PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
AUGUST 19, 2022

Oregon
Kate Brown, Governor

Board of Dentistry
1500 SW 1st Ave. Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202

NOTICE OF REGULAR MEETING

PLACE: **BOARD OFFICE & VIRTUAL VIA ZOOM**
DATE: **August 19, 2022**
TIME: **8:00 a.m. – 3:00 p.m.**

Call to Order – Jose Javier, D.D.S., President **8:00 a.m.**

OPEN SESSION (Via Zoom)
https://us02web.zoom.us/j/83846510257?pwd=dHNqVkExWWF6S29lS1IzdWRtaUtWdz09
Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 838 4651 0257 ● Passcode: 033085

Review Agenda
1. Approval of Minutes
   - June 17, 2022 Board Meeting Minutes

NEW BUSINESS
2. Association Reports
   - Oregon Dental Association
     - Overview of Oregon Wellness Program
   - Oregon Dental Hygienists' Association
   - Oregon Dental Assistants Association

3. Committee and Liaison Reports
   - Committee & Liaison Assignments
     - o Updated with new OHA Rep for Dental Therapy Rules Oversight Committee
   - CDCA-WREB, CITA Announce Combination
   - CDCA-WREB Steering Committee Meeting
   - CDCA-WREB Message to Members
   - ADEX Examination Statistical Report

4 Executive Director's Report
   - Board Member and Staff Updates
   - OBD Budget Status Report
   - OBD 2023 -2025 Agency Request Budget
   - Customer Service Survey
   - Dental Hygiene License Renewal Update
   - OBD FY 2021 Accounts Receivable Honor Roll
   - Agency Head Financial Transactions Report July 1, 2021 – June 30, 2022
   - TriMet 2022-2023 Contract
   - Board Best Practices Self-Assessment & Score Card
   - Updated OBD Bylaws
   - OBD Board Meeting Dates
   - DANB Forum
   - Legislative Days - House Health Care Committee
   - AADA & AADB Annual Meetings
   - OBD Newsletter

Notes:
(1) A working lunch will be served for Board members at approximately 11:45 a.m.
(2) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.
(3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660.
Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

5. Unfinished Business and Rules
   - Dental Assistant – Local Anesthesia Proposal
   - Dental Therapy Rules – SOS Filing

6. Correspondence

7. Other
   - Memo & OBD 2022-2025 Strategic Plan
   - Juliet Valdez, DAS Office of Cultural Change- Affirmative Action Manager (In-person presentation 20 – 25 minutes)
     - Bio, DEI Plan & EO 22-11
   - Tribes – Invitation to address the Board on any issues
   - Memo - New ADA "Guidelines for Teaching Pediatric Pain Control
   - and Sedation to Dentists and Dental Students"
   - Secretary of State - Follow-up Report for PDMP
   - The Council of State Governments Dental & Dental Hygiene Licensure Compact
     - Draft Rules
     - December 2021 Meeting Materials

8. Articles & Newsletters (No Action Necessary)
   - CODA Summer 2022 Meeting Announcement
   - CRDTS NEWS and Introduction of New Staff - July 2022
   - DANB hosts forum to address dental assistant workforce
   - Dr. Kaz Rafia resigns from OHA State Dental Director position
   - Mobile medical, dental care clinics expand in Oregon and Washington

EXECUTIVE SESSION **11:00 a.m.**

The Board will meet in Executive Session pursuant to ORS 192.345(4); ORS 192.660(2)(f)(h) and (i); ORS 676.165, ORS 676.175(1) and ORS 679.320 to review records exempt from public disclosure, to review confidential materials and investigatory information, to consult with counsel, and to conduct the annual review and performance evaluation of the executive director. No final action will be taken in Executive Session.

9. Review New Cases Placed on Consent Agenda
10. Review New Case Summary Reports
11. Review Completed Investigative Reports
12. Previous Cases Requiring Further Board Consideration
13. Personal Appearances and Compliance Issues
14. Licensing and Examination Issues
15. Consult with Counsel

Performance Review Executive Director

15.5. Conduct performance evaluation of Executive Director

LUNCH **11:45 a.m.**

OPEN SESSION (Via Zoom) **2:00 p.m.**

https://us02web.zoom.us/j/83846510257?pwd=dHNqVkExWWF6S29IS1IzdWRtaUtWdz09

Dial-In Phone #: 1-253-215-8782 ● Meeting ID: 838 4651 0257 ● Passcode: 033085

Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues
    - Pacific University Request to Approve ITR Curriculum

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ADJOURN **3:00 p.m.**

NOTE - After the meeting concludes then there will be computer training for Board Members on how to access Board info and documents. No actions or votes will be taken during this training.

Notes:
(1) A working lunch will be served for Board members at approximately 11:30 a.m.
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APPROVAL OF MINUTES

DRAFT 1

OREGON BOARD OF DENTISTRY
MINUTES
JUNE 17, 2022

MEMBERS PRESENT:	Jose Javier, D.D.S., President Chip Dunn, Vice President Alicia Riedman, R.D.H., Reza Sharifi, D.M.D. Sheena Kansal, D.D.S. Aarati Kalluri, D.D.S. Terrence Clark, D.M.D. Sharity Ludwig, R.D.H.,E.P.P. joined by teleconference at 9:10 am
STAFF PRESENT:	Stephen Prisby, Executive Director Winthrop "Bernie" Carter, D.D.S., Dental Director/ Chief Investigator Angela Smorra, D.M.D., Dental Investigator Haley Robinson, Office Manager (portion of meeting) Shane Rubio, Investigator (portion of meeting) Samantha VandeBerg, Examination and Licensing Manager (portion of meeting) Ingrid Nye, Investigator (portion of the meeting) Kathleen McNeal, Office Specialist (portion of the meeting) Teresa Haynes, Project Manager (portion of the meeting)
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General
VISITORS PRESENT: VIA TELECONFERENCE*:	Mary Harrison, Oregon Dental Assistants Association; Lisa Rowley, Oregon Dental Hygienist Association; Amy Coplen, R.D.H., E.P.P., Pacific University; Miranda Davis, D.D.S.; Jen Lewis-Goff, Oregon Dental Association (ODA); Katy Adishian, ODA; Thomas Kolodge, D.D.S.; Jonathan Yih, D.M.D., Oregon State Society of Orthodontists; Brittany Seneca; Sabrina Riggs; Candace Jimenez, NPAIHB; Laura Brannon; Lauren Malone, OAGD

*This list is not exhaustive, as it was not possible to verify all participants on the teleconference.

Call to Order: The meeting was called to order by the President at 8:00 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

President Jose Javier, D.D.S. welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of Minutes

Dr. Sharifi moved and Mr. Dunn seconded that the Board approve the minutes from the April 22, 2022 Board Meeting as presented. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)
Jen Lewis-Goff introduced ODA's newest staff member, Katy Adishian. Ms. Lewis-Goff reported that ODA's Board of Trustees approved the 2023 legislative agenda which addresses the Oregon workforce shortage.

Oregon Dental Hygienists' Association (ODHA)
Lisa Rowley stated there was nothing to report.

Oregon Dental Assistants Association (ODAA)
Mary Harrison reported that the Oregon Dental Assistants Association presented several scholarships to students at local Oregon schools. The ODAA is pleased that Mr. Prisby will be attending the DANB meeting next month.

COMMITTEE AND LIAISON REPORTS
The Committee and Liaison Assignments document was presented which was updated and included dental therapists on the regular standing committees along with the new Board members.

EXECUTIVE DIRECTOR'S REPORT

Board and Staff Updates
Mr. Prisby reported that the Governor sent a number of names forward for consideration for open board and commission seats. The Senate Interim Committee On Rules and Executive Appointments met on June 1 and the Senate convened on June 3 to approve the Board and commission members for appointment. On behalf of the OBD and staff, Mr. Prisby welcomed three new board members.

Sharity Ludwig is an Expanded Practice Dental Hygienist and the Director of Alternative Care Models for Advantage Dental. She completed her dental hygiene education at Oregon Institute of Technology in Klamath Falls and then went on to receive a master's degree in Healthcare Administration and Interprofessional Leadership from the University of California, San Francisco. Much of her career has been developing innovative strategies and processes for community based dental care, in addition to the development and implementation of models of care that incorporate oral health with a focus on the ever-changing needs of the healthcare industry to achieve the quadruple aim.

Terrence A. Clark, DMD, FAGD did his undergraduate work at Portland State University, then after graduating from OHSU, completed his residency at the OHSU Hospital and VA. He has been in private practice in Wilsonville, Oregon since 1987, with an emphasis on comprehensive dentistry for medically compromised patients. He has been a lecturer for the ADA on Ethics and Professionalism, and has presented at many dental schools and dental societies. He is an avid skier, hiker, and loves boating. His wife of 45 years is a native Oregonian, RN, and they are the proud parents of three children and ten grandchildren.

Michelle Aldrich, DMD, BSDH, D.ABDSM, was born and raised in La Grande and Union, Oregon, and graduated from OHSU dental hygiene program in 1992. It was at that time she

decided to eventually return to dental school after her children were grown. She graduated from OHSU's dental program in 2008, and started a practice in Salem, OR. Dr. Aldrich has taken advanced training in dental sleep medicine, earning her diplomate from the American Board of Dental Sleep Medicine and started an additional business with the primary focus of the dental treatment of obstructive sleep apnea. She has lectured on that topic, including the published standards of care, to both dentists and dental hygienists in Marion and Polk Counties.

OBD Budget Status Report

Mr. Prisby presented the latest budget report. The report, which was from July 1, 2021 through April 30, 2022, showed revenue of $1,738,745.97 and expenditures of $1,388,175.60.

Customer Service Survey

Mr. Prisby presented the legislatively mandated survey results from July 1, 2021 – May 31, 2022. The results of the survey showed that the OBD continued to receive positive ratings from the majority of those that submitted a survey.

Board and Staff Speaking Engagements

Samantha VandeBerg and Ingrid Nye gave several License Application virtual presentations to graduating Dental Hygiene Students at Oregon schools. They presented to Lane Community College in Eugene on Monday, May 2, 2022. They presented to the graduating Dental Hygiene Students at Mt. Hood Community College in Gresham on Monday, May 16, 2022. And they presented to graduating Dental Hygiene Students at Pacific University in Hillsboro on Wednesday, June 1, 2022. And Ingrid Nye gave a License Application virtual presentation to the graduating Dental Students at OHSU School of Dentistry in Portland on Monday, May 23, 2022.

Dr. Bernie Carter gave a Board Operations, Investigations and Protocols presentation to dentists and staff Permanente Dental Associates on Saturday, May 21, 2022.

Dr. Bernie Carter gave a Board Operations, Complaint Process, Investigations and Protocols presentation to the third-year dental students at OHSU School of Dentistry on Tuesday, May 31, 2022.

Delegated Duties for Executive Director & Staff

Mr. Prisby stated that every June the new President of the OBD takes the gavel for the first regular Board meeting after being elected President at the April Board Meeting for a 1-year term of office. Every June he submits to the Board for reauthorization, this memo outlines delegated duties to the executive director and OBD staff along with the executive director's job description. The document was updated for the delegated duties to include reference to dental therapy and their verification of collaborative agreements.

Ms. Riedman moved and Mr. Dunn seconded that the Board approve the delegated duties as presented. The motion passed unanimously.

OBD Bylaws

The OBD Bylaws were adopted in 2018 and are included for review. A motion was made to update the mission statement to: The Mission of the Oregon Board of Dentistry (OBD) is to

promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Ms. Riedman moved and Dr. Sharifi seconded that the Board approve the updated bylaws as presented. The motion passed unanimously.

AADA & AADB Annual Meetings

The American Association of Dental Administrators and the American Association of Dental Boards will hold in person meetings in Asheville, North Carolina October 6 - 9, 2022.
The Board plans for this and has the resources to send two Board members, our attorney and Executive Director to the meetings. Mr. Prisby is currently the President of the AADA.

Ms. Riedman moved and Mr. Dunn seconded that the Board approve Mr. Prisby's attendance at the AADA and AADB meetings. The motion passed unanimously.

DANB Invitation – Stakeholder Forum

The Dental Assisting National Board (DANB) invited Mr. Prisby to Chicago, Illinois to attend a forum on the future dental workforce. The forum is designed to bring together leaders in dentistry to share their perspectives and identify ways to work together to assure a robust, effective and adequately staffed dental assistant workforce.

Dr. Kansal moved and Dr. Sharifi seconded that the Board approve Mr. Prisby's attendance at the DANB meeting. The motion passed unanimously.

OBD 2023 Meeting Dates & Calendar

Mr. Prisby presented the proposed 2023 Board meeting dates.

Dr. Kansal moved and Dr. Sharifi seconded that the Board approve the 2023 Board Meeting dates as presented. The motion passed unanimously.

Newsletter

Mr. Prisby announced a Summer OBD Newsletter is planned to be published in August.

UNFINISHED BUSINESS AND RULES

Dental Therapy Public Rulemaking Hearing

Mr. Prisby discussed findings from the May 18, 2022 public rulemaking hearing on Dental Therapy. After extensive discussion at four committee meetings, Board meetings and public hearings, no comments came back regarding most of the new rules. It was determined that three rules would need extra discussion and would be held back from the vote encompassing the remaining rules. The rules pulled aside for further discussion were 818-021-0052, 818-021-0054, and 818-038-0005. Rule 818-021-0088 rule was removed from the proposed rules to allow the legislature to add dental therapists to the volunteer license verbiage.

Dr. Sharifi moved and Ms. Riedman seconded that the Board approve OARs 818-001-0002, 818-001-0082, 818-001-0087, 818-012-0020, 818-012-0030, 818-021-0026, 818-021-0076, 818-021-0080, 818-021-0085, 818-021-0090, 818-021-0095, 818-021-0110, 818-026-0055, 818-038-0001, 818-038-0010, 818-038-0020, 818-038-0025, 818-038-0030, 818-038-0035,

818-042-0010, 818-042-0020, 818-042-0050, 818-042-0060, 818-042-0090, 818-042-0114 as presented. The motion passed unanimously.

Ms. Riedman moved and Dr. Kansal seconded that the Board approve OAR 818-038-0005 as amended. The motion passed unanimously.

818-038-0005
Dental Therapy Education Program
The Board defines "Dental Therapy Education Program" as:
(1) A program accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the Board by rule;
(2) A dental pilot project as defined in ORS 679.600 and includes at least 500 hours of combined didactic and hands-on clinical dental therapy practice.
(3) ~~A program determined by the Board to be substantially equivalent to subsection (1) or (2) of this paragraph with the same hour requirements as section 2.~~ **Beginning January 1, 2025, no new applicants may qualify for licensure under section 2, unless they completed training within a fully approved OHA dental therapy pilot project prior to January 1, 2025.**

Ms. Riedman moved and Dr. Kansal seconded that the Board approve OAR 818-021-0052 as amended. The motion passed unanimously.

818-021-0052
Application for License to Practice Dental Therapy
(1) An applicant to practice dental therapy, in addition to the requirements set forth in ORS 679.603 and 679.60~~9~~**6**, shall submit to the Board satisfactory evidence of:
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes ~~all~~**the** procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.
(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate.
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association.

Mr. Dunn moved and Dr. Kansal seconded that the Board approve OAR 818-021-0054 as amended. The motion passed unanimously.

818-021-0054
Application for License to Practice Dental Therapy Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679.603 and 679.60~~9~~**6** and submits to the Board satisfactory evidence of:
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes ~~all~~**the** the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; and
(c) Having passed the clinical dental therapy examination conducted by a regional testing agency, by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and
(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and
(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
(2) Applicants must pass the Board's Jurisprudence Examination.

Dental Implant Rule Changes
The Board discussed feedback from licensees regarding the new dental implant rules. There was additional discussion of the upcoming dental implant rules with input from the ODA and the Oregon State Society of Orthodontists.

Dr. Sharifi moved and Dr. Clark seconded that the Board continue on with an education and communication period regarding the new 56 hour dental implant training requirement and dental implant continuing education rules; and make the effective date January 1, 2024. The motion passed unanimously.

Dr. Sharifi moved and Mr. Dunn seconded that OAR 818-021-0005 section 4 and OAR 818-021-0060 section 8 become effective January 1, 2024. The motion passed unanimously.

OHA Interpreter Registry Rules
OHA posted amended language to the new interpreter rules. President Javier noted that more information will be forthcoming on this rule.

CORRESPONDENCE
Dr. Markert requested that the Board consider changing the language in OAR 818-012-0005.

There was no motion to change the rule.

The OHA approved to extend the timeline for the Dental Pilot Project 100 to May 31, 2023.

Minutes from the Dental Pilot Project #300 meeting were presented.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel

OPEN SESSION: The Board returned to Open Session at 2:55 p.m.

CONSENT AGENDA

2022-0106, 2022-0113, 2022-0115, 2022-0111
Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

COMPLETED CASES

2022-0069, 2022-0064, 2022-0085, 2022-0097, 2022-0068
Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed unanimously.

