioid Prescriptions versus Illicit Opioid Related Deaths and Prescription Opioid Related Deaths in Clark and Washoe County.** Monthly prescriptions per 1,000 residents were fitted with a moving average trend line with a window of two months (descending blue line). The prescription (yellow line) and illicit (red line) opioid-related death data were fitted with a cubic (3rd degree) polynomial trend line.

death rates relative to trends in opioid prescription rates between 2015–2020 in Nevada.

METHODS

Data for the period between June 2015 and May 2020 was requested from the Nevada Board of Pharmacy (opioid prescriptions), the Clark County Office of the Coroner/Medical Examiner (opioid deaths), and the Washoe County Regional Medical Examiner (opioid deaths; January 2016–February 2020 were made available). Clark County and Washoe County were home to approximately 2,738,234 (89% of the Nevada's population)[6] in 2019.

Opioid-related deaths were placed in one of three categories: prescription opioids, heroin, or fentanyl. Five eras were identified relative to regulatory climate: before SB 459 (Era 1), after SB 459 but before AB 474 (Era 2), after AB 474 but before AB 239 (Era 3), after AB 239 but before COVID-19 Stay at Home order in Nevada (Era 4), and after the COVID-19 Stay at Home order (Era 5). To test for the possibility of different patterns in prescription rates and deaths in Clark County and Washoe County, a two-way analysis of variance (ANOVA) was initially fit, which included county, era, and the county by era interaction. Clark and Washoe counties had statistically similar trends, so the two counties were combined and one-way ANOVAs were used to compare monthly opioid related deaths and prescription rates during each era. Tukey post-hoc tests were used to look at differences between pairs of eras. Graphical representations of trends over time by county were also utilized, since deaths would be expected to lag prescription rates by an undetermined period of time.

RESULTS

The overall rate of opioid prescriptions has trended downwards since 2015 (Figure 1). SB 459 had no statistically significant impact on opioid prescriptions, whereas there was a 27.4% drop in prescriptions after AB 474, and an additional 14.0% drop after AB 239. Trends suggest that the drop after AB 239 was associated with the steady decline in opioid prescriptions set in motion by AB 474. Prescribing rates were the same between counties (F=3.4, P=0.068, df=81), and changes in prescribing rates relative to the era did not vary by county after AB 474 (F=0.1, P=0.762, df=81) or AB 239 (F=0.1, P=0.701, df=48).

The overall rate of opioid related deaths from 2015 through 2020 did not significantly change until the COVID-19 pandemic caused Nevada Governor Sisolak to issue Stay at Home orders on March 17, 2020[7] (Figure 2). However, deaths shifted from prescription opioids, which decreased 57.4% (6.9 fewer deaths per month) between eras 2 and 5 (ANOVA: F=11.3, P<0.001; df=4, 55) to fentanyl, which increased 568.3% (adding 13.9 deaths per month) between eras 2 and 5 (F=22.7, P<0.001, df=4, 55), while rates of heroin-related deaths increased 41% (2.6 additional deaths per month; F=2.7, P=0.037, df=4, 55; Figure 2).

From 2015 to present, opioid deaths increased while opioid prescriptions declined (Figure 1). Deaths from opioid prescriptions fell in concert with the number of prescriptions (Spearman correlation (rs) = 0.67; Figure 1). The rise in overall deaths was due to illicit opioids, which were negatively correlated with opioid prescriptions (heroin: rs= -0.33; fentanyl: rs= -0.72; Figure 1).

DISCUSSION

The goal of Nevada's three opioid prescription bills was to limit the number of Nevadans dying from opioid overdose. The legislation was effective in reducing opioid prescriptions because deaths from legal opioids correspondingly fell. However, deaths from illicit opioids increased to produce a higher opioid death rate than before the legislation was enacted. There are several potential and possibly overlapping reasons for the large increase in illicit opioid deaths, including switching from legal to illegal sources of opioids, the larger societal context of illicit opioid availability, and

