



PRESIDENT'S MESSAGE CHARLES 'CHIP' DUNN



Dear Oregon Dental Community, As a proud public member of the board, I am deeply honored to serve as the newly elected President of the Oregon Board of Dentistry. It is with great pride and reassurance that I take on this role, knowing that there are dedicated dental professionals

who regulate the dental field with the highest regard and respect for public well-being. The presence of dental professionals in our regulatory board provides a sense of security and confidence to the public. We understand the importance of upholding the highest standards in dental practice, ensuring that patients receive safe and quality care. With your expertise and commitment, we can maintain the integrity of the dental profession and foster trust within our community.

As a public member, my perspective is shaped by the understanding that our primary responsibility is to safeguard the interests of the public. I am dedicated to working hand in hand with dental professionals to ensure that our regulations and oversight prioritize patient safety and welfare. Together, we can strike a balance between the evolving landscape of dentistry and the need for stringent regulations that uphold public health.

I want to express my heartfelt appreciation to the dental professionals who tirelessly contribute their expertise and knowledge to the Oregon Board of Dentistry, as well as, to all the dental professionals that serve our Oregon residence. Your commitment to excellence and unwavering dedication to serving the public are invaluable. It is through your collective efforts that we can continue to enhance the dental profession and meet the evolving needs of our community.

In closing, I want to reaffirm my commitment to representing the public and promoting the highest standards of dental practice. With the collaborative spirit and expertise of our dental professionals, we will ensure that the

dental field in Oregon remains regulated with the utmost care and consideration for public well-being. ■

BOARD STAFF

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A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY



One of the perks of my job is to work with a new Oregon Board of Dentistry (OBD) President every year. It was my honor to present a certificate recognizing Dr. Jose Javier for his service as OBD President from 4/2022 – 4/2023. The Board elected our public members to be the officers from April 2023 until April 2024. Chip Dunn will serve as OBD President and Jennifer Brixey will serve as OBD Vice President.

The 2023 Legislative session concluded with new pieces of legislation that affect our Licensees and all state agencies.

New laws and OBD Committee work have funneled a variety of rules to our Board and to public rulemaking hearings.

Please see the article later in this newsletter for more information on 17 rule changes, which were effective July 1, 2023.

Once again, the only piece of legislation that came from the OBD was our budget bill, HB 5011. The OBD budget included provisions to help fund the Oregon Wellness Program and there is an article in this newsletter to summarize this program which is available to all OBD Licensees. The Legislature approved some fee increases as well. The fee increases are for initial applications and the license renewal fee went up modestly for dentists - an increase of \$50 and for dental hygienists and dental therapists - an increase of \$25.

The OBD last implemented fee increases in 2015.

I suggest you take a few minutes and read the articles in this newsletter to review the recent rule changes and other important issues the OBD Staff felt was important for our Licensees to be aware of and stay up to date on as well.

If you have any questions or comments, I look forward to hearing from you.

Stephen.Prisby@obd.oregon.gov or 971-673-3200



BOARD OPENINGS IN SPRING OF 2024

The Oregon Board of Dentistry consists of ten board members. Six must be Oregon licensed dentists, one of which must be a dental specialist, two dental hygienists, and two public members. In the spring of 2024, three board member positions will be available when the second/final terms of service conclude for Dr. Jose Javier, Alicia Riedman, RDH and Jennifer Brixey.

A Board term of service is four years, with board members eligible to serve two terms. The Governor appoints the board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor. An Oregon licensed dentist, who resides in Oregon, may apply for a dentist position on the Board. An Oregon licensed dental hygienist, who resides in Oregon, may apply for a dental hygienist position on the Board. The public member also of course must be an Oregon resident.

The professional associations usually review the Board openings and submit names for consideration to serve on the Board. However, anyone who is interested and qualified may submit their name for consideration to serve on the Board. Someone does not need an association's support or endorsement to be a board member. The Oregon Board of Dentistry has been very fortunate that there has been good interest in serving on the Board. The Board rarely has vacancies left unfilled due to lack of candidates.

There is more information about service on the Board in this Newsletter. On the OBD website at the bottom of the OBD home page under Board/Staff Openings, there is a document providing an overview of desired requirements of a board member, responsibilities and other important information with links to the Governor's page for board service as well.

INTERESTED IN BECOMING A BOARD MEMBER?

Thank you for your interest in becoming an Oregon Board of Dentistry (OBD) Board Member. Volunteers like you are crucial to the foundation of a government duly represented by its citizens.

A Board term of service is four years. Board members may serve two terms. The Governor appoints the Board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor.

- ◇ An Oregon licensed Dentist, who resides in Oregon, may apply for a dentist position on the Board.
- ◇ An Oregon licensed Dental Hygienist, who resides in Oregon, may apply for a dental hygienist position on the Board.
- ◇ Any interested Oregon citizen may apply for a public position on the Board.

An OBD Board Member is actively involved, within the context of the agency's regulatory governance model, policy-making, strategic planning, and oversight responsibilities necessary for the success and well-being of the OBD, consumers, Licensees and other stakeholders.