2022-0065
Dr. Sharifi moved and Mr. Dunn seconded to close the matter with a Letter of Concern reminding Licensee to assure (1) timeout policies and procedures are strengthened at the clinics he works, and (2) he personally verify the correct patient, the correct procedure, and the correct site, prior to irreversible surgical procedures. The motion passed unanimously.

2022-0016
Dr. Clark moved and Ms. Riedman seconded to close the matter with strong Letter of Concern reminding Licensee to assure that he (1) reviews all DPA rules related to required documentation prior, during, and post-management of sedation patients, specifically OAR 818-026-0060(10) and (11), (2) that he ensures that all operatory equipment is functional prior to and during sedation procedures performed, and (3) confirms his patient after hours contact processes are working for his patients. The motion passed unanimously.

Friess, Robert L., D.M.D.; 2022-0049
Dr. Kansal moved and Ms. Riedman seconded that the Board issue a notice of proposed disciplinary action and offer the licensee a Consent Order incorporating a reprimand and a $1000 civil penalty for failing to maintain and active Health Care Provider BLS/ CPR card. The motion passed unanimously.

2022-0110
Ms. Riedman moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that the proper tooth is identified prior to extraction. The motion passed unanimously.

2022-0067
Dr. Kalluri moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that 1) she collects and documents adequate radiographic and clinical periodontal data to subsequently determine and document a periodontal diagnosis (assessment), and 2) inform group practice management that an estimate of periodontal (alveolar) bone loss, as mild, moderate, or severe, is determined after a radiographic evaluation is completed from a full mouth series of radiographic images, as well as clinical evaluation, are required to be completed to determine a periodontal assessment. The motion passed unanimously.

2021-0127
Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding licensee to assure that (1) his billing records accurately reflect services provided; (2) he document in the patient record comprehensive chart notes for all patient encounters; and, (3) he document in the patient record the reading and interpretation of all radiographic imaging, including CBCT's. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

Jimenez, Sylvia, D.D.S.; 2021-0188
Dr. Clark moved and Mr. Dunn seconded that the Board move deny Licensee's proposal and affirm the Board's April 22, 2022, decision The motion passed unanimously.

Edwards, James, D.D.S.; 2021-0175
Dr. Kansal moved and Mr. Dunn seconded that the Board issue a Final Default Order Revoking Licensee's Oregon Dental License**.** The motion passed unanimously.

Grasvik, Nicholas M., D.M.D. 2022-0030
Ms. Riedman moved and Dr. Kansal seconded that the Board accept Licensee's proposal. The motion passed unanimously.

Higbee, T.J., D.D.S.; 2006-0086, 2012-0073
Dr. Kalluri moved and Dr.Kansal seconded the Board offer Licensee a Consent Order incorporating a reprimand, restrict Licensee from applying for a DEA certification until further Order of the Board, restricted to only practice in a group setting until further Order of the Board, Successfully pass a Board approved Clinical Competency Exam prior to returning to practice, Enroll in a Board approved alcohol monitoring service for a period of 24 months and agree to refrain from practicing dentistry if a positive substance abuse test is confirmed. The motion passed unanimously.

Haymore, Thomas L.; 2021-0109, 2021-0176
Dr. Kalluri moved and Dr. Kansal seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a

civil penalty of $10,000 to be paid within 60 days, a 60 day suspension from practice of dentistry starting on the effective date of the order, unconditionally pass the PROBE: Ethics and Boundaries Program within 12 months, licensee is responsible for cost of the program and must report the results to the Board within ten days of completion. Licensee will be restricted from practicing dentistry on any current or former coworkers until further order of the Board. The motion passed unanimously.

AAID Lawsuit
Mr. Dunn moved and Ms. Riedman seconded that the Board approve the proposed settlement for the suit from the AAID against the OBD and the OBD Executive Director sign it on behalf of the Board. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for reconsideration of Nonresident Permit - Farah Divanbeigi
Ms. Riedman moved and Mr. Dunn seconded that the Board approve the unrestricted non-resident permit for Dr. Farah Divanbeigi for the OAGD Comprehensive Training in Parenteral Moderate Sedation Course. The motion passed unanimously.

Request for reinstatement of an expired license – Jenny Lee-Walle, D.D.S.
Ms. Riedman moved and Dr. Kansal seconded that the Board approve the reinstatement license for Dr. Lee-Walle, D.D.S. The motion passed unanimously.

Request for temporary non-resident permit – Jason H. Goodchild, D.M.D.
Ms. Riedman moved and Dr. Sharifi seconded that the Board ratify the issuance of temporary non-resident permit for Dr. Jason Goodchild, D.M.D. The motion passed unanimously.

Request for temporary non-resident permit – Scott Dickinson, D.M.D.
Ms. Riedman moved and Dr. Kansal seconded that the Board ratify the issuance of temporary non-resident permit for Dr. Scott Dickinson, D.M.D. The motion passed unanimously.

RATIFICATION OF LICENSES

Dr. Sharifi moved and Dr. Kansal seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 3:09 p.m. Dr. Javier stated that the next Board Meeting would take place on August 19, 2022.

_____
Jose Javier, D.D.S.
President

DRAFT

ASSOCIATION REPORTS

COMMITTEE REPORTS

Oregon Board of Dentistry Committee and Liaison Assignments

May 2022 - April 2023

STANDING COMMITTEES

Dental Therapy Rules Oversight

Purpose: To draft, refine and update dental therapy rules.

Committee:

Sheena Kansal, D.D.S., Chair
Alicia Riedman, R.D.H., E.P.P.
Jennifer Brixey
Sarah Kowalski, R.D.H.,- OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODAA Rep.
Jason Mecum, DT Rep.
Kari Kuntzelman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jose Javier, D.D.S., Chair
Michelle Aldrich, D.M.D.
Jennifer Brixey
Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA Rep.
Kari Kuntzelman, DT Rep.

Subcommittees:

- Newsletter – Alicia Riedman, R.D.H., E.P.P., Editor

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Alicia Riedman, R.D.H., E.P.P., Chair
Terrence Clark, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey
David J. Dowsett, D.M.D., ODA Rep.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.
Mark Kobylinsky, R.D.H., E.P.P., DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Reza Sharifi, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.,
Terrence Clark, D.M.D.
Chip Dunn
Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Kristen Thomas, R.D.H., E.P.P., DT Rep.

Subcommittees:

Evaluators

- Reza Sharifi, D.M.D., Senior Evaluator
- Aarati Kalluri, D.D.S., Evaluator

Licensing, Standards and Competency

Purpose: To improve licensing programs and assure competency of licensees and applicants

Committee:

Jose Javier, D.D.S., Chair
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H., E.P.P.
Jennifer Brixey
Daren L. Goin, D.M.D., ODA Rep.
Susan Kramer, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODAA Rep.
Yadira Martinez, R.D.H., E.P.P., DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Chip Dunn, Chair
Michelle Aldrich, D.M.D.
Alicia Riedman, R.D.H., E.P.P.
Sheena Kansal, D.D.S.
Philip Marucha, D.D.S., ODA Rep.
Laura Vanderwerf, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Sandra Galloway, D.M.D., DT Rep.

Anesthesia

Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.

Committee:

Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D., M.C.R.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.M.D.
Ryan Allred, D.M.D.
Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S.

LIAISONS

American Assoc. of Dental Administrators (AADA) — Stephen Prisby, Executive Director
American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Jose Javier, D.D.S.
- Hygiene Liaison – Alicia Riedman, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Aarati Kalluri, D.D.S.
- Dental Exam Committee – Aarati Kalluri, D.D.S.

Oregon Dental Association – Jose Javier, D.D.S.
Oregon Dental Hygienists' Association – Alicia Riedman, R.D.H., E.P.P.
Oregon Dental Assistants Association – Sharity Ludwig, R.D.H., E.P.P.
Western Regional Exam Board (WREB)

- Dental Exam Review Committee - Aarati Kalluri, D.D.S.
- Dental Hygiene Exam Review Committee - Alicia Riedman, R.D.H., E.P.P.

Administrative Workgroup
Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director. Also to work on and make strategic planning recommendations to the Board.

Committee:

- Jose Javier, D.D.S., Chair
- Alicia Riedman, R.D.H., E.P.P.
- Chip Dunn

Subcommittee:
Budget/Legislative – *(President, Vice President, Immediate Past President)*

- Jose Javier, D.D.S. – President
- Chip Dunn – Vice President
- Alicia Riedman, R.D.H., E.P.P. – Past President

Dental Therapy Rules Oversight Committee OHA Rep

WS Wilcox Cate S <Cate.S.WILCOX@dhsoha.state.or.us>
Thu 6/23/2022 11:21 AM
To: PRISBY Stephen * OBD
Cc: Kowalski Sarah E; UMPHLETT Amy M

Hello, Stephen! I hope this finds you well! With Kaz Rafia's departure, we would like to ask that Sarah Kowalski be the interim OHA representative on the Dental Therapy Rules Oversight Committee until such time as OHA has hired a State Dental Director. Please let me know if there is anything we need to do to support this or if you have questions. Thank you, Cate

Cate Wilcox, MPH *(she/her)*
Maternal and Child Health Manager, Title V Director
Public Health Division
Mobile: 971-207-1689
cate.s.wilcox@state.or.us

FOR IMMEDIATE RELEASE

CDCA-WREB, CITA Announce Combination

(July 18, 2022) Dental health professionals seeking initial state licensure and the far-reaching licensure portability of ADEX examinations can now look to one national testing agency for their needs. CDCA-WREB and The Council of Interstate Testing Agencies (CITA), the two agencies currently authorized to administer assessments developed by the American Board of Dental Examiners (ADEX), announce their intent to combine on August 1, 2022. The new organization will operate as CDCA-WREB-CITA.

A CDCA-WREB-CITA combination simplifies the pathways for dental and dental hygiene licensure candidates, schools, and state licensure boards. CDCA-WREB-CITA will continue to provide licensing jurisdictions a robust results database for all current ADEX and legacy examinations while adding new and simplified features.

CDCA-WREB-CITA is proud to administer the ADEX examinations. ADEX examinations are accepted in 49 states, the District of Columbia, Puerto Rico, and Jamaica. Similar to the NCLEX™ examinations in nursing and the USMLE™ assessments for physicians, ADEX's examinations protect the dental public. ADEX develops uniform competency assessments that reflect current dental and dental hygiene practices. In doing so, ADEX relies on the expertise of its membership, which consists of representatives from most of the state dental boards in the U.S.

CDCA-WREB Chairman Dr. Harvey Weingarten said, "Members of the Boards of both organizations enthusiastically and unanimously support this combination, which further strengthens the framework of a nationally recognized and administered psychomotor performance licensure examination for the oral health professions."

In January, the CDCA-WREB General Assembly voted unanimously to combine with the CITA organization. Dr. Conrad McVea, CITA President, addressed members of the General Assembly, saying, "it is now time to… pick up a new banner, based on trust, and common purpose, a combined purpose of protecting the public. I am proud to be part of this historic day."

"Our combined organization further elevates the end-to-end services for schools, students, licensing jurisdictions and examiners as we can meet their needs efficiently within one infrastructure," explained Alex Vandiver, CDCA-WREB Chief Executive Officer. Already co-administrators of ADEX examinations, CDCA-WREB and CITA share a history of working together in the development of ADEX examiner training and administration quality benchmarks.

"We are grateful to all our examiners who prepare themselves to deliver examinations in a fair, standardized, and professional manner. This year brings exciting opportunities for continued cooperation and collaboration among examiners and colleagues from across the country," CDCA-WREB Director of Examinations Dr. Benjamin Wall added.

The news comes nearly a year after The Commission on Dental Competency Assessments (CDCA) and The Western Regional Examining Board (WREB) merged to form the largest independent, third-party assessment organization. The existing board of CDCA-WREB and CITA's executive committee will come together to provide governance oversight to the combined entity. "We look forward to working with our new colleagues in service of our shared mission and the oral health professions," said Dr. Rob Lauf, CDCA-WREB Board member, and former WREB President.

In addition to the ADEX licensure examinations for dentists and dental hygienists, CDCA-WREB-CITA will offer proprietary assessments that demonstrate entry-level competency in Dental Therapy and other expanded function oral health services. The organization will also provide Local Anesthesia, Sedation, Restorative and jurisdiction-specific Laws and Rules examinations. Information regarding all available examinations can be found by clicking here.

For questions, contact Alex Vandiver at avandiver@cdcawreb.org or Amy Matthews at amatthews@citaexam.com.

From: Patricia Parker <pdontia@aol.com>
Sent: Saturday, July 23, 2022 4:56 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: mason_jill@yahoo.com <mason_jill@yahoo.com>
Subject: CDCA-WREB Steering Committee Meeting

Stephen,

The Steering Committee met via Zoom on July 21, 2022. Attending for Oregon were Patricia Parker and Jill Mason former Oregon Dental Board members and current examiners for CDCA-WREB. Attached are documents relating to the meeting.

The major agenda item was concerning the merger of CDCA-WREB and the upcoming additional merger with CITA. The new organization will be CDCA-WREB-CITA. Bylaws will need to be updated. The exams will transition from three separate versions of the ADEX dental board exams to one single version over the next year or two.

Dr. Wall gave an exam overview and discussed expected changes for 2023. Only minor changes (box distance and unsupported enamel) to criterea but nothing significant.

Candidate performance on the simulated exam has been basically equivalent to live patient based exams.

The CDCA -WREB state board liaison is Kimber Cobb for any questions the board has about the exams.

The current status of the simulated patient exam acceptance is excellent with overwhelming acceptance by most states. Some states were date limited because they were approved due to COVID but many of those states are changing to accepting these non-patient based exams long term. There are only a few states that still require patient based exams and the trend seems to be going towards 100% simulated exams.

Votes to accept the new Consultant Dental Hygienists and Consultant Dentists were unanimous in favor of accepting all included on the attached lists.

Respectfully submitted,

Patricia Parker, DMD
Steering Committee Alternate for OBD

1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090
TEL: 301-563-3300 | FAX: 301-563-3307

23460 N. 19TH AVENUE, SUITE 210 | PHOENIX, AZ 85027
TEL: 623-209-5400 | FAX: 602-371-8131

PRELIMINARY AGENDA

Steering Committee
Virtual Meeting, 7:30 pm ET via Zoom

7:30 - 7:35 pm	**Welcome** (Dr. Mark Armstrong, Chair, Steering Committee; Vice-Chair, Board of Directors)
7:35 - 7:45 pm	**Roll Call & Attendance by Login**
7:45 pm	**Approval of Minutes – December 7, 2021 Meeting Minutes**
7:45 - 7:50 pm	**Steering Committee Member Responsibilities** (Mr. David Hankey, CDCA-WREB Counsel)
7:50 - 8:10 pm	**CDCA-WREB Merger: Where Are We Now?** Dr. Rudy Ramos, At-Large Member, Board of Directors; Dr. Mark Armstrong
8:10 - 8:40 pm	**CDCA-WREB-CITA Merger: The Big Picture** (Dr. Harvey Weingarten, Chairman of the Board, Mr. Alexander Vandiver, CEO; Special Guest Dr. Conrad "Chip" McVea, CITA President)
8:40 - 9:00 pm	**Examination Overview and Candidate Performance for 2022** (Dr. Benjamin Wall, Director of Examinations, Ms. Kimber Cobb, RDH, Director of Dental Hygiene Examinations, and Dr. Sharon Osborn-Popp, CDCA-WREB Psychometrician)
9:00 - 9:15 pm	**Expected Changes for 2023** (Dr. Benjamin Wall)
9:15 - 9:20 pm	**Consideration to Renew Consultant Examiners** (Dr. Benjamin Wall & Dr. Mark Armstrong)
9:20 - 9:30 pm	**New/Old Business**
9:30	**Adjournment**

CDCA-WREB STEERING COMMITTEE

Annual Meeting Session, December 7, 2021
Virtual Meeting

Call to Order

The meeting of the Steering Committee of the CDCA-WREB was called to order by the Vice-Chairman, Dr. Mark Armstrong on Wednesday, December 7 at 7:30 pm.

Roll Call

Attendance by login with jurisdictions present was acknowledged by the Steering Committee Chair, Dr. Mark Armstrong.

Greetings

Dr. Armstrong extended warm wishes to all attendees and guests.

Motion

It was moved Î that the Minutes of the July 22, 2021, Virtual Steering Committee meeting be approved." *Carried*

Steering Committee Responsibilities

Mr. David Hankey, Counsel, reviewed the purpose and responsibilities of the Steering Committee Membership.

Consultant Application Consideration/Approval

Dr. Ben Wall, Director of Examinations, explained to the Steering Committee the framework used for determining the individual presented for approval as a consultant examiner to the CDCA/WREB. The meeting platform was opened for questions from membership. A vote was taken, and approval was granted.

Non-Patient vs Patient Exam Statistics

Dr. Ben Wall demonstrated the statistics shared with state boards following completion of exams delivered by CDCA (CDCA-WREB). Maps were displayed showing current and long-term acceptance of the manikin-based exams for dental and dental hygiene, as well as states that have legislation pending. A mode effect study has been recently completed. Dr. Wall stated this information would be shared with state boards upon review.