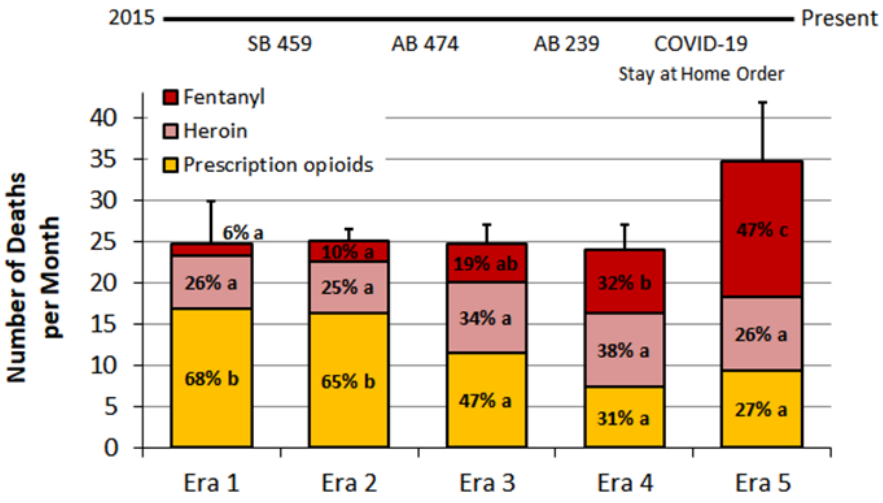

Figure 2: **Mean Rates of Opioid-Related Deaths per Month in Clark County.** Error bars are 95% confidence intervals for total number of opioid-related deaths) per era. Prescription opioids, heroin, and fentanyl are reported separately. Percentages represent are based on all opioid deaths per era. Letters after the percentages show statistical differences among eras in monthly death rates for each sub-category of opioid based. Overall death rates did not vary by era, except that deaths in Era 5 were significantly higher than in Eras 1-4.

emergencies such as the COVID-19 pandemic. The unintended consequences of the legislation are also worthy of consideration.

Nevadans who use illicit opioids may or may not have become addicted based on a prescription opioid. One justification for reducing opioid prescriptions is that an opioid prescription is a gateway for illegal opioids. Nevadans become addicted through a legal or partially-legal channel and then transition to an illicit opioid once they lose access to a prescription opioid. One study suggests that the legal opioid prescription to illicit opioid pathway describes 75% of current illicit opioid users.[8] It is unknown if the percent of those addicted through a prescription remained constant during the study period.

If most Nevadans are initially addicted to opioids through a prescription, reducing the number of opioid prescriptions should reduce deaths from both legal and illicit opioids. However, legislation resulting in fewer opioid prescriptions failed to reduce illicit opioid deaths in this study and in Kentucky[9] (no other states report deaths from legal and illicit opioids separately). Understanding the effect of opioid prescribing rates on opioid deaths is difficult because deaths, particularly those from illicit opioids, are a lagging indicator that occur an unspecified period of time after the initial prescription. For a lag time 0.5 to three years, this study indicates that improvements to the legal opioid prescription to illicit opioid death pipeline were either minimal in size or they were masked by other factors.

Nevadans can more easily obtain fentanyl in 2020 than was possible in 2014. According to the US Drug Enforcement Administration's, the US Customs and Border Protection reported a 164% increase in fentanyl flowing into the country from both Mexico and China from 2014 to 2018.[10] The increased availability of illicit opioids occurred at the same time as the enactment of well-intentioned laws aimed at constraining prescribers, so the trends being studied are only partially due to legislation and prescription opioids. There is a strong possibility that the laws have escalated illicit opioid deaths, as law-abiding Nevadans are driven to obtain easily available, lethal, illegal, and unregulated opioids to relieve their pain.

The trends documented in this study suggest that AB 474 initially shifted opioid prescription rates downward and reduced death rates, both of which continued to drop at a steady rate per month thereafter. There was no perceptible impact of SB 459 or AB 239 in causing additional drops or

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All communications are responded to promptly, evening and weekends included.

shifting the ongoing trends in opioid prescribing rates and deaths. Further examination is required to understand what provision(s) of AB 474 that affected prescription rates and death rates. The two best candidates were that a practitioner must make a good faith effort to obtain prior medical history that is relevant to the source of the patient's pain, or the limits on the amount of opioids prescribed for initial treatment of opioid naive patients.