Some Requirements:

- ◇ Commitment to the mission of the OBD and willing to actively seek information that helps guide discussions and decisions regarding achievement of the mission.
- ◇ Commitment to complete training and professional development required by State of Oregon.
- ◇ Understanding and acceptance of the OBD's legal, fiscal and ethical responsibilities to OBD and Oregon.
- ◇ Maintain the confidentiality of relevant investigatory information and other private records.
- ◇ Active participation with other Board members in assessing the performance of the OBD's Executive Director.
- ◇ Active collaboration with other Board members in decision making.
- ◇ Ability to maintain an objective viewpoint on issues that impact Licensees you may be familiar with or know in some way.
- ◇ Ability to maintain an objective viewpoint on larger issues that impact oral health care in the state.
- ◇ Willingness to volunteer to serve on committees or to serve when asked by the Chair.

- ◇ Willingness to volunteer to attend national meetings with American Association of Dental Boards and testing agencies.
- ◇ Support OBD decisions by speaking with one voice.
- ◇ Prepare in advance for OBD meetings.
- ◇ Regular attendance at and active meaningful participation in OBD meetings (there are typically six meetings per year) and related OBD committee meetings, strategic planning and ad hoc committees.
- ◇ Maintain a positive working relationship with the OBD Board Members, Executive Director and OBD Staff.
- ◇ Understanding of Executive Limitations: Constraints on Board authority that establish the prudence and ethical boundaries within which all Board activity and decisions must take place.
- ◇ Understanding of Governance Process: Understanding the ways in which the Board conceives, carries out and monitors its own tasks.
- ◇ Understanding of Board – Executive Director Linkage: The delegation of power between the Board and the Executive Director and monitoring its use.
- ◇ Understanding the roles and duties each Board member plays and the executive director: respecting these boundaries and roles.

It truly is a volunteer position, with Board members needing to be engaged in all areas that impact safe dentistry, dental therapy & dental hygiene - licensure, discipline, education, etc... Statute and rule allow a per diem which in 2022 -2023 was set at \$157 per full day of board service.

It is estimated that Board Members typically attend 6 board meetings and 2 - 4 committee meetings per year which roughly translates to about 120 – 140 hours of work per year. The Board also undergoes strategic planning every three to four years and updates rules in the Dental Practice Act almost annually.

The OBD strives to meet in person and utilizes remote meetings in response to pandemics, weather issues or for emergency meetings to consult on unsafe licensees that need the Board's immediate attention.

For more information you can review Oregon Revised Statutes - ORS 679.230 & 679.250 and the OBD website to look at past history of meetings and minutes, newsletters along with other Board documents.

Please contact the executive director if you have any questions or interest in serving on the Board.

Stephen.Prisby@obd.oregon.gov ■



BOARD MEMBERS



CHARLES 'CHIP' DUNN.
PRESIDENT
HAPPY VALLEY

SECOND TERM EXPIRES 2025

JENNIFER BRIXEY
VICE PRESIDENT
PORTLAND



SECOND TERM EXPIRES 2024



REZA SHARIFI, D.M.D.
PORTLAND

SECOND TERM EXPIRES 2027

ALICIA RIEDMAN, R.D.H.
EUGENE



SECOND TERM EXPIRES 2024



JOSE JAVIER D.D.S.
BEND

SECOND TERM EXPIRES 2024

AARATI KALLURI, D.D.S.
HILLSBORO



FIRST TERM EXPIRES 2025



SHEENA KANSAL, D.D.S.
PORTLAND

FIRST TERM EXPIRES 2025

TERRENCE CLARK, D.M.D.
WEST LINN



FIRST TERM EXPIRES 2026



MICHELLE ALDRICH, D.M.D.
SALEM

FIRST TERM EXPIRES 2026

SHARITY LUDWIG, R.D.H.
BEND



FIRST TERM EXPIRES 2026

NEW OBD ADVISORY COMMITTEE

At the August 25, 2023 Board Meeting the Oregon Board of Dentistry (OBD) will consider establishing a new standing Advisory Committee named the “Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)” per ORS 679.280, to review, discuss and make recommendations to the Board on addressing workforce shortages in accordance with HB 3223 (2023).

The section of HB 3223 relevant to this is included for reference:

- • • • •
- **SECTION 5.** (1) The Oregon Board of Dentistry shall convene an advisory committee of at least seven members to study the dental assistant workforce shortage and to review the requirements for dental assistant certification in other states. The committee shall provide advice to the board on a quarterly basis on how to address the dental workforce shortage in this state.
- (2) (a) In appointing members to the advisory committee, the board shall prioritize diversity of geographic representation, background, culture and experience.
- (b) A majority of the members appointed to the committee must have experience working as dental assistants.
-
- **SECTION 6.** This 2023 Act takes effect on the 91st day after the date on which the 2023 regular session of the Eighty-second Legislative Assembly adjourns sine die.
- • • • •

This advisory committee would meet no less than four times per calendar year once established, and generally be scheduled concurrently with regular OBD Board Meetings. The OBD President could designate two Co-Chairs of the Committee whom will be OBD Board Members. Preference could be given to Board Members who have past experience working as a dental assistant.

The advisory committee could include five representatives from the Oregon dental assistant community who are currently or have worked as an Oregon dental assistant. The OBD President could select the members, and utilize the legislative criteria, if more than five people volunteer to serve on this advisory committee.

The advisory committee could also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association

SCHEDULED BOARD MEETINGS

- 2023 -24**
- October 27, 2023
 - December 15, 2023
 - February 23, 2024
 - April 26, 2024
 - June 14, 2024
 - August 23, 2024
 - October 25, 2024
 - December 13, 2024

and the Oregon Dental Assistants Association and eventually one from the Oregon Dental Therapy Association (should that be established).