Dr. Wall updated members on the status of the consultant application process available on the website. The link has been removed for the

DRAFT

coming exam year. We are not seeking new examiners for 2022. We will likely reopen the link in 2023.

CDCA-WREB & CITA

Furthering our Mission - Presentation

Dr. Armstrong provided a brief overview of the CDCA/WREB merger and the structure of the interim board through January 2024
Dr. Armstrong then stated CITA (Council of Interstate Testing Agency) approached the CDCA-WREB in late 2021. It was the opinion of the full board that CITA, which presently administers the ADEX exam, having worked together for several years on shared quality standards related to ADEX administration standards, be approved for combining with CDCA-WREB.

A Letter of Understanding was signed with CITA on November 26, 2021, to set forth the process of combining the two organizations.

Impacts to the existing transition period through January 2024 were demonstrated and discussed.

The General Assembly will be asked to approve the terms of the Combination at the Annual Meeting.

The CDCA-WREB Constitution and Bylaws Committee and the Board support revisions to the CDCA Bylaws to accomplish the combination.

The platform was then open for asking questions of the board members and staff noted below:
Dr. Harvey Weingarten; Dr. Mark Armstrong; Ms. Mary Johnston, RDH; Mr. Alex Vandiver, CDCA CEO

Adjournment

No further business was presented to the Steering Committee for consideration so the MOTION to adjourn was accepted at 9:09 pm. *Carried*

Approved

_____

Mary F Johnston, RDH
Secretary

Date Approved

DRAFT

CDCA WREB CITA

One agency. One mission. One national exam.

August 2, 2022

Dear Members,

As of yesterday, August 1, 2022, we are all officially part of a new organization named CDCA-WREB-CITA. This is a historic occasion for the profession we represent and serve. CDCA-WREB and CITA announced the intent to merge to the broader community two weeks ago in a message well-received by many. We invite you to read the press release shared with State Boards of Dentistry and other key stakeholders as posted on our website.

We will soon launch additional tools and an enhanced website, bringing together our service efforts with licensure jurisdictions, schools, candidates and examiners (see newsletter for more). Please look for related announcements regarding the availability of these resources as they come online.

Thanks to everyone for your efforts to deliver the most reliable examinations in the industry and your continued dedication. Building on the excellence of our collective experience, it is exciting to now be one agency, with one mission, offering one national exam!

Best,

Harvey Weingarten, DDS
Chair, Board of Directors

Alex Vandiver, MBA
Chief Executive Officer

Sent: Wednesday, July 27, 2022 5:52 PM
To: Stephanie Beeler <sbeeler@cdcawreb.org>
Cc: Benjamin Wall <bwall@cdcawreb.org>; Kimber Cobb <kcobb@cdcawreb.org>
Subject: ADEX Examination Statistical Report

Dear Executive Directors of State Dental Boards,

CDCA-WREB analyzes candidate performance of ADEX examinations regularly during the examination cycle and annually. Evaluation of results from the 2022 exam season to date reveals consistency in candidate performance regardless of testing modality. We invite you to review the attached report noting these key points of interest:

ADEX Dental Candidates:

- More than 90% of candidates challenged simulated patient formats for Periodontal and Restorative examinations in 2022.
- Restorative candidates testing with CompeDont™ simulated teeth are more likely to submit modification requests, demonstrating the application of clinical judgment skills compared to candidates treating patients' lesions.
- When comparing CompeDont™ and patient-based cohorts, there is no significant difference in most common errors leading to failure.

ADEX Dental Hygiene Candidates:

- More than 95% of candidates utilized SimProDH™ technology to demonstrate competency in 2022.
- When compared to a patient-based cohort, there is no significant difference between pass rates.
- Detailed exam section statistics reveal consistent and comparable performance year over year.

Please feel free to contact us with any questions as you review this presentation.

Sincerely,

Benjamin E. Wall, DDS
CDCA-WREB Director of Examinations
443-270-3076
bwall@cdcawreb.org
Contact CDCA-WREB

Examination Overview and Candidate Performance, 2022

Dr. Benjamin Wall, Director of Examinations
Ms. Kimber Cobb, RDH, Director of Dental Hygiene Examinations
Dr. Sharon Osborn Popp, CDCA-WREB Psychometrician

Dental
Class of 2022

Dental
Class of 2022

Prosthodontics

CDCA WREB

# Candidates	Initial Attempt Passing Percentage
5,839	89.3%

Most Common Errors Contributing to Failure		
Cast Metal Crown	PFM Crown	Ceramic Crown
Occlusal Reduction (under)	Occlusal Reduction (under)	Axial/Lingual Tissue Reduction (overprep)
Occlusal Reduction (over)	Axial Tissue Removal (over)	Condition of Adjacent Teeth
Axial Tissue Removal (over)	Taper	Axial/Lingual Tissue Reduction (underprep)

Occlusal and Axial Reduction - most common errors

Endodontics

# Candidates	Initial Attempt Passing Percentage
5,650	86.8%

Most Common Errors Contributing to Failure	
Anterior	Posterior
Size (marginal ridges)	Size
Overfill/Underfill	Size (mesial extent)
Size (from incisal)	Size (distal extent)
Size (pulp horn removal)	Any part of the tooth is perforated

Access Size (too large or small) - most common errors

Dental
Class of 2022

Periodontal

92% Simulated Patient

CDCA WREB

Exam Format	# Candidates	Initial Attempt Passing Percentage	
Simulated Patient	4,204	99.5%	99.5%
Patient	364	99.2%	

Most Common Errors Contributing to Failure
Tissue Management
Calculus Removal

Consistency across formats

Dental
Class of 2022

Anterior Restorative

92% CompeDont™

Exam Format	# Candidates	Initial Attempt Passing Percentage	
CompeDont™	4,369	93.5%	93.8%
Patient	400	98.3%	

Most Common Errors Contributing to Failure	
PREPARATION	RESTORATION
Caries	Interproximal Contact (open/irregular)
Adjacent Tooth Damage	Margin Excess
Outline Extension	Margin Deficiency

CompeDont™ designed to evaluate clinical skills and judgement similar to a patient but with standardized lesions of moderate size and complexity

Dental
Class of 2022

Posterior Restorative

92% CompeDont™

CDCA WREB

Exam Format	# Candidates	Initial Attempt Passing Percentage	
CompeDont™	4,363	89.3%	89.7%
Patient	408	94.4%	

Most Common Errors Contributing to Failure	
PREPARATION	RESTORATION
Caries	Interproximal Contact (open/irregular)
Adjacent Tooth Damage	Margin Excess
Outline Extension	Margin Deficiency

CompeDont™ designed to evaluate clinical skills and judgement similar to a patient but with standardized lesions of moderate size and complexity

Dental
Class of 2022

Diagnostic Skills Examination
(DSE OSCE)
5,001 Candidates

Number of Test items	146
Maximum Possible Points	100
High Score	99
Low Score	53
Average Score	89.50
Passing Percentage	99.4%

Case-based clinical scenarios presented to evaluate patient management, clinical judgement and decision-making

Dental Periodontal and Restorative Exams Patient and Simulated Patient Examination Formats

Comparing Candidate Performance

Periodontal

Periodontal:
2019 Patient and 2021 Simulated Patient Pass/Fail Outcome
No Significant Difference

	# Exam Attempts	Passing Percentage
Periodontal 2019 (Patient-based)	3,629	99.06%
Periodontal 2021 (Manikin-based)	4,692	98.83%

Chi-square: χ^2 (N=8,321; df=1; α=0.05) = 1.07; p_{Exact} = 0.33; V = 0.01

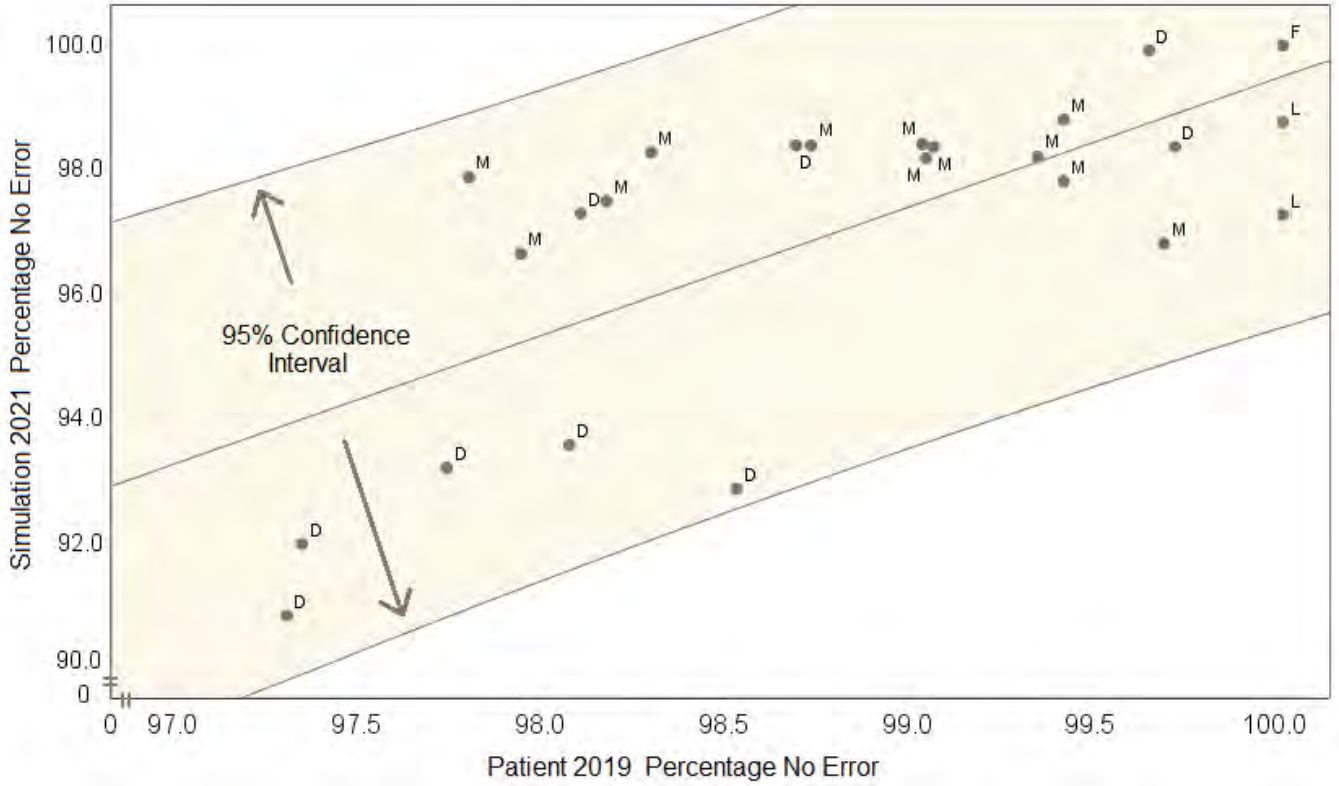
Consistency across formats

Periodontal:
2019 Patient and 2021 Simulated Patient Final Examination Score

	# Candidate Attempts	Average Score (*SD*)
Periodontal 2019 (Patient-based)	3,629	98.12 (*5.44*)
Periodontal 2021 (Manikin-based)	4,692	98.46 (*9.07*)

Consistency across formats

Dental: Periodontal
Calculus Removal Surfaces:
Percentage No Error
Degree of Difficulty is Highly Similar at Surface Level



Correlation
$r = 0.704$

Facial and Lingual surfaces less challenging; Distal surfaces more challenging

Detailed data analysis reveals high fidelity and correlation when comparing formats

24 Surfaces; Correlation: r (df=22) = 0.704, $p < 0.001$; Linear regression ; $r^2 = 0.796$, $F(1,22) = 21.63$ $p < 0.001$

Restorative

Passing Percentages 2019 to 2022
Year To Date (July 1)
Initial Attempts by Current Graduates

CDCA WREB

ANTERIOR

Year	% Patient	Candidates	Pass %
2019	*100%*	3,465	94.9%
2020	*30%*	3,686	94.4%
2021	*5%*	4,775	93.2%
2022 YTD	*8%*	4,770	93.8%

POSTERIOR

Year	% Patient	Candidates	Pass %
2019	*100%*	3,444	94.5%
2020	*30%*	3,687	94.1%
2021	*5%*	4,784	89.5%
2022 YTD	*8%*	4,771	89.7%

Significant shift from 100% Patient-based to predominantly CompeDont™

Anterior Restorative
Most Common Errors: PREPARATION

2019 *N* = 3,920 100% Patient	2021 *N* = 5,620 95% CompeDont™	2022 YTD *N* = 4,985 92% CompeDont™
Caries	Caries	Caries
Outline Extension	Outline Extension	Adjacent Tooth Damage
Unrecognized Exposure	Adjacent Tooth Damage	Outline Extension
Adjacent Tooth Damage	Wrong Tooth/Surface Treated	Axial Walls
Axial Walls	Axial Walls	Wrong Tooth/Surface Treated

Consistency across formats and from year to year

Anterior Restorative
Most Common Errors: RESTORATION

2019 *N* = 3,920 100% Patient	2021 *N* = 5,620 95% CompeDont™	2022 YTD *N* = 4,985 92% CompeDont™
Interproximal Contact (open/irregular)	Interproximal Contact (open/irregular)	Interproximal Contact (open/irregular)
Margin Excess	Margin Excess	Margin Excess
Margin Deficiency	Margin Deficiency	Margin Deficiency
Restoration is debonded and/or movable…	Adjacent Tooth Damage	Adjacent Tooth Damage
Adjacent Tooth Damage	Soft Tissue Damage	Soft Tissue Damage

Consistency across formats and from year to year

Posterior Restorative
Most Common Errors: PREPARATION

2019 N = 3,920 100% Patient	2021 N = 5,620 95% CompeDont™	2022 YTD N = 4,985 92% CompeDont™
Caries	Caries	Caries
Adjacent Tooth Damage	Adjacent Tooth Damage	Axial Walls
Gingival Contact	Unrecognized Exposure	Adjacent Tooth Damage
Wrong Tooth/Surface Treated	Gingival Contact	Gingival Contact
Outline Shape/ Continuity/Extension	Pulpal Floor	Pulpal Floor

Consistency across formats and from year to year

Posterior Restorative
Most Common Errors: RESTORATION

2019 N = 3,920 100% Patient	2021 N = 5,620 95% CompeDont™	2022 YTD N = 4,985 92% CompeDont™
Interproximal Contact (open/irregular)	Interproximal Contact (open/irregular)	Interproximal Contact (open/irregular)
Margin Excess	Margin Deficiency	Margin Excess
Margin Deficiency	Margin Excess	Margin Deficiency
Restoration is debonded and/or movable…	Adjacent Tooth Damage	Soft Tissue Damage
Soft Tissue Damage	Soft Tissue Damage	Adjacent Tooth Damage

Consistency across formats and from year to year

Percentage of Candidate Attempts with One or More Modification Requests

ANTERIOR

Year	One or More Modification Requests		
	ALL	Patient	CompeDont™
2021	74.6%	46.2%	76.3%
2022 YTD	60.0%	33.9%	62.2%

POSTERIOR

Year	One or More Modification Requests		
	ALL	Patient	CompeDont™
2021	85.5%	33.0%	88.6%
2022 YTD	68.8%	20.0%	73.1%

CompeDont™ developed to require demonstration of clinical skills and judgement through treatment of standardized lesions of moderate size and complexity

Dental Hygiene
Class of 2022

Dental
Class of 2022

Computer Simulated Clinical Examination
(CSCE OSCE)
2,855 Candidates

Number of Test items	96
Maximum Possible Points	100
High Score	99
Low Score	57
Average Score	88.43
Passing Percentage	98.5%

Case-based clinical scenarios presented to evaluate patient management, clinical judgement and decision-making

Dental Hygiene Class of 2022

97% Simulated Patient

Exam Format	# Candidates	Initial Attempt Passing Percentage	
STCE (Sim)	2,858	87.3%	87.3%
PTCE (Patient)	95	85.3%	

Most Common Errors Contributing to Failure
Calculus Removal
Final Case Presentation
Calculus Detection

Dramatic Shift from 100% Patient-based to nearly 100% Simulated Patient

Dental Hygiene
Patient and Simulated Patient Examination Formats

Comparing Candidate Performance

Dental Hygiene:
2019 Patient and 2021 Simulated Patient Pass/Fail Outcome
No Significant Difference

	# Exam Attempts	Passing Percentage
PTCE 2019 (Patient-based)	4,055	3,678 (90.70%)
STCE 2021 (Simulated Patient utilizing the SimProDH™)	4,301	3,937 (91.54%)