All legislation must balance achieving desired outcomes and limiting unintended consequences. Anecdotally, Nevada health care providers have responded to the opioid laws in ways that may be considered less than optimal, particularly for patients with emergencies or complicating factors. It may be desirable to revisit and repeal laws that have not been effective or that have had unanticipated impacts on routine medical care. For example, the standard treatment for a patient with sickle cell disease having an acute vaso-occlusive crisis is to provide fluids, administer in-office opioids, and immediately write the patient an opioid prescription to control pain. The lengthy stipulations (e.g., considering the list of 16 factors during a PDMP query) specified by Nevada law prior to writing an opioid prescription are not practical during an emergency situation like a vaso-occlusive crisis. The impracticality of the opioid laws has led providers to shy away from prescribing effective and vital opioid pain management. Instead, some providers have chosen to advise their patients to take acetaminophen and NSAID medications, which carry a risk of liver and kidney toxicity and may not provide sufficient pain control. Patients who have their pain treated suboptimally can suffer needlessly without someone to advocate for them. The number of patients who experience such a scenario is challenging to enumerate, but the possibility must be on policymakers' minds when enacting legislation.

Beyond the legislative environment, society-wide external stressors, such as COVID-19 Stay at Home order, have been a strong contributor to the increase in illicit opioid deaths. If the patterns are consistent as more data becomes available, reasons for the increase in illicit opioid deaths during the pandemic should be investigated.

This study has limitations. The analysis excluded rural parts of Nevada, which may have responded differently to the legislation. Sample sizes were smaller and the date range more limited in Washoe County, so trends were less certain. Uncertainties about conversion rates from prescription opioids to illegal opioids over time limit the interpretation of the data. Finally, more months of data are needed to corroborate the findings

regarding the effects of the COVID-19 Stay at Home order on fentanyl death rates in Nevada.

CONCLUSION

AB 474 was effective in reducing the number of opioid prescriptions, and deaths from legal opioids consequently dropped by twofold. However, the total number of opioid deaths rose, due to an increase in deaths from illicit opioids, particularly fentanyl. Consequently, more Nevadans are dying after the opioid regulations were enacted than were dying before. The ideal policy for opioid control is one that fosters appropriate pain management and protects the greatest number of people from poor outcomes, including addiction, unrelenting pain, and desperation leading them to seek illicit pain control.

The members of the Nevada Legislature have it within their power to take concrete, actionable steps to reduce the total number of Nevadans dying from opioids and at the same time give physicians more latitude to address their patient's legitimate pain. Our recommendations are as follows:

1. Use guidelines regarding opioid prescribing issued by agencies which are medically oriented, such as the CDC and the Federation of State Medical Boards. Such guidelines are representative of the best scientific evidence available. Existing rules that do not meet this standard (e.g., checking off 16 factors when perusing the PDMP) should be rescinded. The strict use of guidelines issued by medically oriented agencies has the additional advantage that changes to guidelines based on updated scientific information do not require updates to the law.
2. Disciplining physicians who do not adhere to the guidelines should be done in a two-tier system: education, then sanctions.
3. Enforcing the rules regarding opioid prescriptions should be assigned to an entity which fully understands a providers' scope of practice. For example, the Nevada State Board of Medical Examiner and the Nevada State Board of Osteopathic Medicine would be appropriate entities to sanction physicians.

These three provisions will allow providers to confidently prescribe appropriate pain management for their patients without fear of sanction from another licensing board's misunderstandings, allow providers to humanely manage their patients' legitimate pain, and reverse the laws' unintended consequences of patients being forced to seek out illicit opioids to control their pain and inadvertently dying in the process.

ACKNOWLEDGEMENTS

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Taylor Cornwell-Hinrichs, MPH, MLIS and Cara Wyant are Osteopathic Medical Students, Cheryl Vanier, PhD, is the Chief Research Officer, Weldon Havins, MD, JD, is Professor Emeritus, and Joseph P. Hardy, MD is the Associate Dean of Clinical Education, all at Touro University, Las Vegas, Nevada.

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Editor's Note: Nevada's AB474 was codified and it remains virtually impossible for doctors who write prescriptions for controlled substances (CS) to comply with, risking enhanced regulatory, civil and criminal penalties. Oregon however became the latest state to follow California's lead in decriminalizing the use of CS by non-doctors. After Election Day 2020 voter approval, previously felonious criminal conduct became a misdemeanor ticket offense. Of course, doctors in Oregon are still subject to the same local, state, and federal CS licenses and controls for which severe regulatory, civil, and criminal penalties attach. Such situations are examples of why the Cornwell-Hinrichs, Wyatt, et al have now documented that legal doctor CS distributions are down and illegal CS distribution, and the associated sequellae such as addiction and death, are greater than ever.