The Advisory Committee members should bring relevant topics and agenda items to the meetings, be meaningfully engaged on the relevant issues, offer solutions and assist in gathering information.

The inaugural advisory committee meeting would most likely be scheduled for fall of 2023, in conjunction with the Oct 27th Board Meeting. ■

INVITATION TO PARTICIPATE

ANGELA SMORRA D.M.D.

The Board of Dentistry and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OAR) must be amended in response to evolving standards, new statutes and other circumstances. OAR are written and amended within the agency's statutory authority granted by the Legislature. Rules go through various stages of review before being permanently adopted. The Board strives to publicly share proposed changes through Board meetings and Committee meetings along with updates to all licensees and interested parties through email as well.



All members of our dental profession, and members of the public, are welcome to attend Board and Committee Meetings which are open to the public. Your feedback and participation strengthen our community and can bring new ideas to the table.

The Board has standing Committees and may create new ones. These Committees are comprised of representatives from all three professional associations representing dentists, dental hygienists and dental assistants. The Committees also include representatives from the dental therapy community as well - either licensees or educators. Committees discuss and review potential changes to the OAR.

The full Board considers the Committees' recommendations and can move them to a public rulemaking hearing for public testimony or back to a Committee to be refined and discussed further. Official notice of public rulemaking has been discussed at various board and committee meetings. We also provide information to

all of our licensees by posting information on the OBD's website, sharing through email blasts and publishing in the Secretary of State's Bulletin.

The Board held a public rulemaking hearing on May 10, regarding these 17 rule changes. The Board amended 13 rules, repealed 3 rules and created 1 new rule. They became effective July 1, 2023. A current Dental Practice Act is available on our website.

OBD RULE CHANGES

The Oregon Board of Dentistry and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be adopted, amended or repealed. OARs are written within the agency's statutory authority granted by the Legislature.

Official Notice of rulemaking is provided in the Secretary of State's Bulletin. Due to space constraints in this newsletter, a brief summary of the rule changes is provided. The Board's website and staff can provide you an updated Dental Practice Act or other documents related to the rule changes.

RULE CHANGES – 17 rule changes effective July 1, 2023

CHAPTER 818

OREGON BOARD OF DENTISTRY

FILING CAPTION: The Board is amending 13 rules, repealing 3 rules and creating 1 new rule.

EFFECTIVE DATE: 07/01/2023

AMEND: 818-001-0002

RULE TITLE: Definitions

RULE SUMMARY: Removes reference to CPR to clarify BLS as the requirement.

AMEND: 818-012-0005

RULE TITLE: Scope of Practice

RULE SUMMARY: Changes effective date of implant rule and splits Botulinum Type A /dermal filler requirement into 10 hours each.

AMEND: 818-012-0007

RULE TITLE: Procedures, Record Keeping and Reporting of Vaccines

RULE SUMMARY: Amending title of rule to add "of Vaccines" for clarification.

AMEND: 818-012-0030

RULE TITLE: Unprofessional Conduct

RULE SUMMARY: Adds in requirement to comply with health care interpreter law and clarifies patient records rule.

AMEND: 818-012-0032

RULE TITLE: Diagnostic Records

RULE SUMMARY: Clarifies what information should be included in patient records.

AMEND: 818-015-0005

RULE TITLE: General Provisions

RULE SUMMARY: Clarifies acceptable advertising for licensees.

REPEAL: 818-015-0007

RULE TITLE: Specialty Advertising

RULE SUMMARY: Repealing this rule.

AMEND: 818-021-0012

RULE TITLE: Specialties Recognized

RULE SUMMARY: Clarifies specialties recognized by the Board in rule.

AMEND: 818-021-0015

RULE TITLE: Certification as a Specialist

RULE SUMMARY: Removes reference to repealed rule.

AMEND: 818-021-0017

RULE TITLE: Application to Practice as a Specialist

RULE SUMMARY: Adding one hour pain management requirement to be consistent with other rules.

REPEAL: 818-021-0030

RULE TITLE: Dismissal from Examination

RULE SUMMARY: Repeal outdated exam rule.

REPEAL: 818-021-0040

RULE TITLE: Examination Review Procedures

RULE SUMMARY: Repeal outdated exam rule.

AMEND: 818-021-0060

RULE TITLE: Continuing Education — Dentists

RULE SUMMARY: Removes examination requirement, clarifies certificate of completion details and also changes effective date of dental implant rule.

AMEND: 818-021-0070

RULE TITLE: Continuing Education — Dental Hygienists

RULE SUMMARY: Removes examination requirement and clarifies certificate of completion details.

AMEND: 818-021-0076

RULE TITLE: Continuing Education - Dental Therapists

RULE SUMMARY: Removes examination requirement and clarifies certificate of completion details.

ADOPT: 818-021-0084

RULE TITLE: Temporary Voluntary Practice Approval

RULE SUMMARY: Implementing a new rule to be in compliance with HB 4096 (2022), for temporary volunteer practice limited to 30 days or less per year.

AMEND: 818-042-0040

RULE TITLE: Prohibited Acts

RULE SUMMARY: Clarifies that dental assistants can perform teeth whitening.

Effective August 1, 2023, the OBD increased our fees. The fee increases are needed to cover the ongoing costs and expenses of the OBD. The last fee increase was in 2015. The OBD is funded primarily (96%) by its Licensees, so the fee increase is needed and justified to cover the OBD's related expenses in its operation.