Chi-square: χ^2 (N=8,356; df=1; α=0.05) = 1.80; p_{Exact} = 0.19; V = 0.02

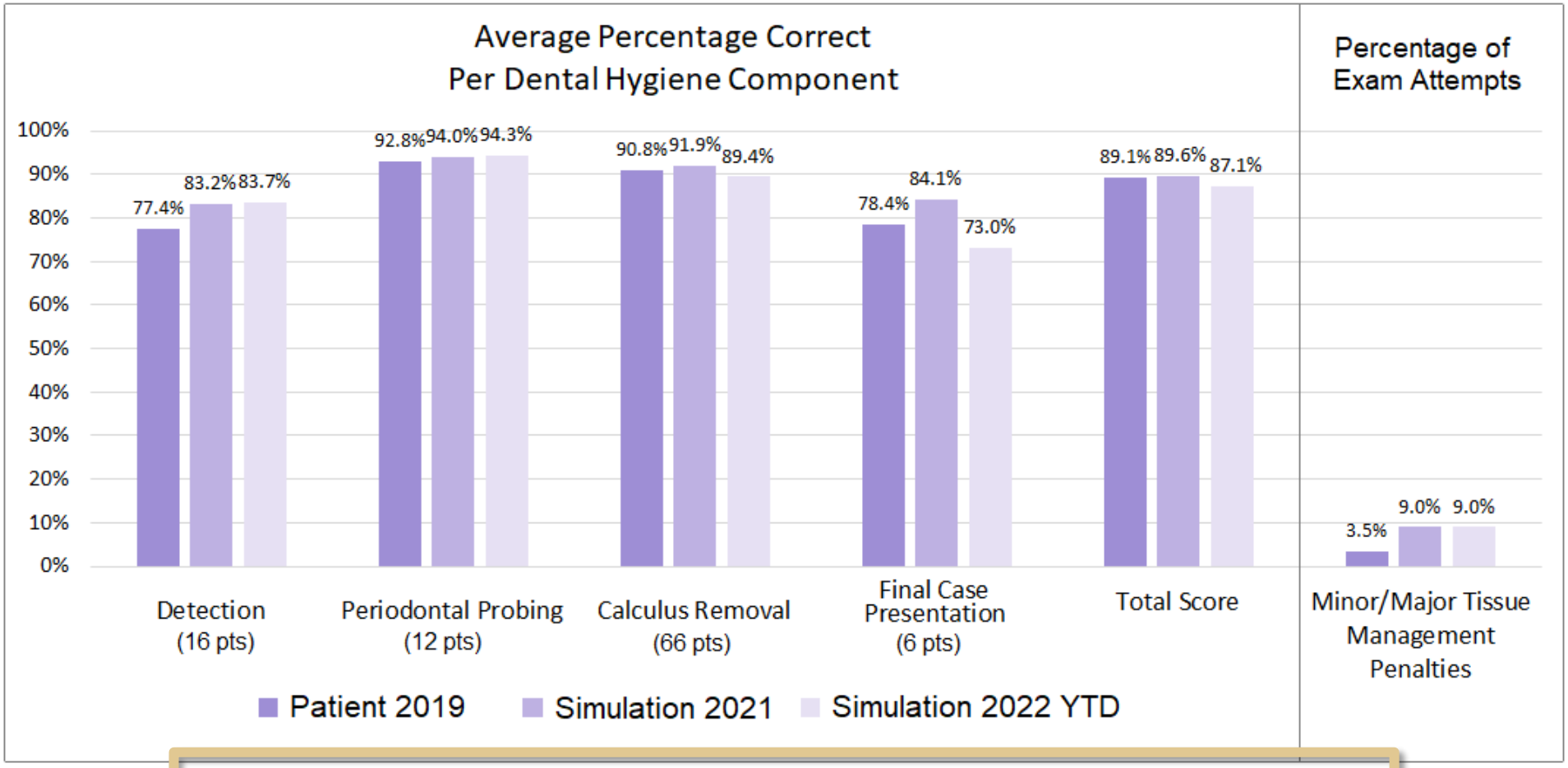
Consistency across formats

Dental Hygiene: 2019 Patient and 2021 Simulated Patient Final Examination Score

	# Candidate Attempts	Average Score (*SD*)
PTCE 2019	4,055	89.14 (*11.02*)
STCE 2021 (Simulated Patient utilizing the SimProDH™)	4,301	89.57 (*11.87*)

Consistency Across Formats

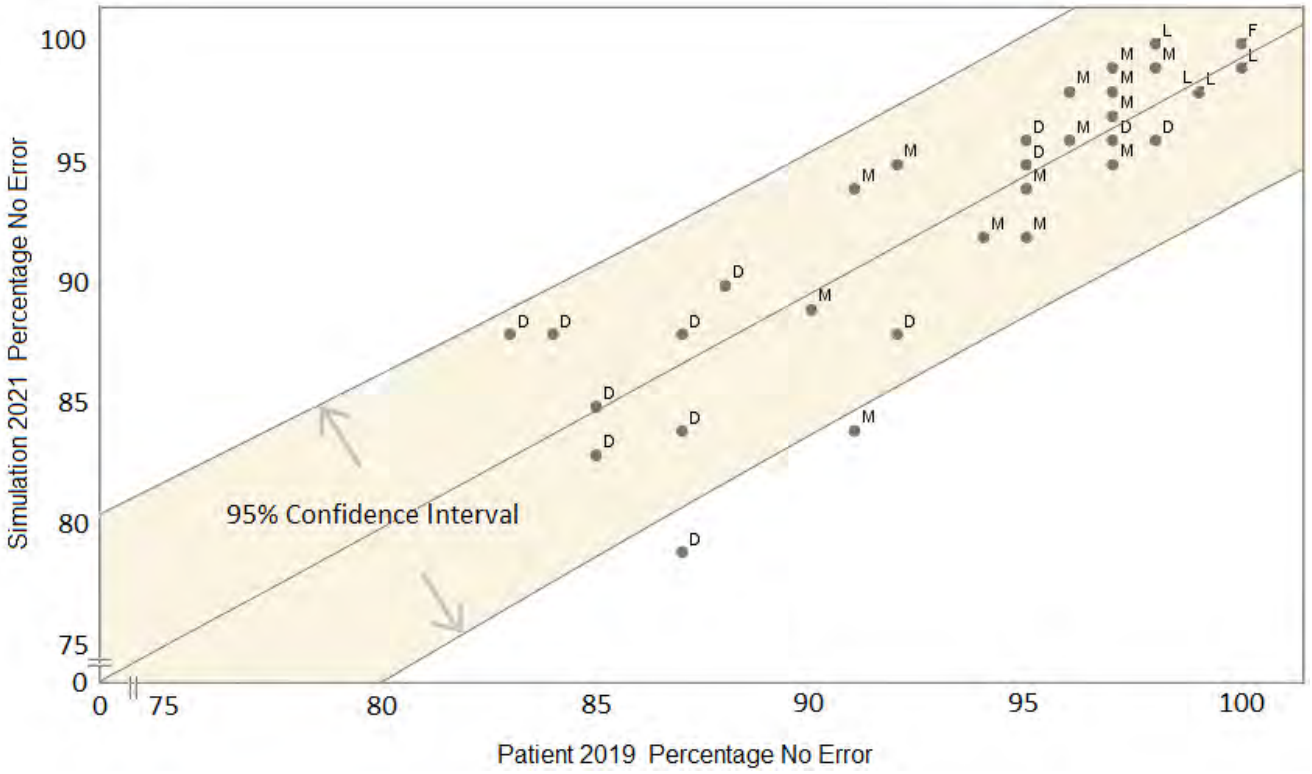
Dental Hygiene Component Score Comparison



Detailed data analysis reveals consistency across formats & exam sections over time

Dental Hygiene 2019: 100% Patient; 2021: 92% Simulation; 2022 YTD: 97% Simulation

Dental Hygiene
2019 Patient and 2021 Simulated Patient Calculus Removal Surfaces: Percentage No Error Degree of Difficulty is Highly Similar at Surface Level



Correlation
$r = 0.876$

Two Surfaces (20D & 18M) are slightly more difficult than expected on the Simulated Exam

Facial and Lingual surfaces less challenging; Distal surfaces more challenging

Detailed data analysis reveals high fidelity and correlation when comparing formats, even to the per surface level

33 Surfaces; Correlation: r (df=31) = 0.876, $p < 0.001$; Linear regression ; $r^2 = 0.767$, $F(1,31) = 102.32$ $p < 0.001$

Questions?

Contact

Kimber Cobb, RDH
Director, National Licensure Acceptance and Portability
& Dental Hygiene Exams
kcobb@cdcawreb.org

Dr. Benjamin Wall
Director of Examinations
bwall@cdcawreb.org

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
August 19, 2022

Board Member & Staff Updates

Dr. Angela Smorra has transitioned into the Dental Director/Chief Investigator role on July 1st, taking the baton over from Dr. Winthrop "Bernie" Carter. Dr. Carter will remain with the OBD as a Dental Investigator. These dental investigator positions require unique skills and specialized in-depth knowledge of Board of Dentistry licensing laws, rules, regulations, and procedures. Their commitment and willingness to continue to support the OBD is noteworthy and on behalf of the Board, I thank them both.

Staff have been catching up on long delayed and well-earned vacations and life obligations. The workload has ramped up over the last three months with new license applications and complaints noticeably higher than a year ago. The patience, understanding and support has been appreciated from those interacting with the OBD.

OBD Budget Status Report

Attached is the budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through June 30, 2022, shows revenue of $1,851,218.82 and expenditures of $1,686,266.30. The consolidated FY has not been reconciled yet. I welcome questions from Board Members if you need additional information. **Attachment #1**

OBD 2023-2025 Agency Request Budget

I submitted the OBD's 2023-2025 Budget materials to the DAS-CFO Office on July 29 per budget development instructions. This proposed budget is another step in the process before the Governor consolidates all agencies into the Governor's Budget. The Legislature finalizes and approves all agency spending for the upcoming 2023-25 biennium during the 2023 Legislative Session. **Attachment #2**

Customer Service Survey

Attached are the legislatively mandated survey results for FY 2022, which is July 1, 2021 – June 30, 2022. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.
Attachment #3

Dental Hygiene License Renewal

The dental hygiene license renewal period started on June 23, 2022 and it is progressing well. A reminder that audits of Continuing Education are planned to be conducted after the renewal period closes, as it did for the dentists who renewed earlier in the year.

OBD FY 2021 Accounts Receivable Honor Roll

The OBD once again has earned the state's CFO A/R Honor Roll Certificate for FY 2021 due to the hard work of Office Manager, Haley Robinson and our support from the OMB. **Attachment #4**

Agency Head Financial Transactions Report July 1, 2021 – June 30, 2022
Board Policy requires that at least annually the entire Board review agency head financial transactions and that acceptance of the report be recorded in the minutes. I request that the Board review and if there are no objections, approve this report, which follows the close of the recent fiscal year. I am happy to answer any questions regarding this report. **Attachment #5 ACTION REQUESTED**

TriMet Contract 2022 -2023
I am asking the Board to ratify my entering into a contract with TriMet, which will allow the OBD to provide transportation passes for employees that are eligible to receive such passes for transportation to and from work. **Attachment #6 ACTION REQUESTED**

Board Best Practices Self-Assessment & Score Card
As a part of the legislatively approved Performance Measures, the Board needs to complete the attached Best Practices Self-Assessment Score Card so that it can be included as a part of the FY 2022 annual progress report. I will provide the report at the October Board Meeting. **Attachment #7 ACTION REQUESTED**

OBD Bylaws
The Mission statement was updated in the bylaws at the June Board Meeting to align it with the change made in the OBD's 2022-2025 Strategic Plan. **Attachment #8**

OBD Board Meeting Dates 2022 - 2023
The Board approved these meeting dates at the last board meeting. **Attachment #9**

DANB Forum Meeting
The Dental Assistant Stakeholder Forum on the Future Workforce (held 7/14) was a productive day of learning, dialogue, and creativity with leaders from throughout the oral health and healthcare fields. DANB was to provide a summary report containing highlights, insights, and findings from our work together. It was not yet available when this report was compiled.

September Legislative Days – House Health Care Committee
I was requested to attend and participate at an upcoming committee meeting. A Board member was also asked to attend as well. **Attachment #10**

AADA & AADB Annual Meetings
The annual meetings will be in Asheville, NC between Oct 6 - 9, 2022. The preliminary agendas are attached for your review. **Attachment #11**

Newsletter
The latest newsletter is attached and available on our website. Thank you to all that contributed and especially to our graphic artists, Haley Robinson and Samantha Plumlee, who assembled the newsletter. **Attachment #12**

Agency 834

			Appn Year	2023		
				Monthly Activity	Biennium to Date	Budget
Fund	Budget Obj	Budget Obj Title				
3400	1000	REVENUES		82,022.57	1,851,218.82	3,452,000.00
	2500	TRANSFER OUT		0.00	93,424.00	226,800.00
	3000	PERSONAL SERVICES		97,519.65	1,058,484.10	2,187,917.00
	4000	SERVICES AND SUPPLIES		40,820.20	627,782.20	1,671,337.00
3400 Total				**220,362.42**	**3,630,909.12**	**7,538,054.00**
Grand Total				**220,362.42**	**3,630,909.12**	**7,538,054.00**

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	12
Rpt Fiscal Mm Name	JUNE 2022
Load Date GI	7/15/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	78,465.00	1,549,480.50	3,100,001.00
				0210	OTHER NONBUSINESS LICENSES AND FEES	1,940.00	9,490.00	10,000.00
				0410	CHARGES FOR SERVICES	255.50	12,803.50	18,000.00
				0505	FINES AND FORFEITS	0.00	266,326.70	250,000.00
				0605	INTEREST AND INVESTMENTS	1,142.07	9,117.25	60,000.00
				0975	OTHER REVENUE	220.00	4,000.87	13,999.00
			REVENUES Total			**82,022.57**	**1,851,218.82**	**3,452,000.00**
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	93,424.00	226,800.00
			TRANSFER OUT Total			**0.00**	**93,424.00**	**226,800.00**
		3000	PERSONAL SERVICES	3110	CLASS/UNCLASS SALARY & PER DIEM	70,414.60	720,577.73	1,397,859.00
				3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,400.00
				3170	OVERTIME PAYMENTS	0.00	292.89	6,400.00
				3190	ALL OTHER DIFFERENTIAL	0.00	9,300.00	39,836.00
				3210	ERB ASSESSMENT	19.20	201.60	464.00
				3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	6,320.46	110,969.49	236,896.00
				3221	PENSION BOND CONTRIBUTION	3,795.64	35,649.30	75,620.00
				3230	SOCIAL SECURITY TAX	5,345.91	55,443.91	111,384.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	12
Rpt Fiscal Mm Name	JUNE 2022
Load Date GI	7/15/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3250	WORKERS' COMPENSATION ASSESSMENT	15.61	163.91	368.00
				3260	MASS TRANSIT	406.66	4,203.19	8,834.00
				3270	FLEXIBLE BENEFITS	11,201.57	121,682.08	305,856.00
			PERSONAL SERVICES Total			**97,519.65**	**1,058,484.10**	**2,187,917.00**
		4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	931.86	12,027.36	52,968.00
				4125	OUT-OF-STATE TRAVEL	0.00	0.00	7,888.00
				4150	EMPLOYEE TRAINING	0.00	5,690.54	56,553.00
				4175	OFFICE EXPENSES	919.31	26,062.15	95,153.00
				4200	TELECOMM/TECH SVC AND SUPPLIES	1,023.65	13,580.90	25,997.00
				4225	STATE GOVERNMENT SERVICE CHARGES	67.00	41,746.42	73,273.00
				4250	DATA PROCESSING	667.00	39,287.40	186,234.00
				4275	PUBLICITY & PUBLICATIONS	17.00	1,221.67	15,494.00
				4300	PROFESSIONAL SERVICES	8,904.60	167,938.06	270,498.00
				4315	IT PROFESSIONAL SERVICES	0.00	0.00	148,013.00
				4325	ATTORNEY GENERAL LEGAL FEES	13,215.80	145,615.85	306,725.00
				4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	735.00
				4400	DUES AND SUBSCRIPTIONS	4,030.99	8,883.88	10,874.00
				4425	LEASE PAYMENTS & TAXES	7,721.18	72,926.97	186,798.00
				4475	FACILITIES MAINTENANCE	0.00	0.00	608.00
				4575	AGENCY PROGRAM RELATED SVCS & SUPP	1,495.63	20,844.27	107,494.00
				4650	OTHER SERVICES AND SUPPLIES	1,628.19	38,229.02	95,453.00
				4700	EXPENDABLE	0.00	0.00	6,087.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	12
Rpt Fiscal Mm Name	JUNE 2022
Load Date GI	7/15/2022

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl	Monthly Activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES		PROPERTY $250-$5000			
				4715	IT EXPENDABLE PROPERTY	197.99	33,727.71	24,492.00
			SERVICES AND SUPPLIES Total			**40,820.20**	**627,782.20**	**1,671,337.00**

DAFR9210 Agency 834 - month end

OREGON BOARD OF DENTISTRY

2023-2025

AGENCY REQUEST BUDGET

Attachment #2

TABLE OF CONTENTS

TABLE OF CONTENTS

CERTIFICATION

I hereby certify that the accompanying summary and detailed statements are true and correct to the best of my knowledge and belief and that the accuracy of all numerical information has been verified.