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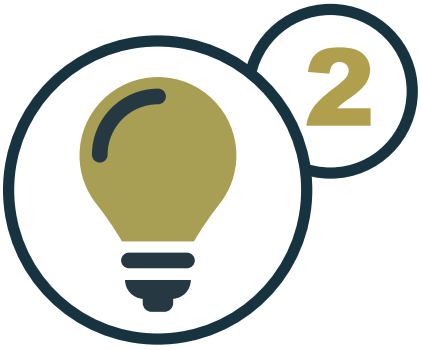
Preparing for a Crisis Event in the Dental Office

By Louis K. Rafetto, DMD

Patients presenting to today's dental offices are typically older, arguably less healthy, and definitely taking more medications than ever. These circumstances conspire to make it more likely than ever before for an office-based crisis event to occur. Fortunately, there are several things every office can do to prevent, recognize, and/or respond to such events.

Prevention

Every patient should have an updated medical history with an emphasis on recent changes in medical status and medications. A "time out" among staff members should be conducted before beginning treatment and include a review of the planned procedure as well as relevant medical information including allergies. It is important that offices regularly check on the status of emergency medications and equipment. Finally, all personnel should have current certification in Basic Life Support (BLS).



Recognition

Offices should have on-site concise reference materials that are reviewed as a team on a regular basis. These protocols should include the signs and symptoms of potential crisis events and can be used as quick/real time references in the event of a crisis. The role and responsibility of every staff member should be pre-determined and understood so that they can act as a part of a productive team.

Response

Given that crisis events are infrequent, there are few opportunities to habituate an effective response. Making this even more challenging is that the stakes of crisis events can be high. Therefore, for our teams to perform effectively, we must design and create opportunities for them to acquire and demonstrate the knowledge and skills necessary to successfully deal with a crisis.

In this effort, Crisis Resource Management (CRM) mock drills should be conducted on a regular basis in the effort to prepare everyone to execute their roles. These drills should provide appropriate challenges, be graduated in difficulty (stretching knowledge and skills, but not too far) and followed by immediate and constructive debriefing. They should be repeated in a manner that reinforces productive actions.

It is important that CRM drills be as realistic and meaningful as possible, emulating the kind of challenges seen in a true emergency. They should involve scenarios with the types of patients the office typically treats and be conducted in a variety of areas of the office (crisis can and do occur in waiting rooms and bathrooms as well as treatment areas). 🦷

Dr. Rafetto is an OMS practicing in Wilmington, DE. He is a member of the ADA's Establishing a Culture of Safety in Dentistry Workgroup

Michele M. Reeder

Executive Director's Winter Message

With the elections behind us and the new year in front of us, I imagine we are all ready to embrace a new year. For the NDA, like our members, so much has taken place over the last year. As we continue to seek a sense of normalcy in our day-to-day operations, we know our members are too. I have had the pleasure of speaking with many NDA members who offer stories of how they, and their dental teams, are managing through all the changes in precautions the pandemic has forced upon them to ensure the safety of their staff and their patients. It is a constant and diligent process and I salute you.

On a more positive note, the NDA has moved into its new office in Carson City. We are thrilled to be close to Nevada's legislature and we look forward to being close to legislators as we move into the next legislative session. This location will serve the NDA and its members well, both now, and in the years to come.

Over the weeks and months ahead, you will see some changes in how the NDA communicates with you and how we share information. Part of this process will be updating NDA website. We want the NDA website to be the place you go to first for information about the association and oral healthcare in Nevada. Working with our component societies, we have also updated the membership packet for 2021. Some new communications include sending out a short weekly legislative update and we have a list of meetings and activities on the NDA website to keep you up-to-date on the NDA. Some of the early 2021 NDA activities that we are looking forward to include the NDA Mid-Winter meeting in January, NDA Strategic Planning in early Spring, as well as participating in the 2021 legislative session to name just a few.

In closing, I would like to say thank you. Thank you for your trust and faith in the Nevada Dental Association. Never before has belonging to a healthcare association been more important. We know this and appreciate the trust you place in us to represent you, your dental team, and the patients you serve in your community. I imagine none of us ever considered the battle this pandemic has forced upon us. As Nevadans, being battle born continues even today. Thank you for all you do in supporting oral healthcare in Nevada and for supporting the NDA.