818-001-0087

Fees

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — \$440

(B) Dental — retired — \$0

(C) Dental Faculty — \$385

(D) Volunteer Dentist — \$0

(E) Dental Hygiene — \$255

(F) Dental Hygiene — retired — \$0

(G) Volunteer Dental Hygienist — \$0

(H) Dental Therapy - \$255

(I) Dental Therapy - retired - \$0

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — \$40

(B) Minimal Sedation Permit — \$75

(C) Moderate Sedation Permit — \$75

(D) Deep Sedation Permit — \$75

(E) General Anesthesia Permit — \$140

(F) Radiology — \$75

(G) Expanded Function Dental Assistant — \$50

(H) Expanded Function Orthodontic Assistant — \$50

(I) Instructor Permits — \$40

(J) Dental Hygiene Restorative Functions Endorsement — \$50

(K) Restorative Functions Dental Assistant — \$50

(L) Anesthesia Dental Assistant — \$50

(M) Dental Hygiene, Expanded Practice Permit — \$75

(N) Non-Resident Dental Background Check - \$100.00

- (c) Applications for Licensure:
 - (A) Dental — General and Specialty — \$445
 - (B) Dental Faculty — \$405
 - (C) Dental Hygiene — \$210
 - (D) Dental Therapy - \$210
 - (E) Licensure Without Further Examination — Dental, Dental Hygiene and Dental Therapy — \$890
 - (F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820.
- (d) Examinations:
 - (e) Jurisprudence — \$0
 - (f) Duplicate Wall Certificates — \$50.
- (2) Fees must be paid at the time of application and are not refundable.
- (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board. ■

SEDATION COURSE WARNING

SAMANTHA PLUMLEE, EXAMINATION & LICENSING MANAGER



As the licensing manager for the Board, I am frequently asked by dentists, “will the Board accept a minimal sedation course that is completed entirely online?”. The answer is, and always has been, NO.

The Oregon Dental Practice Act, OAR 818-026-0050(1)(c) states that applicants for minimal sedation permits must complete “a comprehensive training program consisting of at least 16 hours of training [which] satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed”.

The relevant section of the current ADA Guidelines for Teaching Pain Control and Sedation reads: “Competency courses in inhalation sedation techniques must afford participants with sufficient clinical experience to enable them to achieve competency. This experience must be provided under the supervision of qualified faculty and must be evaluated. The course director must certify the competency of participants upon satisfactory completion of training. Records of the didactic instruction and clinical experience, including the number of patients treated by

each participant must be maintained and available”. Additionally, the ADA Guidelines state “Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies”.

Online courses that do not include hands-on clinical experience demonstrated by the course attendee and supervised/evaluated by qualified faculty, do not meet the requirements outlined in the ADA Guidelines above, and are therefore not acceptable when applying for a minimal sedation permit.

In recent years, we have seen an uptick in CE providers offering courses in minimal sedation that make statements such as, this course “can be completed from the safety and comfort of your own home”, or “by taking this series, one does not have to take off work and travel”. These statements sound too good to be true because they are. CE providers may tell unsuspecting dentists that their course does meet current ADA guidelines, because the course includes a live-stream or video of oral sedation procedures being performed on a patient by a faculty member. The Oregon Board of Dentistry does not consider these types of “clinical” course elements to be in adherence with the current ADA Guidelines. While these types of courses may be allowable in some states, this is not the case for Oregon.

Before investing your hard-earned money in a sedation CE course, please be vigilant and review the rules set forth by the Oregon Dental Practice Act to ensure that your selected course will meet Oregon’s requirements. If you ever have questions about whether a course will meet our requirements, I urge you to contact our office and ask questions prior to registering for a sedation course. ■

818-021-0115

DISPLAY OF LICENSES

Every licensee of the Board shall have conspicuously displayed their current license in every office where that licensee practices in plain sight of the licensee's patients.

Licenses are available for printing 24/7 on the licensee portal!

<https://online.oregondentistry.org/#/>

DENTAL IMPLANT RULE CHANGES NEW CE REQUIREMENTS EFFECTIVE JANUARY 2024

Beginning January 1, 2024, Oregon dentists will be required to complete 56 hours of hands on clinical implant course(s), at an appropriate postgraduate level, prior to surgically placing dental implants. The Oregon Board of Dentistry (OBD) recommends that proof of meeting the training requirements be maintained indefinitely, as copies may be requested at random audits or complaint investigations.

Graduates of specialty training programs in Oral and Maxillofacial Surgery, Periodontics, and Prosthodontics that comply with CODA standard 4 curriculum guidelines (or similar educational requirements) who have been trained to competency in surgical implant placement may qualify to surgically place implants with documentation of completing the required training.

Only hours completed as part of CODA accredited graduate dental programs, or through education providers that are AGD PACE or ADA CERP approved will qualify to meet the initial 56-hour training requirement.

Additionally, beginning January 1, 2024, Oregon dentists will be required to complete seven hours of continuing education related to the placement and/or restoration of dental implants each licensure renewal period. Dentists renewing in Spring 2024, and all subsequent renewing dentists, will be required to complete the required 7 hours of dental implant CE to be in compliance, if they are placing dental implants.

Below are the most frequently asked questions from our Implant Rules FAQ document on the OBD website. For the full document, please visit: <https://www.oregon.gov/dentistry>

What language (effective January 1, 2024) was added to the Scope of Practice Rule OAR 818- 012-0005?

(4)A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.