Oregon Board of Dentistry

AGENCY NAME

1500 SW 1st Ave. Ste # 770 Portland, OR. 97201

AGENCY ADDRESS

SIGNATURE

President

TITLE

Notice: Requests of agencies headed by a board or commission must be approved by official action of those bodies and signed by the board or commission chairperson. The requests of other agencies must be approved and signed by the agency director or administrator.

X Agency Request

_____ Governor's Budget

_____ Legislatively Adopted

SB 5511 A BUDGET REPORT and MEASURE SUMMARY **Carrier:** Sen. Thomsen

Joint Committee On Ways and Means

Action Date:	05/07/21
Action:	Do pass with amendments. (Printed A-Eng.)
Senate Vote	
Yeas:	11 - Frederick, Girod, Golden, Gorsek, Hansell, Johnson, Knopp, Lieber, Steiner Hayward, Taylor, Thomsen
Exc:	1 - Anderson
House Vote	
Yeas:	11 - Bynum, Drazan, Gomberg, Leif, McLain, Nosse, Rayfield, Sanchez, Smith G, Sollman, Stark
Prepared By:	Drew Cohen, Department of Administrative Services
Reviewed By:	Haylee Morse-Miller, Legislative Fiscal Office

Board of Dentistry
2021-23

This summary has not been adopted or officially endorsed by action of the committee.

Budget Summary*

	2019-21 Legislatively Approved Budget[1]	2021 - 23 Current Service Level	2021-23 Committee Recommendation	Committee Change from 2019-21 Leg. Approved $ Change	Committee Change from 2019-21 Leg. Approved % Change
Other Funds Limited	$ 3,628,054	$ 3,711,985	$ 3,791,758	$ 163,704	4.5%
Total	$ 3,628,054	$ 3,711,985	$ 3,791,758	$ 163,704	4.5%

Position Summary

Authorized Positions	8	8	8
Full-time Equivalent (FTE) positions	8.00	8.00	8.00

[1] Includes adjustments through January 2021

* Excludes Capital Construction expenditures

Summary of Revenue Changes

Funding for the Oregon Board of Dentistry is supported through Other Funds revenues primarily generated from fees paid by licensees and applicants for licenses and permits. With the adoption of the Subcommittee recommendations, the agency's projected 2021-23 ending fund balance is the equivalent of approximately 5.5 months of operating expenditures.

Summary of Education Subcommittee Action

The Board of Dentistry is charged with the regulation of the practice of dentistry and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing standards of practice. The Board also establishes standards for the administration of anesthesia in dental offices, determines dental procedures that may be delegated to dental assistants, and establishes standards for training and certification of dental assistants.

The Subcommittee recommended a budget of $3,791,758 Other Funds. The recommended budget is a 4.5 percent increase from the 2019-21 Legislatively Approved Budget. The Subcommittee recommended the following packages:

- Package 099: Microsoft 365 Consolidation. Microsoft 365 is being consolidated within the office of the State Information Officer at the E5 level of service. This cost is built into the State Government Service Charge for every agency as a cost increase for the 2021-23 biennium. This package makes a corresponding reduction to the agency base budget in an amount equivalent to what agencies should be paying in the current 2019-21 biennium for Microsoft 365 at the E3 level of service.

- Package 100: OBD Database and Processing Project. This package seeks to implement a new database and align critical IT within the state data center.

Summary of Performance Measure Action

See attached Legislatively Adopted 2019-21 Key Performance Measures form.

DETAIL OF JOINT COMMITTEE ON WAYS AND MEANS ACTION

Oregon Board of Dentistry
Drew Cohen (971) 707-8779

DESCRIPTION	GENERAL FUND	LOTTERY FUNDS	OTHER FUNDS LIMITED	OTHER FUNDS NONLIMITED	FEDERAL FUNDS LIMITED	FEDERAL FUNDS NONLIMITED	TOTAL ALL FUNDS	POS	FTE
2019-21 Legislatively Approved Budget at Jan. 2021*	$ -	$ -	$ 3,628,054	$ -	$ -	$ -	$ 3,628,054	8	8.00
2021-23 Current Service Level (CSL)*	$ -	$ -	$ 3,711,985	$ -	$ -	$ -	$ 3,711,985	8	8.00
SUBCOMMITTEE ADJUSTMENTS (from CSL)									
SCR 83400-001 Operations									
Package 099: Microsoft 365 Consolidation									
Services and Supplies	$ -	$ -	$ (5,643)	$ -	$ -	$ -	$ (5,643)		
SCR 83400-001 Operations									
Package 100: OBD Database and Data Processing System									
Services and Supplies	$ -	$ -	$ 85,416	$ -	$ -	$ -	$ 85,416		
TOTAL ADJUSTMENTS	$ -	$ -	$ 79,773	$ -	$ -	$ -	$ 79,773	0	0.00
SUBCOMMITTEE RECOMMENDATION *	$ -	$ -	$ 3,791,758	$ -	$ -	$ -	$ 3,791,758	8	8.00
% Change from 2019-21 Leg Approved Budget	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%
% Change from 2021-23 Current Service Level	0.0%	0.0%	2.1%	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%

*Excludes Capital Construction Expenditures

Legislatively Approved 2021 - 2023 Key Performance Measures

Published: 5/5/2021 11:27:43 AM

Agency: Dentistry, Board of

Mission Statement:

To promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

Legislatively Approved KPMs	Metrics	Agency Request	Last Reported Result	Target 2022	Target 2023
1. Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.		Approved	100%	100%	100%
2. Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.		Approved	8	7.50	7.50
3. Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.		Approved	7	7	7
4. Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	Accuracy	Approved	74%	85%	85%
	Timeliness		75%	85%	85%
	Overall		78%	85%	85%
	Availability of Information		80%	85%	85%
	Helpfulness		76%	85%	85%
	Expertise		76%	85%	85%
5. Board Best Practices - Percent of total best practices met by the Board.		Approved	100%	100%	100%

LFO Recommendation:

The Legislative Fiscal Office recommends that the targets for KPM #4 should be reduced from 90% to 85%. These targets were erroneously increased during the 2019 Legislative Session.

SubCommittee Action:

Approved the LFO recommendation.

Legislative Fiscal Office

900 Court St. NE, H-178
Salem OR 97301
503-986-1828

Oregon Legislative Emergency Board

Sen. Peter Courtney, Senate Co-Chair
Rep. Dan Rayfield, House Co-Chair

Certificate

June 3, 2022

Pursuant to the provisions of ORS 291.328, and acting under the authority of ORS 291.326(1)(a), (b), (c), (d); ORS 291.371; and ORS 291.375; this hereby certifies that the Emergency Board, meeting via remote interface on June 3, 2022, took the following actions:

1. **Commission on Judicial Fitness and Disability**
   Acknowledged receipt of a report on compensation plan changes.

2. **Oregon Judicial Department**
   Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Bureau of Justice Assistance, in the amount of $2,000,000 over a period of four federal fiscal years, to improve, expand, and enhance adult drug courts.

3. **Public Defense Services Commission**
   Acknowledged receipt of a report on compensation plan changes.

4. **Public Defense Services Commission**
   Acknowledged receipt of a report on the agency's reorganization.

5. **Public Defense Services Commission**
   Acknowledged receipt of a report on a financial update; and authorized the transfer of $1,250,000 from the General Fund appropriation established for the Public Defense Services Commission by section 1(3), chapter 444, Oregon Laws 2021, Appellate Division, to the General Fund appropriation established for the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; authorized the transfer of $10,602,500 from the General Fund appropriation established for the Public Defense Services Commission by section 1(4), chapter 444, Oregon Laws 2021, Trial Criminal Division, to the General Fund appropriation established for the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; and authorized the transfer of $7,706,454 from the General Fund appropriation established for the Public Defense Services Commission by section 1(5), chapter 444, Oregon Laws 2021, Nonroutine Expenses, to the General Fund appropriation established for the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; to align General Fund appropriations with expenditures in support of the agency's legislative approved programs.

6. Public Defense Services Commission

Allocated $413,011 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(8), chapter 444, Oregon Laws 2021, Administrative Services Division, for a one fiscal year contract extension with the Oregon Judicial Department for information technology support.

7. Public Defense Services Commission

Allocated $70,250,989 from the special purpose appropriation made to the Emergency Board by section 3(1)(a), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(4), chapter 444, Oregon Laws 2021, Trial Criminal Division; allocated $14,554,511 from the special purpose appropriation made to the Emergency Board by section 3(1)(b), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(5), chapter 444, Oregon Laws 2021, Nonroutine Expenses; allocated $5,002,135 from the special purpose appropriation made to the Emergency Board by section 3(1)(c), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(6), chapter 444, Oregon Laws 2021, Court Mandated Expenses; and allocated $10,192,365 from the special purpose appropriation made to the Emergency Board by section 3(1)(d), chapter 444, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(7), chapter 444, Oregon Laws 2021, Juvenile Division; for public defense services.

8. Public Defense Services Commission

Allocated $94,155 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Public Defense Services Commission by section 1(8), chapter 444, Oregon Laws 2021, Administrative Services Division, to fund the administrative reclassification of a Procurement Analyst 1 position to a Manger 2 position.

9. State Treasurer

Increased the Other Funds expenditure limitation established for the State Treasurer by section 1(2), chapter 443, Oregon Laws 2021, Trust Property Services, by $177,320, and authorized an increase of 0.59 FTE, to fund the reclassification of four positions and increase of two positions from part-time to full-time for the Trust Property Program.

10. Higher Education Coordinating Commission

Established a General Fund appropriation by allocating $19,000,000 from the special purpose appropriation made to the Emergency Board by section 455(1), chapter 110, Oregon Laws 2022, to the Higher Education Coordinating Commission, for the implementation of the Oregon Tribal Student Grant Program.

12. Department of Education

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, in the amount of $5,400,000 over a period of five years, to support the development, implementation, and evaluation of a sustainable

infrastructure for school-based mental health, promote healthy social and emotional development of school-aged youth, and prevent youth violence in school settings.

13. Department of Education

Approved the submission of a federal grant application to the U.S. Department of Health and Human Services, Administration for Children and Families, in the amount of up to $1,600,000 over a period of four years, to design and conduct research on how state child care policies are implemented into practice and to measure the effect of state and federal investments on provider engagement in state-funded child care programs.

15. Oregon Health Authority

Allocated $30,000,000 from the special purpose appropriation made to the Emergency Board by section 281(1), chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Oregon Health Authority by section 1(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health; and increased the Federal Funds expenditure limitation established for the Oregon Health Authority by section 5(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health, by $45,000,000; for the Oregon Essential Workforce Health Care Program.

16. Oregon Health Authority

Allocated $42,500,000 from the special purpose appropriation made to the Emergency Board by section 385(1), chapter 110, Oregon Laws 2022, to supplement the appropriation made to the Oregon Health Authority by section 1(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health; and increased the Federal Funds expenditure limitation established for the Oregon Health Authority by section 5(1), chapter 668, Oregon Laws 2021, Health Systems, Health Policy and Analytics, and Public Health, by $112,000,000; for increasing behavioral health provider rates.

17. Department of Human Services

Established an Other Funds expenditure limitation of $4,432,000 for the Department of Human Services, Aging and People with Disabilities program; and established an Other Funds expenditure limitation of $3,347,000 for the Department of Human Services, Intellectual and Developmental Disabilities program, for funding from the Coronavirus Relief Fund received by the Department of Administrative Services and transferred to the Department of Human Services; for one-time worker incentive payments to eligible direct care workers in nursing facilities and group homes.

18. Department of Human Services

Established a General Fund appropriation by allocating $5,000,000 from the special purpose appropriation made to the Emergency Board by section 167(1), chapter 669, Oregon Laws 2021, to the Department of Human Services, for drought response efforts, with the understanding the Department of Administrative Services will unschedule $4,000,000 of the amount until the agency provides the Legislative Fiscal Office and Chief Financial Office a spending plan.

19. Department of Human Services

Acknowledged receipt of various reports required by budget notes related to recent investments in long-term care capital improvement and emergency preparedness, long-term care workforce development and training, and foster care respite services, as well as barriers to mental health for individuals served by the Aging and People with Disabilities and the Intellectual and Developmental Disabilities programs.

20. Department of Justice

Increased the Federal Funds expenditure limitation established for the Department of Justice by section 3(3), chapter 427, Oregon Laws 2021, Crime Victim and Survivor Services Division, by $35,110,718, for a federal Victims of Crime Act grant.

21. Department of Justice

Allocated $357,161 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Justice by section 1(4), chapter 427, Oregon Laws 2021, Crime Victim and Survivor Services, and authorized the establishment of three limited duration positions (1.42 FTE), for the administration of a community based violence prevention program.

22. Oregon Military Department

Established a General Fund appropriation by allocating $63,050 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to the Oregon Military Department, for Capital improvement; and increased the Federal Funds expenditure limitation established for the Oregon Military Department by section 3(5), chapter 662, Oregon Laws 2021, Capital improvement, by $189,150; for the installation of new computer fiberoptic cable at the Senator Jackie Winters Oregon National Guard Youth Challenge Campus.

23. Criminal Justice Commission

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Office of Justice Programs, in the amount of up to $250,000, for a Prison Rape Elimination Act Standards grant.

24. Department of Corrections

Acknowledged receipt of a report on overtime usage.

25. Oregon State Police

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Bureau of Justice Statistics, in the amount of up to $2,000,000, for the national criminal background check system.

26. Oregon State Police

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Justice, Office of Community Oriented Policing Services, in the amount of up to $175,000, for the Law Enforcement Mental Health and Wellness grant.

27. Oregon State Police

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, in the amount of $966,156, for hazardous materials emergency preparedness.

28. Department of Public Safety Standards and Training

Increased the Other Funds expenditure limitation established for the Department of Public Safety Standards and Training by section 2(2), chapter 381, Oregon Laws 2021, Public Safety Memorial Fund, by $429,930, to accommodate an increase in expenditures from the Fund.

29. Housing and Community Services Department

Allocated $1,000,000 from the special purpose appropriation made to the Emergency Board by section 8(1), chapter 556, Oregon Laws 2021, to supplement the appropriation made to the Housing and Community Services Department by section 1, chapter 556, Oregon Laws 2021, for administrative expenses associated with program start-up for a grant program that supports gap financing for affordable housing projects co-located with child care or early learning centers, with the understanding that the Housing and Community Services Department will return to the Emergency Board to request remaining funds when a third-party program administrator has been selected and solicitation for project proposals is ready to proceed.

30. Oregon Business Development Department

Increased the Federal Funds expenditure limitation established for the Oregon Business Development Department by section 4(1), chapter 560, Oregon Laws 2021, Business, innovation and trade, by $26,500,000, and authorized the establishment of four permanent positions (2.00 FTE), for the administration and expenditure of federal State Small Business Credit Initiative program funds.

31. Oregon Business Development Department

Established an Other Funds expenditure limitation of $287,800 for the Oregon Business Development Department, for Business, innovation and trade, for funding from the Coronavirus Relief Fund received by the Department of Administrative Services and transferred to the Oregon Business Development Department, for the Rural Broadband Capacity Program.

32. Oregon Business Development Department

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Agriculture, Forest Services, in the amount of $13,000,000, to provide loans and grants for economic development projects that benefit local communities in the vicinity of the Opal Creek Wilderness area.

33. Oregon Business Development Department

Approved, retroactively, the submission of a federal grant application to the U.S. Environmental Protection Agency, in the amount of $5,000,000, for the capitalization of the Oregon Brownfields Revolving Loan Fund.

35. Department of State Lands

Increased the Federal Funds expenditure limitation established for the Department of State Lands by section 3(2), chapter 607, Oregon Laws 2021, Common School Fund programs, by $146,116, for the expenditure of federal grant funds awarded by the U.S. Environmental Protection Agency, Wetland Program Development program, for the development of an electronic geographic information system data set for wetlands and waters delineation and determination records.

36. Department of State Lands

Increased the Federal Funds expenditure limitation established for the Department of State Lands by section 3(2), chapter 607, Oregon Laws 2021, Common School Fund programs, by $236,833, for the expenditure of federal grant funds awarded by the U.S. Environmental Protection Agency in the previous two biennia, for wetlands programs.

39. Oregon Department of Energy

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Energy, in the amount of $200,000, to support state energy security planning.

40. Department of Land Conservation and Development

Approved, retroactively, the submission of a federal grant application to the U.S. Economic Development Administration, in the amount of up to $500,000, to assist with mitigation of regulatory barriers to the use of mass timber products.

43. Department of Agriculture

Allocated $1,192,241 from the special purpose appropriation made to the Emergency Board by section 167(1), chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Agriculture by section 7, chapter 4, Oregon Laws 2021 (second special session), for the suppression of grasshoppers and crickets.

45. Department of Agriculture

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Agriculture, in the amount of up to $62,000,000 over a period of eight years, for Climate Smart Commodities.