I wish you all a safe and joyous holiday season. Happy Holidays!

We are thrilled to be close to Nevada's legislature and we look forward to being close to legislators as we move into the next legislative session.

President's Winter Message

Mark Funke, DDS

Good day fellow NDA member. As you are aware, this has been an extremely busy year for the NDA. We have so many wonderful members doing so much on behalf of the association. The NDA has moved into its new office in Carson City with very few boxes remaining to be unpacked, but we are functioning at full speed. The transition with our new executive director continues. Mrs. Reeder has been doing an amazing job. She has jumped right in and has taken the proverbial bull by the horns. Once the new office is completely situated, we will be having a virtual open house for the members and a meet and greet with the new executive director as well.

The NDA website is also being updated and we are regularly posting meeting reports and communications. Having them on the website makes it convenient for members to get information or review information at their convenience. Most of this information is in the members-only area. If you find an area on the website that doesn't make sense, is confusing, doesn't lead anywhere, or just isn't user friendly, please inform the NDA office of your concerns so that we can make the website as efficient and productive as possible.

The midwinter meeting of the House of Delegates has been scheduled for Saturday, January 23, 2021. Since COVID-19 and its regulations continue, the decision has been made to have a virtual midwinter meeting. A big thank you to all the delegates and officers for their time and commitment. Virtual meetings do take longer, and they come with their own potential technological issues. The previous virtual summer HOD meeting went extremely well and I am hopeful for the same at the next HOD meeting.

The continued work of the NDA with our lobbyist, the ADA and our public relations firm is ongoing. We have sent out several OPED communication articles throughout the state of Nevada. These communications are to increase public knowledge and understanding by clarifying the safety of dental offices, the additional protocols that have been implemented, the importance of continued dental health, and most recently the financial difficulties that dental offices struggle with due to the sky rocketing increase of PPE and the decreased number of patients that we are able to see due to social distancing. I recently had the honor of participating in a webinar panel that was moderated by News Channel 8. The same message was expressed during this webinar of safety, additional protocols, the importance of patient health, mental attitudes, and finances. Channel 2 News took a part of the story and ran it on their own network as well. We are hoping this helps your dental office by trying to get the word out to the public.

»

Mrs. Reeder has been doing an amazing job. She has jumped right in and has taken the proverbial bull by the horns.

NDA President's Message

The 81st legislative session is coming up quickly and going into the legislative session of 2021 remains to be an unknown for everyone. We have been preparing and working our legislative agenda for months now. A bill draft request (BDR) has been presented from the Interim Health Committee that includes telehealth (which includes teledentistry) and dental loss ratio. We have had many individual meetings with legislators' and several them are willing to sponsor and/or co-sponsor BDR's that the NDA is working on, such as dentists being able to administer vaccinations.

We have also had meetings with US Congressman Mark Amodei discussing not only national issues, but state issues as well. The uniqueness of Congressman Amodei is that he is interested in our state issues. Our discussions have helped him to understand dentistry as a whole, the care for patients, our dental business model, teledentistry, vaccinations, access to care, and PPE (obtaining and associated costs). With the yearly ADA Dentist & Student Lobby Day in Washington DC being cancelled due to COVID, it removed our yearly opportunity of meeting with US Senators and Congressmen/women and their staff. It is fortunate that we have such a good relationship with Congressman Amodei that we can meet with him directly.

Going into 2021, your NDA Membership is going to be more important than ever. The trials and tribulations of COVID are not over and we all need to stick together and press forward with unity. It isn't going to be easy, but with all of us supporting each other and our organization will help us and our patients through these dark waters—we will be strong and stable at the end of this if we work together.

Thank you for your support and your tri-partite membership. I wish you all the best.