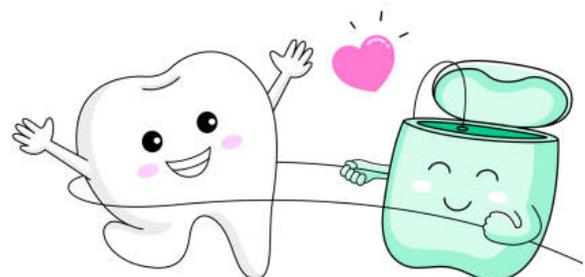
(5)A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective January 1, 2024.)

What language (effective January 1, 2024) was added to the Continuing Education Rules of OAR 818-021-0060?

(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective January 1, 2024.)

How and why did the OBD decide to implement these rule changes regarding dental implants?

The OBD investigated 82 dental implants cases between February 2014 and August 2017. Of those cases, 41% resulted in Disciplinary Action, which was equally distributed between specialists and general practitioners. During Strategic Planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon. Dental implant safety was codified in the OBD's 2017-2020 Strategic Plan as a priority issue, and it has remained an ongoing safety concern of the Board through the present. At the April 21, 2017 Board Meeting, in order to effectively protect the public, and per ORS 679.280, the OBD established an ad hoc Committee named the "Dental Implant Safety Workgroup" to research, review, and discuss dental implants, implant complications, and the resulting investigations. The Workgroup's ultimate goal was to advise the OBD on the most effective actions to protect the public and educate dentists regarding dental implants. The Workgroup included OBD Board Members, OBD Staff and Licensees (both specialists and general practitioners).



If you would like more detail on the communications and timeline for the dental implant rule changes, you can find that document on the home page of the OBD website: <https://www.oregon.gov/dentistry>

I am concerned that I will not be able to obtain proof of completion of my 56 hours of hands on clinical implant training, because some or all of those hours were completed long ago. Many records retention policies limit to seven years or less. Will I just be “out of luck” if I can’t pull together proof of certain courses?

This information will be reviewed on a case-by-case basis, typically as part of a CE audit or an investigation. It is expected that the Licensee would put in their best effort to obtain this information in the event that the training was completed many years ago. The Board will review all relevant information and circumstances before taking any action.

I have placed a great number of implants over the years with a high success rate. Can I be “grandfathered” into placing implants without taking 56 hours of hands on clinical courses?

There is not currently a portion of the rules that allows this. In order to place implants after January 1, 2024, you will need to meet the 56 hour requirement in OAR 818-012-0005(4).

Does the course need to include practice on human patients? Or can it be on a manikin/typodont or an animal jaw?

The Board does not specify whether or not the implants need to be placed in a human. As long as the course meets the requirements of OAR 818-012-0005(4) it is acceptable.

Do the 56 hours of hands on clinical course(s) need to be direct patient care? Or can didactic course instruction be included in the 56 hours?

The Board defers to the course instructor to define “clinical hands on,” and determine how many hours of the course are dedicated to topics and format as stated in the rule. This could include some didactic instruction, provided it is under direct supervision as stated in the rule. ■



OHP Now Covers Dental Therapist Services



Oregon Health Plan

Dental practices with licensed dental therapists on their care team can now bill OHP for the services they provide.

To do this:

- The licensed dental therapist must enroll with OHA. To find the forms to complete and submit to OHA, visit the [OHP Provider Enrollment page](#) (search for "non-payable provider" forms).
- When billing for services provided by the dental therapist, the clinic must enter the therapist as the rendering provider.

To learn more about billing:

- For services to coordinated care organization (CCO) members, [please contact the member's CCO](#).
- For services to other OHP members, [visit the OHP Billing page](#).

To provide care, dental therapists must:

- Perform under the supervision of a dentist and
- Have a [collaborative agreement with the supervising dentist](#) on file with the Oregon Board of Dentistry. The agreement outlines the level of supervision and the dentist’s requirements for how the dental therapist will provide care.

Learn more about dental therapy on the Oregon Board of Dentistry [website](#) ■

FREQUENTLY ASKED QUESTIONS

Q: Can I have a working interview?

A: Individuals who are waiting to get licensed or certified in Oregon cannot perform those duties that are required for licensure or certification without first becoming licensed or certified in Oregon. Under OAR 818-012-0010(4) it is Unacceptable Patient Care to permit any person to perform duties for which the person is not licensed or certified. Only persons holding an active license or certification can perform working interviews. Pursuant to OAR 818-021-0115 and OAR 818-042-0020 (3) all licenses and/or certifications must be posted and visible to people receiving services in the premises.

TIPS FOR AVOIDING COMPLAINTS BEING FILED WITH THE BOARD

By law, the Board is required to conduct an investigation of every complaint received. Board investigations take up your valuable time and may have been avoided with clear communication and good patient relations. There are recurring themes in the complaints the Board receives. Following are a few tips that are worth reviewing regularly and should assist you in preventing complaints being filed by frustrated patients.