46. Department of Forestry

Approved, retroactively, the submission of a federal grant application to the U.S. Economic Development Administration, in the amount of $3,250,000, to accelerate forest restoration and provide additional wood fiber to support mass-timber manufacturing.

47. Department of Forestry

Increased the Federal Funds expenditure limitation established for the Department of Forestry by section 4(3), chapter 605, Oregon Laws 2021, State forests, by $1,115,923, for the expenditure of federal grant awards for Topographical Data and Habitat Conservation Plan Development.

48. Department of Forestry

Established a General Fund appropriation by allocating $50,000,000 from the special purpose appropriation made to the Emergency Board by section 312(1), chapter 110, Oregon Laws 2022, to the Department of Forestry, for cash flow needs.

49. Department of Forestry

Increased the Federal Funds expenditure limitation established for the Department of Forestry by section 4(5), chapter 605, Oregon Laws 2021, Private Forests, by $17,000,000, for expenditure of federal grant funds awarded by the U.S. Forest Service for the Forest Legacy Program.

51. Department of Forestry

Increased the Other Funds expenditure limitation established for the Department of Forestry by section 2(4), chapter 605, Oregon Laws 2021, Federal forest restoration, by $3,000,000, for the expenditure revenues resultant from federal forest restoration work under Good Neighbor Authority agreements.

52. Department of Forestry

Allocated $1,957,075 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Forestry by section 1(2), chapter 605, Oregon Laws 2021, Fire protection; and increased the Other Funds expenditure limitation established for the Department of Forestry by section 2(2), chapter 605, Oregon Laws 2021, Fire protection, by $315,000; for payment of premium costs associated with the state's 2022 catastrophic wildfire insurance policy.

53. Department of Forestry

Increased the Federal Funds expenditure authority established for the Department of Forestry by section 4(5), chapter 605, Oregon Laws 2021, Private forests, by $598,368, and authorized the establishment of six limited duration positions (3.00 FTE), to address workload staffing issues resultant from increased federal funding for existing programs.

54. Department of Geology and Mineral Industries

Approved the submission of a federal grant application to the Federal Emergency Management Agency, in the amount of $1,017,215, for the Cooperating Technical Partners Program.

55. Department of Geology and Mineral Industries

Approved, retroactively, the submission of a federal grant application to the National Oceanic and Atmospheric Administration, in the amount of $494,331, for the National Tsunami Hazard Mitigation Program.

56. Department of Environmental Quality

Approved, retroactively, the submission of a federal grant application to the Environmental Protection Agency, in the amount of $500,000, to enhance air quality monitoring.

57. Department of Environmental Quality

Approved, retroactively, the submission of a federal grant application to the U.S. Environmental Protection Agency, in the amount of $1,919,100, for projects under the Pollution Prevention Grant Program.

59. Department of Transportation

Increased the Other Funds expenditure limitation established for the Department of Transportation by section 2(13), chapter 442, Oregon Laws 2021, Rail, by $10,100,000, for rail crossing safety improvements; and increased the Other Funds and Federal Funds expenditure limitations, and authorized the establishment of limited duration and permanent positions, for administration of additional transportation funding under the Infrastructure Investment and Jobs Act federal transportation funding authorization; per the attached table.

60. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the Federal Motor Carrier Safety Administration, in the amount of $2,000,000, to implement an information technology solution for an Over-Dimension Permitting System.

61. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of $20,000,000, for improvements to Oregon 99 in the Phoenix area.

62. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of $18,000,000, for safety improvements on Outer Powell Boulevard.

63. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the Federal Transit Administration, in the amount of up to $14,155,246, to fund purchases of transit vehicles and other transit costs.

64. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of $36,000,000, for improvements to the Interstate 5 Aurora-Donald interchange.

65. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of $52,650,000, for freight connectivity and multimodal improvements to US 97 in the Redmond area.

66. Department of Transportation

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Transportation, in the amount of $120,000,000, for improvements to Interstate 205.

67. Department of Transportation

Approved the submission of a federal grant application to the Federal Highway Administration, in the amount of $360,000, to update the Rogue Umpqua National Scenic Byway Corridor Management Plan.

68. Department of Aviation

Increased the Other Funds expenditure limitation established for the Department of Aviation by section 1(4), chapter 602, Oregon Laws 2021, General aviation entitlement grant program, by $227,444; and increased the Federal Funds expenditure limitation established for the Department of Aviation by section 2(2), chapter 602, Oregon Laws 2021, General aviation entitlement grant program, by $2,047,000; for infrastructure projects at ten state-owned airports.

70. Oregon Board of Dentistry

Acknowledged receipt of a report on adoption of dental therapy fees.

71. Oregon State Board of Nursing

Increased the Other Funds expenditure limitation established for the Oregon State Board of Nursing by section 1, chapter 310, Oregon Laws 2021, by $664,645, and authorized the establishment of two limited duration positions (1.08 FTE), for increased licensing and legal costs.

72. Public Employees Retirement System

Increased the Other Funds expenditure limitation established for the Public Employees Retirement System by section 1(6)(b), chapter 145, Oregon Laws 2021, Core Retirement System: ORION Modernization Project, by $3,797,797, and authorized the establishment of six limited duration positions (2.75 FTE), for the pre-planning phase of the ORION Modernization Project.

73. Bureau of Labor and Industries

Approved, retroactively, the submission of a federal grant application to the U.S. Department of Labor, in the amount of $4,000,000, to expand the number of registered apprenticeship programs and apprentices across the state.

74. Department of Administrative Services

Increased the Other Funds expenditure limitation established for the Department of Administrative Services by section 2(7), chapter 425, Oregon Laws 2021, Enterprise Goods and Services, by $3,266,681, to address costs associated with moving the implementation date of the Workday Payroll and Time Tracking project from July 1, 2022 to December 1, 2022.

75. Department of Administrative Services

Increased the Other Funds expenditure limitation established for the Department of Administrative Services by section 2(4), chapter 425, Oregon Laws 2021, Chief Human Resources Office, by $505,831, and authorized the establishment of three limited duration positions (1.50 FTE), to address increased workload and to develop the state's workforce.

76. Department of Administrative Services
Acknowledged receipt of a report on compensation plan changes.

77. Department of Revenue
Acknowledged receipt of a report on the conditions of the Revenue building facility relating to seismic and architectural studies.

78. Department of Revenue
Allocated $617,350 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to supplement the appropriation made to the Department of Revenue by section 1(1), chapter 441, Oregon Laws 2021, Administration; increased the Other Funds expenditure limitation established for the Department of Revenue by section 2(1), chapter 441, Oregon Laws 2021, Administration, by $154,377; and authorized the establishment of seven permanent positions (3.21 FTE); to create a new internal controls office comprised of compliance, risk, and business continuity functions to improve the security of taxpayer financial and personal information.

79. Oregon Employment Department
Approved, retroactively, the submission of a federal grant application to the U.S. Department of Labor, in the amount of $3,000,000 over three years, to assist underserved workers in understanding and receiving unemployment insurance benefits and services.

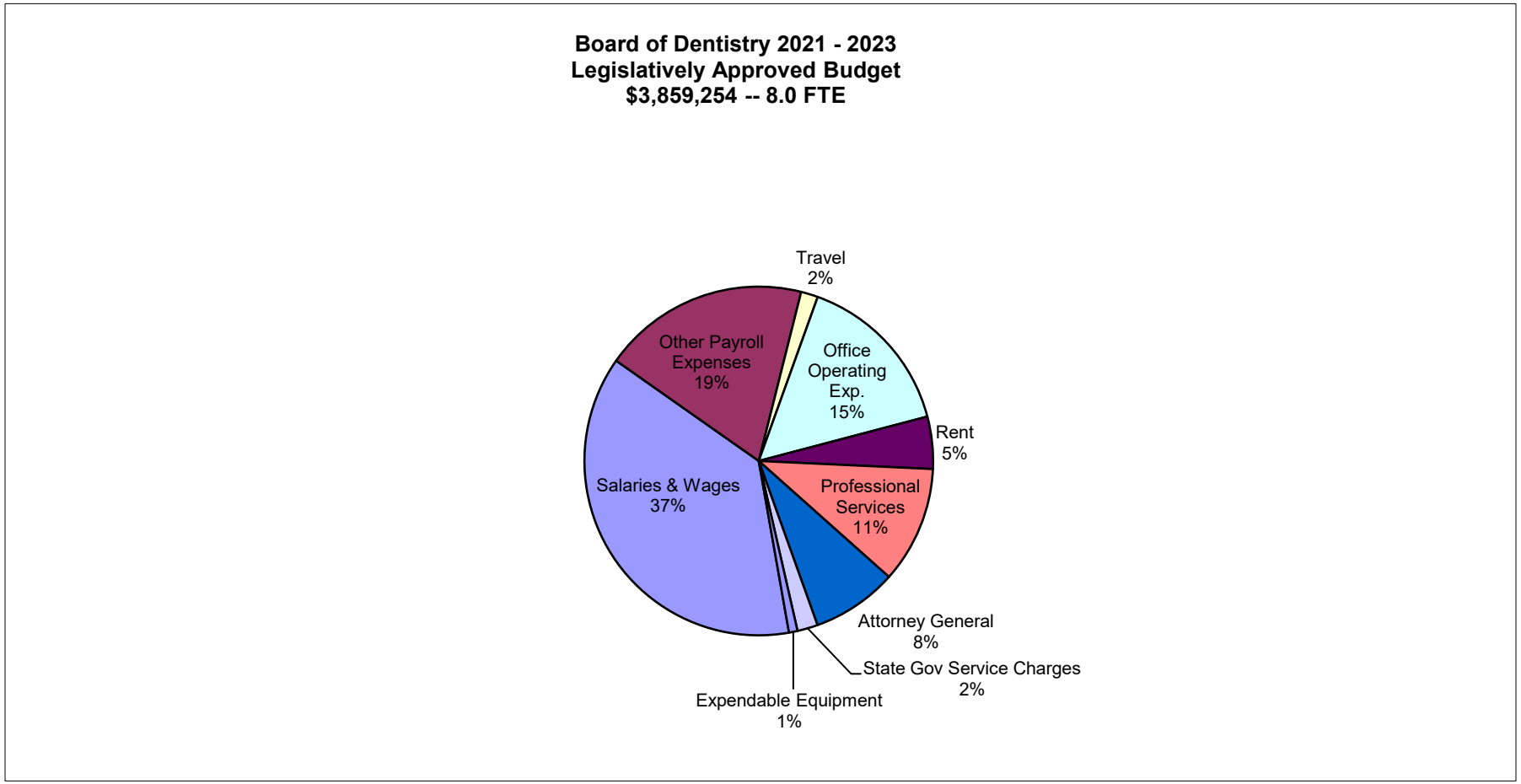
80. Housing and Community Services Department
Established a General Fund appropriation by allocating $5,000,000 from the Emergency Fund established by section 1, chapter 669, Oregon Laws 2021, to the Housing and Community Services Department, for distribution to Home Forward to administer an affordable housing stabilization grant fund for affordable housing providers that can demonstrate outstanding debt from past due rent accumulated by residents in affordable units between April 1, 2020 and April 30, 2022.

ATTACHMENT
Item 59: Department of Transportation

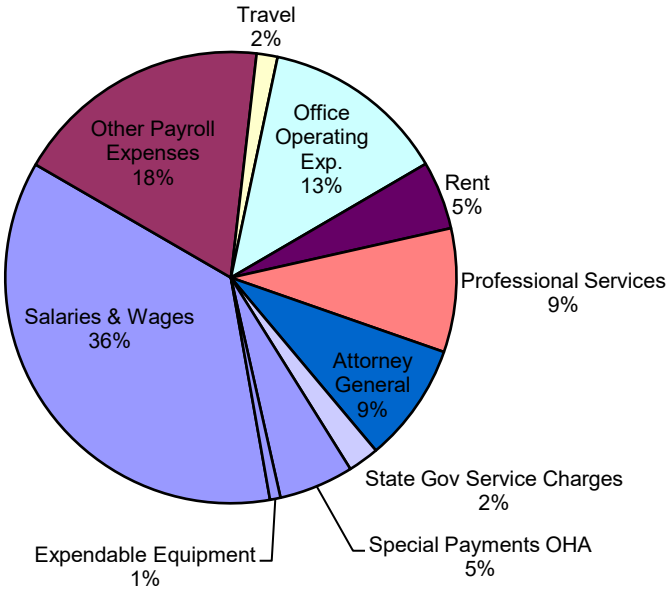
DEPARTMENT OF TRANSPORTATION 2021-23			
June 2022			
Division/Appropriation Reference	**Fund Type**	**Adjustments to Legislatively Approved Budget**	**Adjustments to Position Authority**
Expenditure Limitation Adjustments:			
Maintenance and emergency relief programs			
Ch 442 2(2), OL 2021	Other	9,231,721	
Preservation program			
Ch. 442 2(3), OL 2021	Other	8,948,822	4 pos / 1.29 FTE
Bridge program			
Ch 442 2(4), OL 2021	Other	99,495,444	6 pos / 2.13 FTE
Operations program			
Ch 442 2(5), OL 2021	Other	23,852,333	6 pos / 2.13 FTE
Modernization program			
Ch 442 2(6), OL 2021	Other	20,815,887	6 pos / 2.17 FTE
Special Programs			
Ch 442 2(7), OL 2021	Other	96,868,520	18 pos / 6.58 FTE
Local government program			
Ch 442 2(8), OL 2021	Other	103,467,668	2 pos / 0.75 FTE
Commerce and compliance			
Ch 442 3(2), OL 2021	Federal	4,000,000	7 pos / 3.42 FTE
Policy, data and analysis			
Ch 442 2(11), OL 2021	Other	36,878,097	9 pos / 4.17 FTE*
*2 positions / 0.84 FTE authorized as limited duration			
Public transit			
Ch 442 2(12), OL 2021	Other	3,333,333	
Ch 442 3(4), OL 2021	Federal	88,800,000	
	Total	92,133,333	7 pos / 2.38 FTE
Support services			
Ch 442 2(15), OL 2021	Other	965,558	7 pos / 3.50 FTE*
*2 pos / 1.00 FTE authorized as limited duration			
ODOT headquarters			
Ch 442 2(16), OL 2021	Other	2,709,407	4 pos / 1.25 FTE
Department Total			
	Other	406,566,790	
	Federal	92,800,000	
	Total	499,366,790	76 pos / 29.77 FTE

BUDGET SUMMARY GRAPHICS

The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than nine percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties. The agency budget is allocated as one program unit.



Board of Dentistry 2023-2025
Agency Request Budget
$4,222,862 -- 8.0 FTE



MISSION STATEMENT AND STATUTORY AUTHORITY

The mission of the Oregon Board of Dentistry is to promote quality oral healthcare and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals

The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists & Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule.

These statutes charge the Board of Dentistry with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The statutes define the practice of dentistry, dental therapy and dental hygiene and require that any person practicing either of those professions do so only while holding a license duly issued by the Board. The statutes require that the Board license dentists, dental instructors, dental therapists and dental hygienists; establish and enforce regulations regarding sedation in dental offices; investigate complaints regarding the practice of dentistry, dental therapy and dental hygiene; discipline licensees found to have violated the provisions of the Dental Practice Act; regulate and monitor continuing education requirements for licensees; and establish training, examination and certification standards for dental auxiliaries.

Throughout 2021 the Board and staff of the OBD discussed and approved a strategic planning initiative to replace the OBD's 2017 -2020 plan. The worldwide pandemic delayed the meetings and implementation of it. Preparation and planning included surveying licensees and interested parties on important priorities and topics that the Board of Dentistry should focus its resources on. The OBD utilized a professional facilitator to conduct and lead the planning process, All OBD Board Members worked with OBD staff at in person meetings in late 2021. Ultimately, a new plan was finalized and ratified in early 2022.

The OBD's 2022 – 2025 Strategic Plan defines priorities in alignment with its statutory obligations and its mission - to promote quality oral health care to all communities in the State of Oregon by equitably and ethically regulating dental professionals. The OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in oral healthcare, dentistry practice, dental therapy services, organizational structures, business models and markets. The Strategic Plan is included in this budget document for reference.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely though regulation but through information, outreach and education. Additionally new mandates from the Legislature and the Governor's office challenge all state agencies to address racial disparities and social determinants of health in the healthcare environment. The OBD seeks to be an active partner with those that seek a better Oregon for everyone in ways that our small agency can make an impact.

OTHER STATUTORY MANDATES:

ORS 676.160 – Complaint investigations.

These statutes require that upon receipt of a complaint filed by any person against a licensee or applicant the Board shall (1) assign an investigator, (2) the investigator shall collect evidence and interview witnesses; (3) the investigator shall prepare a report that describes the evidence gathered, results of witness interviews and any other information considered in preparing the report and (4) the investigator shall make a report to the Board within 120 days of receipt of the complaint which allows for extensions. This statute also declares that investigatory information gathered by the agency is exempt from public disclosure.