NDA Calendar of Events

Nevada Dental ASSOCIATION

2020			
December			
12/7	**Executive Committee**	Zoom	*6pm*
12/24–12/25	**Christmas Holiday**	Office Closed	
12/31–1/1/21	**New Year's Holiday**	Office Closed	
2021			
January			
1/4	**Executive Committee**	Zoom	*6pm*
1/18	**Martin Luther King Day**	Office Closed	
1/23	**NDA Midwinter HOD**	TBD	*TBD*
February			
2/1	**Executive Committee**	Zoom	*6pm*
2/15	**President's Day**	Office Closed	
March			
3/1	**Executive Committee**	Zoom	*6pm*
April			
4/5	**Executive Committee**	Zoom	*6pm*
May			
5/3	**Executive Committee**	Zoom	*6pm*
5/31	**Memorial Day**	Office Closed	
June			
6/7	**Executive Committee**	Zoom	*6pm*
6/17	**Executive Committee**	Grand Sierra Resort, Reno	*5pm*
6/17–6/19	**NDA Summer Meeting**	Grand Sierra Resort, Reno	*TBD*
July			
7/6	**July 4th observed**	Office Closed	
7/13	**Executive Committee**	Zoom	*6pm*
7/29–7/31	**Western States Conference**	TBD	*TBD*
August			
8/2	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*
September			
9/13	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*
October			
10/4	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*
November			
11/1	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*
December			
12/6	**NNDS Executive Committee Meeting**	5605 Riggins Court, #101A, Reno	*6pm*

Monica Rexius
monica.rexius@sndsonline.org

SNDS Executive Director's Winter Message

Happy Holidays! I hope you are staying safe and warm this holiday season, as we approach the end of 2020. This has been a challenging year for us all and I want to thank you for all of your support and encouragement through this difficult year. We were able to have a successful event with SNDS Dental Day of Service and would like to continue this event next year. We had 14 offices participate and with help of Absolute Dental and Liberty Dental we were able to get news coverage. Thank you to all the offices that participated this year, we could not have done it without you!

Our mentorship program is available online for 2021, to sign up to participate as a mentor please visit: www.sndsonline.org/mentorship-2021. We are going completely digital with live webinars via Zoom. We will be able to give out CE to those who participate live. If you are interested in being a part of the last webinar, which will be a panel of dentists to discuss what job opportunities there are for new grads please feel free to contact me.

We plan on having our first Dinner Meeting January 21, 2021; we are allowing members to come for free with registration. We will be following the guidelines set by the State of NV and CDC at the time of the event. To see more on events, please visit: https://www.sndsonline.org/snds-calendar.

Lastly, I would like to congratulate Michele Reeder on her position as the new NDA Executive Director. It has been a pleasure working with you thus far and can't wait to continue our relationship working together.

As always we are here for your success as a member, if you have any feedback or comments on what you would like to see in the future for SNDS, please contact me at 702-793-4455 or email monica.rexius@sndsonline.org.

On the left Dr. Gibson and Dr. Leavitt Oral & Maxillofacial & Implant Surgery and on the right Siena Dental Dr. Mahon and Dr. Farnoush

We were able to have a successful event with SNDS Dental Day of Service... Thank you to all the offices that participated this year, we could not have done it without you!

SNDS President's Winter Message

Gregory Hunter, DMD

For my son's birthday in July, I surprised him with a marathon cross country road trip. We loaded into our little Subaru Crosstrek and took off on a Wednesday evening. We drove south to Kingman and then headed east on I-40. We stopped for ice cream in Winslow, AZ but didn't see any girls in flat bed Fords. We stayed at a dive motel in Holbrook before moving on. We talked for hours about stuff that matters to 10-year-olds. Things like Legos, cool rocks, what kind of dogs we like (foreshadowing), and his best friends. He asked why I listen to the kind of music that I do. Answer: because hair metal from the 80's is the greatest music ever made!

We stopped and looked at red sandstone cliffs and wide open prairies. We stopped in Amarillo, TX for some real Texas BBQ. I was told that it was good, but it's kind of far to drive for brisket. By the time we rolled into Fort Worth Thursday night we were both pretty tired. Seth was still unsure of why we'd just spent 18 hours in the car. I told him he'd have to wait until tomorrow to see if our drive together was worth it. The next day we had a slow morning of chocolate milk and donuts before heading to our destination. In the backwoods, south of Fort Worth we pulled into a driveway. Even before the car was in park, I was being asked if this was really what we were doing. Dogs were barking and Seth was bouncing out the door before I could answer. The breeder led us to the puppy kennel where Seth picked out his own little German shorthaired pointer. He started crying and when I asked him, why, he just said that he was so happy.