- Train front-office personnel in providing information to your patients and potential patients in a friendly and courteous manner. Be sure they understand the importance of confidentiality. Also, any discussions about fees should include caveats about any additional services that may need to be performed. For instance, if a potential patient calls wanting to know the cost of an extraction, the caller should also be advised that there may be other services and fees required such as for examination and x-rays.
- Provide patients with a written copy of your office procedures including fees, payment expectations, insurance filings, management of pediatric patients, cancellations and patient responsibilities.
- Be specific with patients regarding the treatment plan and procedures that you will be following and the meaning of various terms.
- Document in the patient record that you have discussed the treatment plan, various options and risks with the patient and have answered the patient's questions. With some procedures, a signed consent form is appropriate prior to starting treatment. Do not perform any procedure without the patient's informed consent.
- Pre-authorize treatment to be done with the patient's insurance company prior to performing the procedure and share the outcome of the prior authorization with the patient before beginning treatment.
- Document all procedures performed, anesthesia administered, x-rays taken, treatment complications, etc. in the

patient record. If it isn't documented – it can be argued that it didn't happen! Documentation is your best defense. No one has ever been disciplined by the Board for over documenting.

- If in doubt about your diagnosis or treatment plan, consult with a colleague or a specialist.
- If a patient is dissatisfied with the treatment received, or the outcome, discuss their concerns with them personally and immediately. Do not be defensive, listen to the patient's concerns and work with them for a mutually acceptable outcome.
- Delegate to dental hygienists, dental therapists and dental assistants only those functions that they are legally permitted to perform.
- Make sure that everyone in your practice/location that is required to have a license, permit or certificate has posted the license, permit or certificate where patients can see it and that the license, permit or certificate is current. If a license has expired, not only can the holder of the license be disciplined, the doctor can also be disciplined for allowing an unlicensed person to practice.
- If you have any questions, please call the OBD at 971 673-3200 or email information@obd.oregon.gov ■



Did You Know?

The Oregon Board of Dentistry (OBD) has implemented a new licensing system, and the process for requesting additional licenses or updating your contact info has changed.

To update your contact info or print a copy of your license, please log in or register for our Licensee portal at <https://online.oregondentistry.org/#/>

**DENTAL TREATMENT OF A MEDICAL
CONDITION – SLEEP-RELATED
BREATHING DISORDERS**
MICHELLE ALDRICH, D.M.D.



For decades dentists have been successfully treating Obstructive Sleep Apnea (OSA) and other sleep-related breathing disorders (SRBD). Oral appliance therapy (OAT) is usually very well tolerated and has been proven to have increased compliance as opposed to CPAP type therapies. There still is no easy way to predict which patient will have a

better outcome with OAT. Therefore, it is very important to disclose this information to the patient in advance of starting this therapy.

Although snoring is nothing more than the vibration of tissues in the oropharynx, it can be a source of embarrassment and relationship difficulties. A dentist should never treat snoring without a diagnosis of “Primary Snoring” from a physician to rule out OSA. We cannot make assumptions and treat a patient inappropriately.

Organizations providing training and “standards of care” for the treatment of SRBD’s work collaboratively with their physician counterparts. They agree in the co-management of patients with the physician being the diagnosing party and providing a prescription for OAT. They also agree the appliance must be properly titrated until maximum medical improvement. At that point, the physician must confirm efficacy of our treatment with a follow-up sleep study.

Physicians also agree a dentist (with appropriate training) is the professional to provide this therapy to patients. A dentist is uniquely trained to diagnose if a patient has dentition or implants stable enough to support OAT. Dentists are able to manage and predict potential side effects of treatment. The dentist can also decline to treat the patient if the risk of harm exceeds the potential benefit of the treatment and provide appropriate referrals.

Oral appliances must be titrated to determine when maximum medical improvement has been reached. This cannot be determined by subjective symptoms alone. An objective test must be administered to determine if the appliance is reducing apneic episodes and improving oxygen desaturations during

sleep. The Oregon Dental Practice ACT does not prohibit the use of this testing equipment.

Extensive communication with our physician colleagues in the form of letters, FAX’s, telephone calls, emails, etc., keeps them in the loop regarding the patients they have entrusted to our care. A major complaint of referring physicians is the lack of communication once the patient has been referred. Dentists must be consistent with communications so physicians can feel confident in the care of our mutual patients.

It is recommended we do at least annual follow-ups to see if the appliance is still effective, functional, and the patient is compliant. These visits should also trigger a letter to the referring physician. Side effects, such as open contacts or change in occlusion, should be documented, and reviewed with the patient.

It is the responsibility of the dentist to understand medical billing practices and not commit insurance fraud, even unintentionally. Insurance providers are not lenient in the case of ignorance. Protect yourself with knowledge and a mentor/organization with integrity.

Recent communications with the OBD from a leading dental sleep organization is recommending a dentist be able to order the initial home sleep apnea test from a third party, have it scored and diagnosed by a physician remotely, and a prescription given for OAT, if appropriate. Their reasoning is the lack of sleep physicians and the huge societal burden of undiagnosed people with OSA. The OBD has not taken a formal position on this recommendation. Remember, the use of telehealth does not expand the scope of practice of a dental care provider. However, working in close cooperation with our physician colleagues would be the preferred path of treatment.

Treating patients with OSA and SRBD can be a rewarding addition to your practice and provide a valuable service to your patients. Just like other specialties, if you chose not to provide this service, there are many knowledgeable providers you can collaborate with or refer to. ■

FREQUENTLY ASKED QUESTIONS

Q: What information must I maintain in the patient record & give to the patient when placing implants?

A: OAR 818-012-0070(4) Requires when a dental implant is placed the following information must be given to the patient and maintained in the patient record: (a) Manufacture brand; (b) Design name of implant; (c) Diameter and length; (d) Lot number; (e) Reference number; (f) Expiration date. The product labeling stickers containing the above information may also be used in satisfying this requirement.