ORS 676.345 – Registration program for health care professionals claiming liability limitation

This statute requires several health licensing Boards, including the Board of Dentistry, to maintain a registration program for health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340.

SB 786 (Oregon Law, Chapter 973, 2001) –Cultural diversity in regulated health professions

This law, effective January 1, 2002 requires that health-licensing boards establish programs to increase the representation of people of color and bilingual people on the boards and in the professions that they represent. Programs are required to promote the education, recruitment and professional practice of members of these targeted populations. The law also requires that each health professional regulatory board maintain records of the racial and ethnic makeup of applicants and professionals regulated by the board. This information is to be reported to the Legislative Assembly biennially.

AGENCY STRATEGIC PLAN

The Board in Feb. 2022 ratified the 2022 -2025 Strategic Plan. The Board of Dentistry's short and long-range plan is directed by its mandate to protect the health, safety and welfare of Oregonians and by its newly revised mission is to promote quality oral healthcare and protect all communities in the state by equitably and ethically regulating dental professionals. The Board strives to ensure that its activities fulfill its mission within the resources allocated by the Legislature and effectively provides appropriate public protection.

Oregon Board of Dentistry

2022 – 2025 Strategic Plan

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.10 to 680.205 (Dental Hygienists), Oregon Administrative Rules Chapter 818. In addition, direction for Dental Therapists is guided by HB 2528 (2021) and the addition of Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists. These new statutes task the OBD with regulation and oversight of the practice of dentistry, dental therapists and dental hygiene by enforcing standards of practice established in the Oregon Legislature statutes and rule.

At the end of the previous 2017-2020 planning cycle and after hardships of the COVID 19 pandemic (which has persisted from 2020 into 2022), OBD had established transformative ways of addressing critical issues. Strong relationships with the Governor's office, Oregon Legislature, Oregon Health Authority, peer professional organizations, and national associations gave context and direction, and kept a finger on the pulse of rapid changes in the dental profession, business practices, and operating models.

In mid-2021 the Board and staff of OBD agreed to secure professional, external strategy and facilitation services in the creation of their next multi-year strategic plan, building upon the efforts of the 2017-2020 Plan.

During the strategic planning process, the OBD Board and Staff agreed to update the mission statement to reflect a focus on access to care as well as on integrity. The OBD will implement the strategic plan, adaptively to rapidly changing circumstances, in support of its Mission: *to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.* Through external market research, initial discussions with the Board and Staff, and tabulation of the licensee surveys, a set of priorities emerged.

The five priorities identified in the plan include:

I. Licensure Evolution
   a. Develop and implement rules based on legislative changes
   b. Successfully implement Dental Therapy Rules

II. Dental Practice Accountability
   a. Ensure Licensees dictates clinical care provided to patients
   b. Asset OBD jurisdiction over dental practices regardless of ownership model

III. Community Interaction and Equity
   a. Increase ease of access to OBD services and information
   b. Ensure equity exists in investigation outcomes

IV. Workplace Environment
   a. Increase workplace flexibility through hybrid work models
   b. Increase workplace satisfaction

V. Technology & Processes
   a. Improve investigation management and archived files
   b. Improve resource efficiencies

Oregon Board of Dentistry

Organizational & External Influences Analysis

This organizational and external analysis covers the internal factors that will influence the ability to respond to operational needs as well as the external factors that may drive change. The Oregon Board of Dentistry analyzed the social, technological, economic, legal/regulatory, and environmental factors that might affect the practice of dentistry and the OBD's oversight. In addition, the current organizational status was analyzed primarily through staff interviews.

The most significant Strengths, Weaknesses, Opportunities, and Threats that affect the OBD are:

STRENGTHS	WEAKNESSES
• Foundation of known, common values: Integrity, Fairness, Responsibility, Community and commitment to the mission • Skilled, experienced, and dedicated staff • Successful migration and knowledge transfer as new Board and Staff onboarded during previous strategic period • Foresight and proactive succession and onboarding planning • Board composition provides a breadth of perspectives • Member survey shows support in OBD remains high at 78% after problematic pandemic year	• Lack of clear understanding for OBD scope and jurisdiction by public, patients and Licensees • Limited control over budget/funding impact ability to adjust staffing plans to meet overall strategic plan needs • Legislature changes can create significant increases in staff work that are not in alignment with staffing capacity • Low levels of Licensee participation in inputs/surveys. 2020 strategic priorities member survey had 265 responses • Board member turnover creates loss of continuity and historical knowledge
OPPORTUNITIES	**THREATS**
• Ability to implement Dental Therapy licensure process • Migration of technology to improve licensee experience, overall processes & efficiency, and provide workplace flexibility • Collaboration with Oregon Health Authority (OHA) to manage public engagement and expectations for language, cultural diversity, equity, and inclusion across OHA partners. (With guidance from the State Racial Justice Council.)	• Continued lagging technology infrastructure • Shifts in business operations and managed care pose challenges to dentistry practices and regulation • Insurance maximums dating to the 1960's influence patient care recommendations

Roadmap and Goals

Strategic Priorities	2022-2023	2023 - 2024	2024-2025	Goals
Licensure Evolution	• Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license	• Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon		• Develop and implement rules based on legislation changes
	• Develop and implement communication strategies with communities impacted by Dental Therapy license implementation			• Successfully implement Dental Therapy license
Dental Practice Accountability	• Implement changes to Licensee Renewal form to capture multiple office/group affiliation • Gather dental practice ownership and training information • Receive OHSU updated curriculum and include in Board Book	• Analyze complaints by ownership types • Evaluate options for strengthening statute related to accountability, ownership, and standards of care	• Potential for proposed legislative changes	• Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions) • Increase OBD visibility into practice ownership models • OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model • Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice
Community Interaction and Equity	• Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council	• Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations	• Additional prioritized actions taken from recommendations and resources provided by State Racial Justice Council	• Communicate and market to reach the all communities within Oregon
	• Enable OBD to take complaints in complainant's first language	• Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data		• Increase ease of access to OBD services
				• Ensure equity exists in investigation outcomes
				• Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services
Workplace Environment	• Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement • Develop and implement hybrid workplace guidelines	• Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles		• Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition • Increase workplace flexibility through a hybrid workplace guideline • Increase workplace satisfaction and career development conversations
Technology and Processes	• Complete digitization and modernization process for Board Books • Complete implementation of InLumon system	• Build working digital database of Licensee records • Pilot data analysis capabilities	• Create digital archive of investigation files	• Improve efficiency and resource utilization through on-line records keeping • Increase ability to complete analytics related to licensees and investigations • Improve investigation case management with archived files

Oregon Benchmarks

The Board of Dentistry has no Primary Links to the Oregon Benchmarks; however, Board activities support the following Benchmarks as secondary links:

#29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year.

Licensees of the Board are required to complete continuing education requirements biennially in order to renew their professional licenses (40 hours for dentists; 36 hours for dental hygienists holding Limited Access Permits; and 24 hours for all other dental hygienists). In addition to this mandatory requirement, most licensees voluntarily participate in study clubs and take courses that enhance their professional skills. Many continuing education courses are available via the Internet and are an effective means of receiving training.

#30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities.

The Board supports volunteerism by encouraging uncompensated dental and dental hygiene care provided through various non-profit and community based clinics. In cases where unacceptable patient care is not an issue, the Board frequently requires uncompensated services as a part of settlement agreements in disciplinary cases. During 2011 - 2013 Oregonians received over 300 hours of dental or dental hygiene care through these Board actions. Feedback from practitioners has been positive and many continue their volunteer relationship with the dental clinic after the Board's requirements have been fulfilled.

In January of 2005 in cooperation with the Oregon Dental Association and Dentists Benefits Insurance Company the Board created a Volunteer Dentist/Dental Hygiene license designation program. As of July 1, 2021 25 dentists and three dental hygienists who currently have a volunteer dentist licensee designation. Dental therapists cannot register as a volunteer since statute does not allow it.

A dentist who maintains an Oregon license but is retired from active practice may obtain liability insurance through the Department of Administrative Services in order to provide uncompensated dental services through nonprofit corporations offering community services and dental services to low-income patients. (ORS 679.510). The Board maintains a registry of dentists and dental hygienists who provide dental and dental hygiene services without compensation in accordance with ORS 676.340. By registering with the Board annually, licensees providing uncompensated health care are not liable for any injury, death or other loss arising out of the provision of the services unless the injury, death or other loss results from the gross negligence of the practitioner.

Every member of the Board (six dentists, two dental hygienists and two public members) are volunteers and collectively donate hundreds of hours of time to Board work, through Board meetings, committee meetings, Legislative appearances, public appearances and speaking engagements, serving as examiners for clinical licensure examinations, and representing the State of Oregon at national meetings germane to the licensure, examination and regulation of the professions under its jurisdiction..

#44 Adult Non-smokers: Percentage of Oregonians, 18 and older, who smoke cigarettes.

#52 Substance Use During Pregnancy: Percentage of pregnant women who abstain from using: a. alcohol; b. tobacco.

The Board recognizes that tobacco use prevention and cessation are an important part of oral health and directly related to the prevention of other health conditions. In 1988, the Board issued its position statement on the health hazards associated with tobacco and determined that the prescribing of drugs such as Nicorette, Nicoderm, and Zyban were within the scope of practice of dentistry. The Board supports and encourages dental professionals to educate their patients on the dangers of tobacco use. The Board of Dentistry maintains a smoke-free workplace and all meetings of the Board are smoke free in accordance with Oregon Public Meetings Law and agency policy.

#50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused.

Under ORS 419B.005, dentists are required to report suspected incidents of child abuse or neglect. The Board regularly publishes in its newsletter information on the requirement to report, symptoms and physical indications of abuse, and contact numbers for reporting in various areas of the state.

2022-2025 THREE-YEAR PLAN (Strategic Plan)

The Board of Dentistry's latest strategic plan updated in 2022 for progress towards meeting established goals, adjusting goals to reflect current or projected needs and to re-assess priorities. The Board of Dentistry's long and short-range plan is directed by both its mission to assure that Oregonians receive high quality dental care and by its statutory mandate to protect the health, safety and welfare of the citizens of Oregon. The Board strives to ensure that its goals and objectives are realistic and within the resources allocated by the Legislature. Previous goals remain in place as they are the foundation of the Agency's work, focus and mission.

Goal 1: Assure that licensees are qualified and competent to practice safely.

Benchmark/High-Level Outcome

Agency mission.

Intermediate Outcomes:

- Licenses will only be granted to applicants possessing the appropriate requirements for education and examination.
- Examinations for licensure will be valid and reliable.
- National FBI Criminal Background checks will be conducted for all applicants by submitting fingerprints to the Oregon State Police and inquiries of the National Practitioners Data Bank and the Healthcare Integrity and Protection Data Bank.
- All licensees will complete required hours of verifiable continuing education related to clinical patient care.
- Licensees with performance or substance abuse issues will be remediated and monitored during their recovery and remediation process.
- Licensees under disciplinary sanction will be actively monitored to ensure compliance with terms of probation, and to restore them to active, useful service to Oregon's citizens whenever appropriate.
- Maintain a network of consultants and evaluation/treatment facilities capable of meeting the need and scope of expertise required to assist the Board in its mission to rehabilitate licensees in need of assistance.

Performance Measures:

1. Licenses will be issued or renewed within 7 business days of receipt of completed paperwork.
2. 100% of all applicants will have background checks.
3. Compliance with continuing education requirements will be audited for certain numbers of licensees each year.
4. 100% of licensees who are under consent orders for substance abuse issues are monitored and may appear before the Board at least annually.
5. 100% of licensees on monitoring status will complete the terms of disciplinary sanctions within original time frames established in their order or face additional discipline.

Goal 2: Promote access to oral care.

Benchmark/High-Level Outcome

Benchmark #30; Agency mission.

Intermediate Outcomes:

- Promote volunteerism.
- Review scopes of practice of dental hygienists and dental assistants to provide broader scope where appropriate.
- Provide for reasonable access to education and testing in rural areas; i.e. long distance learning.
- Support increased funding for education of dental, dental hygiene and dental assisting.
- Partner with communities of interest to provide incentives to enter dental health care careers.
- Participate in workforce studies to determine the extent of the workforce problems and identify possible solutions.
- Support community prevention activities; i.e. Early Childhood Caries Prevention Project, and statewide fluoridation effort

Performance Measures:

1. At least 90% of licenses disciplined for continuing education noncompliance or practicing without a license will be required to complete the continuing education and may be assessed a civil penalty.
2. Encourage Dentists and Dental Hygienists to join the Boards Volunteer License Designation Program.
3. Dental Hygiene and Dental Assisting rules will be reviewed each annually.

Goal 3: Standards of practice, statutes and regulations will be realistic, understandable and applied appropriately

Benchmark/High-Level Outcome

Benchmark #29 and #30, Agency Mission, Legislative mandate

Intermediate Outcomes:

- Investigate allegations of unprofessional conduct, unacceptable patient care or other violations of the Dental Practice Act in a fair, prompt, objective and thorough manner.
- Take an active stance in preventing practice problems that endanger patients through educational outreach.
- Where unacceptable care is identified, Board emphasis will be on remediation through education and restitution to patients when appropriate.

- Participate in the Statewide HPSP diversion program for licensees with substance abuse disorders.
- Disciplinary issues will be mediated and resolved through mutual agreements to the greatest extent possible.
- Review all statutes and rules at least annually for consistency and cohesion.

Performance Measures:

1. Investigations will be completed within six months from date of receipt.
2. At least 95% of disciplinary actions will be settled through negotiated consent agreements rather than Contested Case Hearing.
3. The percent of licensees who are disciplined will decrease each biennium.

Goal 4: Communicate timely and useful information regarding the Board's mission, services, policies and standards of practice to the public and licensees.

Benchmark/High-Level Outcome

Agency Mission, Strategic Plan

Intermediate Outcomes

- Improve public awareness of the Board as a resource for, and provider of, information and services.
- Provide appropriate information regarding licensees to the extent allowed by law.
- Continue to make the Board's website a useful resource for citizens and licensees.
- Review of all potential partnerships during the planning of all board initiatives to maximize synergy and resources.
- Communicate regularly with licensees, educators, professional associations and interested community organizations regarding Board policies and expectations

Performance Measures

1. The number of pages viewed ("hits") on the Board's website.
2. Feedback provided from the Customer Services Survey posted on the website.
3. Produce and distribute two newsletters per year, mailed to all licensees, other state dental boards and professional associations, and post on the website.
4. Number of presentations made by staff and Board members to dental, dental hygiene and dental assisting students; licensees and professional organizations.

PARTNERSHIPS

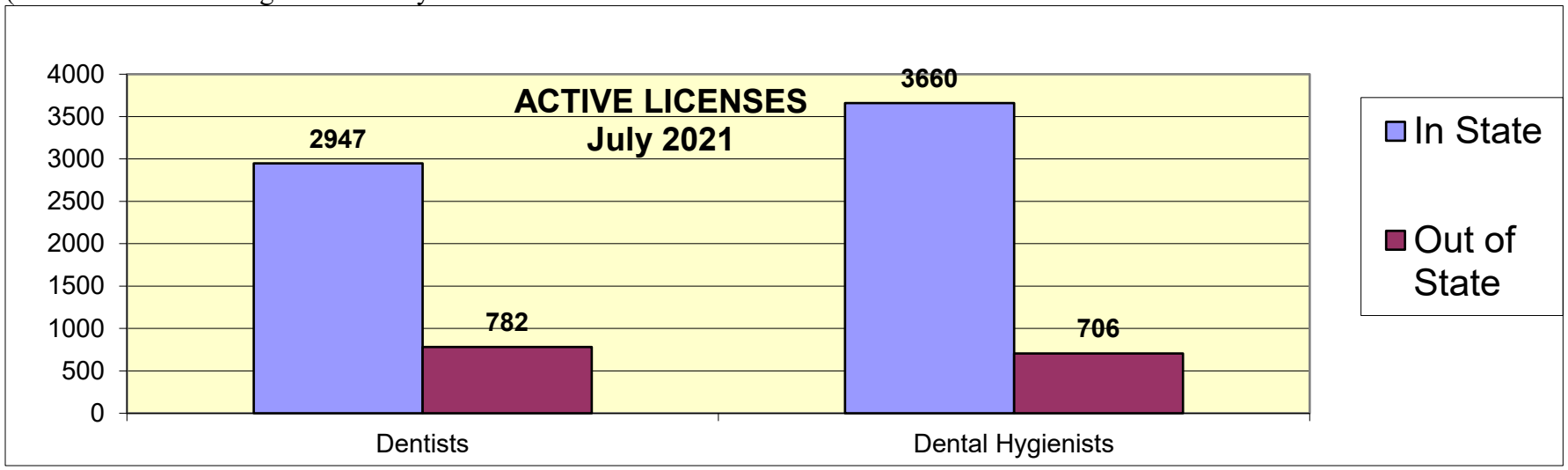
- **Professional Organizations**: Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Dental Assistants Association, Oregon Academy of General Dentistry, and various dental specialty organizations.
- **Education System**: Oregon Health and Science University, School of Dentistry; Community College Dental Hygiene and Dental Assisting programs; Oregon Department of Education, licensed trade schools and independent educators.