We had to stop at PetSmart on the way out of town to get some toys and bedding. But it didn't matter because Goose slept on Seth's lap for the next 18 hours anyway. They played on railroad tracks in Santa Rosa, NM and it looked just like a movie scene with the puppy chasing his boy. And as is the nature with puppies, we got peed on and didn't get much sleep that first night. But in the end, Seth said it was the best way to ever celebrate his birthday. Mom still isn't too happy, but hopefully she'll come around.

What does all this have to do with dentistry? Not a single thing. And that is exactly my point. This year has been one of the craziest of my entire life and I would be willing to bet a fair majority would agree with me. But those three days in the car with just my son and I were special. I was reminded of why I do what I do. The long hours and unusual cases and battles with insurance companies are only a subplot to the bigger story of my life with my family.

When was the last time you took some time to remember why you do what you do? Are you grounded in your approach to the daily challenges we face? When was the last time you watched a sunset or took a bike ride with someone you love? We need to take care of ourselves and nourish our relationships inside the walls of our own homes. In doing so, we will be better prepared to help our patients and fulfill the role of health care provider.

My son still talks about our car trip and of course we have a furry four-legged souvenir. I know I have a better understanding of the big picture because of our time together. Make that time for someone you love and see what kind of difference it makes in your life. I'll bet it makes it easier to then make a difference in your patients' lives too.

We need to take care of ourselves and nourish our relationships inside the walls of our own homes. In doing so, we will be better prepared to help our patients and fulfill the role of health care provider.

Lori Benvin
nnds@nndental.org

News from the Northern Nevada Dental Society

Next year can't come soon enough for this office and for our nation. This year has been as challenging as it gets but you are all essential as is our country's businesses. While we know much more than we did in March, we need to open up our economy. The NNDS had to reschedule their 2020 event calendar, but we are hopeful we will not need to cancel or reschedule any more events in the upcoming new year. Our calendar is full for 2021 and we will do whatever we can to bring you not only the quality continuing education opportunities you have come to expect and in doing so, bring back the in-person comradery that is revered in northern Nevada.

We are looking for leaders and we want you! The NNDS and NDA Executive Committees have positions open for you to get involved more actively with your society and association. Your ideas and input are greatly needed and welcomed. If you see a value or could offer a valued idea, we want you to share it with us. Come to one of our monthly NNDS Executive Committee meetings, sit in and listen, share your thoughts; as our society is only as strong as its members. We are once again coming into a legislative year and your input and involvement is invaluable.

We hope you are receiving weekly emails now from our state association the NDA with the latest updates. You also continue to have fantastic resources from the ADA www.ada.org, www.nvda.org, and our website at www.nndental.org for valuable information for you and your practice.

It is not too late to enroll in our Association Health Plan with Prominence Health for our members. For more information email me at nnds@nndental.org and I can send you the benefit guide posted on our website. Or contact our association health plan broker Jeff Lybolt at 1-888-550-9086 or jeff@insuringeverything.com

Welcome Newest NNDS Members

Patrice Mara, DMD - General
Patrick Myatt, DDS - General
Matthew Ross, DMD - General
Joel Smith, DDS - General

NNDS President's Winter Message

Erin Anderson, DMD

Last week in Northern Nevada we had our first snowfall of the season, and it did not disappoint. Like most things in 2020, the weather was predicted, but the end result of three to five inches was still a surprise. Having grown up in Reno, I love what winter brings to our area. The mountain ranges surrounding our valley are gorgeous and a constant reminder that change is inevitable. Speaking of change… the NNDS board made the once again difficult decision to postpone our November dinner meeting. We will plan on hosting this event "Dental Professionals: Injury & Prevention" on January 14, 2021.

Our board and delegates are getting ready for the upcoming legislative session. We look forward to working with the new NDA executive director, Michele, and continue to focus on serving the oral health needs of our community.

There are many exciting opportunities to join our leadership team. This is a great time to step up and become more involved with our society. We rely on members to drive the direction of our group and help provide valuable insight into the ever-changing landscape of dentistry.

Thank you to all of our board members, delegates, and committee chairs. As always, I am optimistic for the future and I hope to see you all in person in January!

I hope you all have a wonderful holiday season.

I love what winter brings to our area. The mountain ranges surrounding our valley are gorgeous and a constant reminder that change is inevitable.