**A MESSAGE ON WELLNESS FROM
DR. JULIE SPANIEL,
OREGON WELLNESS PROGRAM**

Dentists have long been regarded as the guardians of health, dedicating ourselves to caring for our patients’ needs, alleviating their fears while pursuing perfection in our work. However, behind our white coats lies a poignant reality -dentists, like anyone else, can suffer from mental health disorders, burnout, or substance use disorder, to name a few. This unspoken struggle affects our well-being, patient care, and the healthcare system as a whole. There are challenges faced by dentists with mental health disorders to seek care for us. Many of us simply suffer in silence due to the stigma surrounding mental health or substance abuse as a healthcare provider. The Oregon Dental Association takes mental health seriously and has partnered with the Oregon Wellness Program to provide complementary and confidential counseling and education to dentists in the state.

The ODA understands the significant issues surrounding education, self-awareness, admittance of a problem and seeking help for any issues we may have with our mental health or substance use. The Wellness Ambassador program was implemented as a Confidential Peer to Peer model for dentists and dental students to simply talk with someone who understands. In 2020, the ODA partnered with the Oregon Wellness Plan and thanks to a 3-year grant from Permanente Associates, we were able to refer dentists for 8 free and confidential mental health sessions with a licensed therapist. The usage of OWP is now covered by a portion of our licensure fees.

The program was founded in 2018 to support the well-being of Oregon healthcare professionals through education, research of the issue of burnout, as well as by delivering counseling and related services via in-person and telemedicine appointments. The purpose of the Oregon Wellness Program is to ensure physicians, advanced care practitioners, dentists and other health care professionals within the state of Oregon have access to mental health support that is non-reported, urgently available, and complimentary. OWP contracts with licensed and credentialed mental health providers, who each have a minimum of five years professional experience providing services to health care professionals.

OWP affiliated providers offer:
Up to eight complimentary sessions per calendar year
Appointments are generally available within three business days.

Care without a “paper trail” or reporting to insurance or professional boards.

Understanding and acknowledging the issues in our profession is the first step to awareness that there could be a problem. Self-evaluation and self-awareness through an honest lens is vital.

1. **Stress and Pressure:** Dentistry is a high-pressure profession, we often face tight schedules, deal with challenging cases, and must maintain a high level of precision in our work. The pressure to perform flawlessly and handle a variety of patient needs can lead to stress and anxiety.

2. **Emotional Toll:** We may encounter patients in pain or distress, and witnessing the emotional struggles of our patients can take a toll on their own well-being. The empathetic nature of healthcare work can be emotionally draining.

3. **Long Working Hours:** Many of us, especially in our first decade of practice, can work long hours, juggling between patient appointments, administrative tasks, and continuing education. The demanding schedule can leave little time for self-care and relaxation.

4. **Financial Burden:** Student loan debt affects nearly all recent graduates. Balancing work, school loans, cost of living, is extremely stressful in the first few years of practice and can limit choices. Starting and maintaining a private dental practice can be financially prohibitive. Financial stress contributes to mental health challenges.

5. **Isolation:** Solo practitioners or dentists working in smaller clinics can easily hide their issues from others. Physical or emotional isolation exacerbates the problems.

6. **Perfectionism:** Dentistry requires precision and attention to detail, leading some dentists to develop a perfectionist mindset, which can worsen stress and anxiety. Feelings of inadequacy or comparison to others can lower self-worth.

7. **Limited Work-Life Balance:** Struggling to balance personal life with the demands of a dental career can lead to burnout and negatively impact mental well-being. This can be especially true in the first decade of practice when balancing a growing family and finances.

8. **Stigma Surrounding Mental Health:** The stigma surrounding mental health issues within the healthcare community may deter dentists from seeking help or admitting their challenges. Having insurance records show treatment sought for mental healthcare, or any written record of treatment can intimidate us from seeking the care we need.

Seeking help for mental health issues can be daunting for dentists. Fear of judgment from colleagues and the belief that admitting vulnerability may be perceived as weakness often prevents us from seeking support. The belief that we must be perfect and cannot have a human experience such as a mental health challenge, can also hinder their willingness to seek help, as they may feel they should always be strong and resilient. The ODA Wellness Ambassadors and the Oregon Wellness Program are available to help.

Our profession is extremely rewarding. It is a career choice that affords us the ability to help others and bring a better quality of life to people's lives. But we cannot pour from an empty cup. We can only do our best if we are at our best. ■



Oregon Wellness Program

Good news for Oregon Board of Dentistry licensees! Starting August 18th, all licensees – dentists, dental therapists, and dental hygienists – will have access to highly confidential mental health services through the Oregon Wellness Program (OWP). Self-referral is all that is required and the Board is not involved or aware of anyone accessing it.

The OBD included a policy option package in its 2023 -2025 legislatively approved budget to help fund this service through July 1, 2025. It more than likely will continue on after that as well.

Any Licensee may contact the OWP and receive up to eight free visits per calendar year. Interested licensees can make a self-referral by visiting the OWP website to review available providers and contact providers directly to schedule an appointment. Visits are available in-person or via telehealth. There is no reporting to a primary health provider or billing of insurance.

The Oregon Board of Dentistry is committed and supportive of our licensees to utilize all available tools for success in their practice and in all aspects of life.

If you are having thoughts of suicide, Call or Text 988, Veterans press 1.

OREGON DENTAL HYGIENISTS' ASSOCIATION

OREGON DENTAL HYGIENE CONFERENCE
NOVEMBER 10-11, 2023
SALEM CONVENTION CENTER

Registration opens in August. Sponsors and Exhibitors can sign up now.

Link for more details: <https://www.odha.org/odha-2023-annual-conference>

The 2023 Oregon Dental Hygiene Conference will be in Salem at the Salem Convention Center, November 10-11 and ADHA Vice President Lancette VanGuilder, BS, RDH, PHDHE, will be our Friday keynote speaker presenting 'Don't Just Survive.... Thrive!' where she will talk about opportunities for dental hygienists to stay relevant, participate in meaningful work and fulfill their sense of purpose. She is also presenting two other courses on Friday: Make the Shift in Oral Cancer Prevention: HPV and Oral Health Care and AI: Artificial Intelligence in Health Care in Dentistry. Lori Killen Aus, RDHEP, MA, will be presenting a course on Speaking Alzheimer's/Dementia as a Second Language.

In addition to receiving two days worth of CE, enjoying student poster sessions, and celebrating our award recipients you'll have the opportunity to network and make new friends with fellow RDH's from all over the state. Join us in the capital city of Salem where we will be in the heart of downtown with so much to do within steps of our conference venue!

A new sponsorship package has been added to sponsor 25 students so they can benefit from being able to attend the conference! Your company will have a dedicated presentation time for the students, you'll have an exhibitor table and will be recognized in other ways throughout the conference. [More details can be found here.](#)

Details on the conference and hotel [can be found here.](#) Sponsors and exhibitors can sign up now and attendee registration opens in August.

OREGON RDH RETREAT
AUGUST 19, 2023
BORING, OREGON

Link for more details: https://ordha.memberclicks.net/index.php?option=com_jevents&task=icalrepeat.detail&evid=166&Itemid=115&year=2023&month=08&day=19&title=in-person-ce-oregon-rdh-retreat&uid=bd63185ce30999f62b85955c95444e21

The Oregon Dental Hygienists' Association is hosting our first Oregon RDH Retreat on Saturday, August 19, 2023. We are

Along with the unique practice of four-handed dentistry, dental assistant expanded functions provide professional growth and an increase of production which in-turn increases profit for the dental practice. Business minded dentists engage in these concepts, use dental assistants to their fullest potential and are realizing the benefit in a positive way.

Getting the word out about dental assisting as a viable profession has been challenging. High school career programs focus on dental school and dental hygiene as career options. Dental assisting is viewed as a pathway to these two careers and not necessarily a career that a person would remain employed in over a long period of time.

ODAA is collaborating with Adec to create a video that demonstrates a dental team using four-handed dentistry techniques to perform restorative procedures on a "live" dental patient. The concept is to have a finished product that can be obtained at no cost by anyone who may be interested in showing how a dental assistant works with a dentist using four-handed skills.

When a dental team works together using the four-handed dentistry technique, it is a bit like a dance and requires little discussion of the procedure during the restoration process. Dentists rely on their dental assistants to use critical thinking skills and to anticipate. These skills take time for both the dentist and the dental assistant to learn but once developed there is no going back to dentists grabbing their own instruments or making their own temporary crowns. It is a seamless team effort that dentistry cannot afford to ignore. ■

AMERICAN DENTAL THERAPY ASSOCIATION



The American Dental Therapy Association ([ADTA](#)) is a national organization (501c3) that promotes oral health and overall wellness to underserved communities, including American Indian/Alaska Natives, who have the largest disparities in oral health and wellness. Our current board consists of 5 dental therapists from Oregon, Minnesota and Washington. Our mission is to ensure that all Americans have access to high-quality oral health care.

Founded in 2006, the American Dental Therapy Association (ADTA) is the national professional society for dental therapists. Each year, the ADTA supports dental therapists in providing vital oral health care to hundreds of thousands of Americans. We educate the public about the value of dental therapists, create educational and career advancement opportunities for dental therapists, and support educational institutions in developing superior dental therapy programs.

In 2022, the ADTA received an in-kind donation from the Northwest Portland Area Indian Health Board and Community Catalyst to hire an interim Executive Director. We then were able to secure funding to hire a permanent staff member, an Executive Director, who was hired in December of 2022; Cristina Bowerman. In April 2023 we were able to hire a part time communications staff member; Chelsea Luong. Since then, the ADTA has transformed from an all-volunteer led association to a staff run association. We greatly thank those before us that made this path possible.

In 2022, the ADTA opened [membership](#) to all: dental therapists, dental therapy students, organizations, other oral health care provider types, and even members of the community.

Inaugural Annual Conference: The ADTA is hosting its Inaugural Annual Conference in Oklahoma City, Oklahoma October 5th-7th. The purpose of our conference being held in Oklahoma is to provide support to the state as they prepare to submit legislation that will authorize dental therapy in Oklahoma. This is meant to be an information session for professionals to network and learn all things dental therapy. There will also be dental continuing education offered up to 13.5 credits. You can see our flipbook including our agenda [here](#). Registration for our Inaugural Annual Conference is now open and can be found [here](#). ■

Have you moved recently?

ORS. 679.120(4), 679.615(5), and 680.074(4) requires that licensees update the Board within 30 days of any change of address.

To update your contact info, please go to www.oregon.gov/dentistry and click "Licensee Portal" for instructions.

It's the law!

OREGON BOARD OF DENTISTRY

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