UNLV School of DENTAL MEDICINE **REPORT**

Unlv School Of Dental Medicine Continues Forward Momentum

As many in our community, we continue to work diligently with a focus on health and safety, and for those of us in dental education, continuity of the predoctoral curriculum as well as our advanced education programs in the General Practice Residency (GPR), Orthodontics and Pediatric Dentistry Residencies. Addressing the challenges as a result of the pandemic pushes all of us to re-imagine how best to move forward and meet the mission of the school.

Associate Dean for Student Affairs Dr. Christine Ancajas, along with her team and faculty from the Admissions Committee, carefully assessed how best to conduct student admissions processes, both with the DMD predoctoral class of 2025 and the DDS class of 2023. Her team is conducting "virtual assessments" in lieu of in-person interviews in order to meet safety protocol. As of early November, 178 DMD and 35 DDS applicants had gone through the review process. More than 1,650 applications had been received as of November 10, and acceptances for the DDS and DMD programs began late November and mid-December respectively.

Under the leadership of Associate Dean for Research Dr. Jeff Ebersole, we are building our research portfolio and supporting more grant submissions.

Dr. Linh Nguyen in our Biomedical Sciences department submitted a grant application to the NIH/NIDCR titled "Biologic Aging and Periodontal Disease." She also submitted a related application to the Colgate Award for Research Excellence (CARE) program.

Dr. Neamat Hassan, also in Biomedical Sciences, submitted an application to the NIH/NIDCR titled "Evaluation of O2 and CO2 Levels Among Dental Professionals During COVID-19 Safe Practice Guidelines." Successful applicants will utilize the resources of the National Dental Practice-Based Research Network.

Dr. Georgia Dounis is finalizing an agreement with the ECHO Institute at University of New Mexico Health Science Center to partner with the AHRQ ECHO National Nursing Home COVID-19 Action Network. Partners will train and support nursing home staff on best practices for protecting patients, staff, and visitors against the deadly coronavirus infection and its transmission.

We continue to build on UNLV Dental Medicine's scholarship on a national level. During the months of August, September, and October, faculty authored or co-authored 12 articles that appeared in peer-reviewed journals, five more articles were co-authored by predoctoral students, two predoctoral students had editorials published in the October issue of Contour magazine, and Dr. Stanley Nelson authored the 11th edition of Wheeler's Dental Anatomy, Physiology & Occlusion.

After the pandemic curtailed our community outreach programs for nearly seven months, we were finally able to resume in late October. Dr. Christina Demopoulos and hygienists Melissa Argueta Gatica and Elyana Smith visited three Head Start/Early Head Start centers in Elko and Ely as part of the school's Early Childhood Caries Prevention Project (ECCPP). During the three-day trip, they screened 122 children and provided 106 fluoride applications. Each child also received a goodie bag that included an age-appropriate toothbrush, toothpaste, floss, and a timer. Early study results show the ECCPP's targeted interventions have been effective in reducing cavities among children to a level more in line with the national average compared to the number of children who received dental screenings and fluoride varnish only.

We safely conducted our Saturday Community Clinics on November 14, 2020, the first managed since the start of the pandemic. Our students led the way in managing this endeavor, all in support of providing dental care for the under-served in our community. Special thanks to the staff and faculty who work and provide supervision for student learning.

UNLV Dental Medicine made the difficult decision to cancel our 2020 Benefit for Smiles Gala fundraising event. I respectfully request the dental community consider making a donation specifically to the "Benefit for Smiles Gala–2020 Appeal" fund through engage.unlv.edu/dental. Your donation helps support dental student learning since they provide direct patient care to children, homeless persons, veterans, women, and children who are victims of domestic violence, those re-entering the workforce, and those with special needs. Our students also learn about planning community healthcare events, and managing and accommodating populations of patients that may not be able to obtain oral healthcare otherwise. For those who can give, thank you. For those who are unable to give at this time, thank you for your consideration.

Our faculty, staff, and students continue to make significant strides in enhancing the delivery of quality dental education and oral health care in this COVID-19 environment. Given the recent spike in infection and hospitalization rates, more challenges will likely present during the coming months. I'm optimistic that with patience, determination, and evidence-based protocols, we are ready to meet the challenges with a strong sense of professionalism and optimism.

Lily T. García, DDS, MS, FACP
Professor & Dean
UNLV School of Dental Medicine

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NDA Executive Offices

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