- **Health care regulatory agencies and public health organizations**: Board of Pharmacy, Board of Nursing, Board of Medical Examiners, Board of Denture Technology, dental licensing boards in other states, other health licensing boards, Department of Human Services, Health Services; Oregon Medical Assistance Programs, and local community health programs.
- **Law Enforcement Agencies**: U.S. Drug Enforcement Agency, Federal Bureau of Investigation, Oregon Department of Justice, Medicaid Fraud; local police agencies, etc.
- **National Dental Organizations**: American Dental Association (ADA) American Association of Dental Boards (AADB) & the American Association of Dental Administrators (AADA). The ADA accredits dental schools and dental hygiene and dental assisting programs, and conducts regular evaluations of programs to assure compliance with national education standards. The ADA also conducts the written dental and dental hygiene examinations (National Board Examinations) that are recognized by all states for initial licensure. AADB is comprised of state dental boards, dental educators, board administrators and board attorneys. Its focus is on licensing standards for dentists and dental hygienists. This association appoints members to the American Dental Association Council on Dental Education, Commission on Dental Accreditation (CODA) which is responsible for the evaluation and accreditation of dental education programs; and to the Joint Commission on National Dental Examinations which conducts standardized written dental and dental hygiene examinations that are recognized by all fifty states for licensure. This organization maintains a clearinghouse of disciplinary actions issued by State dental boards and disseminates a monthly report to all member agencies.
- **Dental Testing Agencies:** Western Regional Examining Board, American Board of Dental Examiners, Central Regional Dental Testing Service, The Commission on Dental Competency Assessments, Southern Regional Testing Boards, Council of Interstate Testing Agencies, and the Dental Assisting National Board. These organizations conduct examinations for dentists, dental hygienists and dental assistants and are recognized by the Oregon Board for initial qualificaon for licensure (dentists and dental hygienists), or certification (dental assistants). The Board holds membership in the Western Regional Examining Board and American Board of Dental Examiners. CDCA-WREB, CITA Dental health professionals seeking initial state licensure and the far-reaching licensure portability of ADEX examinations can now look to one national testing agency for their needs. CDCA-WREB and The Council of Interstate Testing Agencies (CITA), the two agencies currently authorized to administer assessments developed by the American Board of Dental Examiners (ADEX), announce their intent to combine on August 1, 2022. The new organization will operate as CDCA-WREB-CITA. A CDCA-WREB-CITA combination simplifies the pathways for dental and dental hygiene licensure candidates, schools, and state licensure boards. ect the dental public. ADEX develops uniform competency assessments that reflect current dental and dental hygiene practices.
- **Federal Reporting Agencies**: National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). The Board is required by Federal law to report disciplinary actions to these two data banks. These national databases facilitate background checks and help licensing boards evaluate the qualifications of practitioners to practice safely. Checks of records of applicants for licensure, or of current licensees applying for renewal, can reveal information that has not been self-reported and which warrants attention by the Board.
- **Treatment facilities and providers** (particularly those with experience in treating health professionals). Twelve-step and other self-help programs, diversion programs of other health licensing Boards. The Board works closely with professionals who specialize in the evaluation, treatment and recovery of people with substance abuse issues.

AGENCY PROGRAMS

The Board of Dentistry is charged with the regulation of the practice of dentistry, dental therapy and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing the standards of practice. The Board also is required by law to establish standards for the administration of anesthesia in dental offices. The Board determines dental procedures that may be delegated to dental assistants and establishes standards for training and certification of dental assistants.

As of July 1, 2021, there were 3,729 dentists, and 4,366 dental hygienists holding Oregon licenses. Dentists who wish to utilize other than local anesthesia may apply for one of four levels of anesthesia permit. The type of permit issued is based on the level of consciousness induced. Dental Hygienists may obtain a permit to administer nitrous oxide. 2,006 dentists hold anesthesia permits, and 2,803 dental hygienists hold a nitrous oxide anesthesia permit. Approximately 4,000 dental assistants are employed by dentists to assist in providing dental services. A high percentage of these dental assistants hold certificates issued by the Board to perform advanced procedures (Expanded Function Dental Assistant) or to take x-rays (Certificate of Radiologic Proficiency.



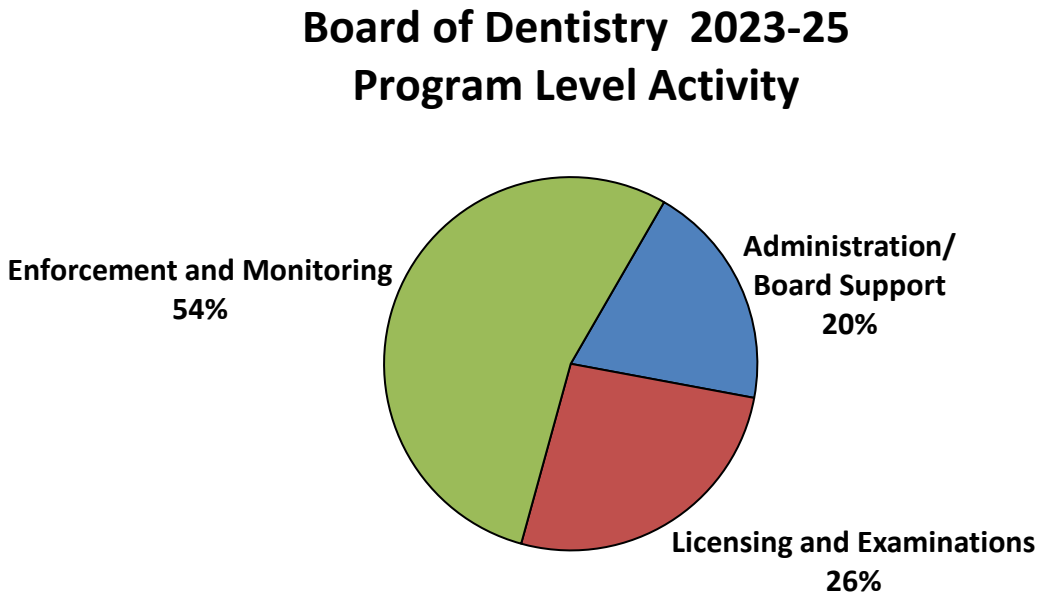
The Board operates in an atmosphere of constant change, rapidly developing technology, changing treatment modalities, demographic and geographic disparities in access to dental care, growing public demand for a greater diversity of provider groups, and constantly shifting societal norms and values.

Agency operations are supported solely from license application, renewal, exam and permit fees plus revenues generated from fines imposed for late renewals, civil penalties assessed, and miscellaneous receipts from the sale of mailing lists and copies of public records.

The Board is composed of ten members appointed by the Governor and confirmed by the Senate for four-year terms. There are six dentists, one of whom must be a dental specialist, two dental hygienists and two public members. Regular Board meetings occur every other month and the Board convenes numerous committees, calls special meetings and is fully engaged in its 2022 -2025 strategic plan.

There are 8.0 FTE staff who carry out the day-to-day functions of the agency.

Primary program activities are Licensing and Examination, Enforcement and Monitoring, and Administration. Estimated program level activity for the eight staff members is quantified in the chart below:



Licensing and Examination

This activity includes licensure of dentists, dental specialists, dental instructors, dental therapists and dental hygienists, approve specialty examinations per year, biennial renewal of licenses, and issuance and renewal of various permits and certificates (anesthesia permits, Expanded Practice Dental Hygiene Permits, and certification of dental assistants to take radiographs and to perform expanded functions).

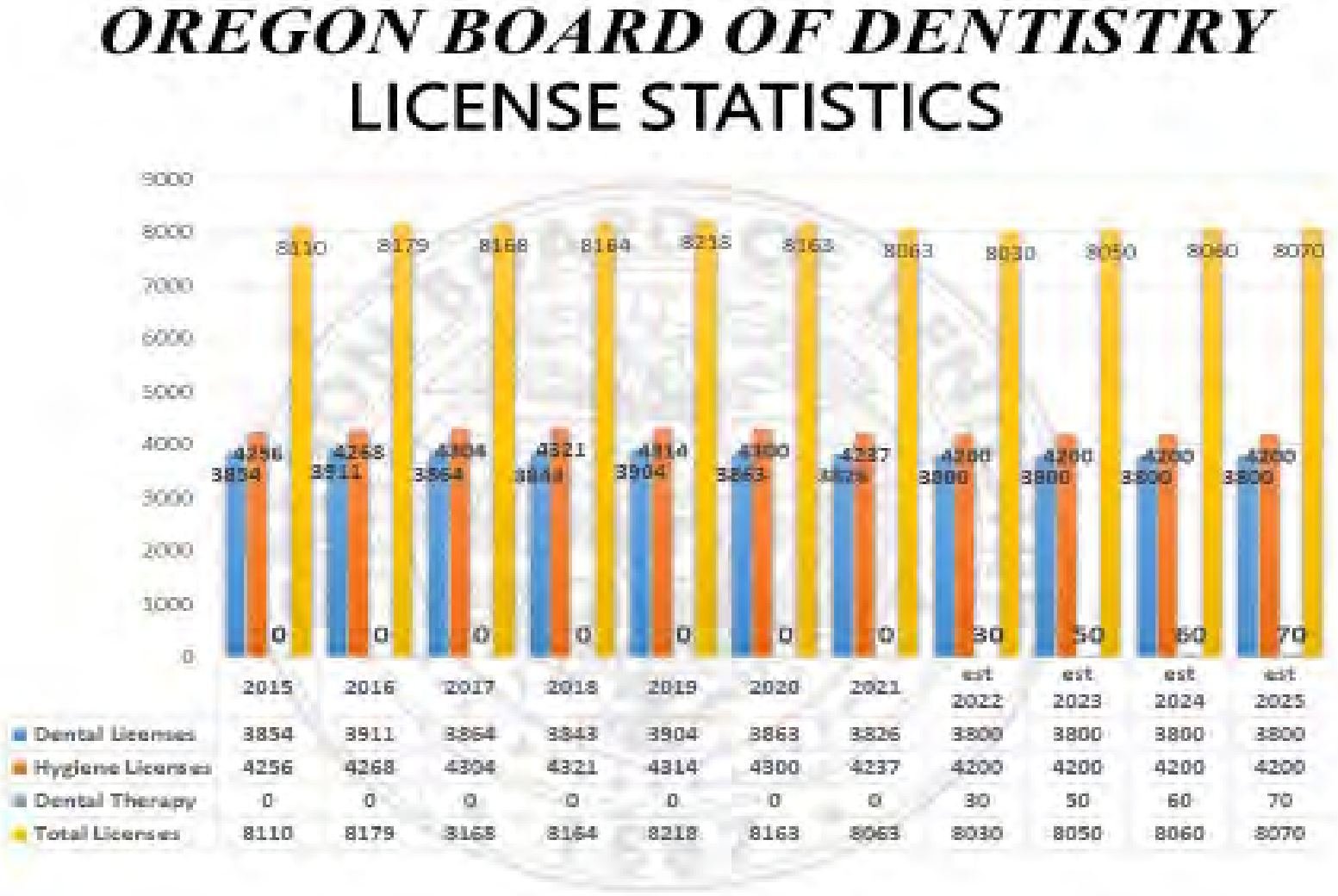
The Board receives and reviews license applications to assure that applicants have the required education, have passed the National Board written examinations and have passed a clinical examination recognized by the Board. A thorough background check is conducted on each applicant for a new license and, where a past history is revealed, an investigation is conducted and results are presented to the Board for determination. Staff also administers a Jurisprudence Examination for each new applicant and conducts random audits of 15% of license renewals annually for compliance with continuing education requirements.

Customers of this activity are dentists, dental therapists, dental hygienists, dental assistants, those who employ them and, ultimately, the public.

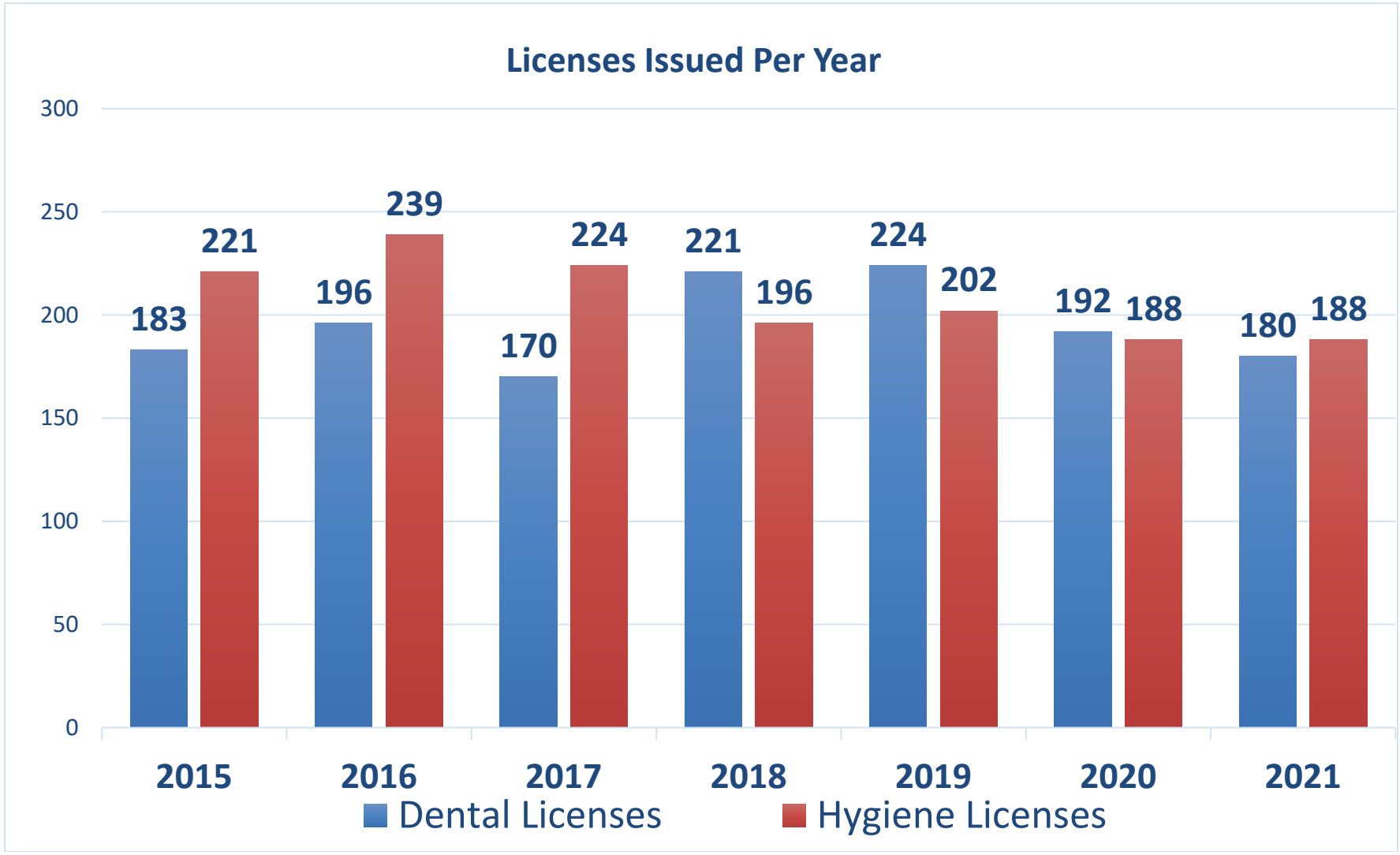
The table below shows the historical and projected workload for the agency in this activity.

Licensing and Examination Workload	2003-05	2005-07	2007-09	2009-11	2011-13	2013–15	2015-17	2017-19	2021-23	2023-25	2025-27
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimated	Estimated
Licenses Issued:											
Dental	322	350	355	305	340	397	397	414	348	400	400
Dental Hygiene	294	335	375	434	450	518	458	403	385	425	425
Dental Therapist										50	75
Total New Licenses Issued:	616	685	730	739	790	915	862	817	733	775	800
Licenses Renewed:											
Dental	3254	3300	3325	3389	3400	3431	3903	3864	3839	3860	3500
Dental Hygiene	3180	3265	3386	3613	3700	3715	4268	4304	4102	4300	4300
Total Licenses Renewed:	6434	6595	6712	7002	7100	7146	8171	8168	7941	8000	8000
Specialty Examinations Conducted	9	5	3	3	3	4	0	0	0	0	0
Candidates Examined	7	5	3	5	3	4	0	0	0	0	0
Anesthesia Permits Issued/Renewed	3795	3969	3,750	4359	4400	4783	4719	4688	4622	4650	4650
Dental Assistants Certified	2095	2260	2,449	2638	2650	2263	2265	2288	1942	2000	2000
Dental Assisting Instructor Permits Issued/Renewed	102	124	106	110	125	131	128	126	173	175	175

The graphic below shows the historical data, growth in the number of licenses issued.

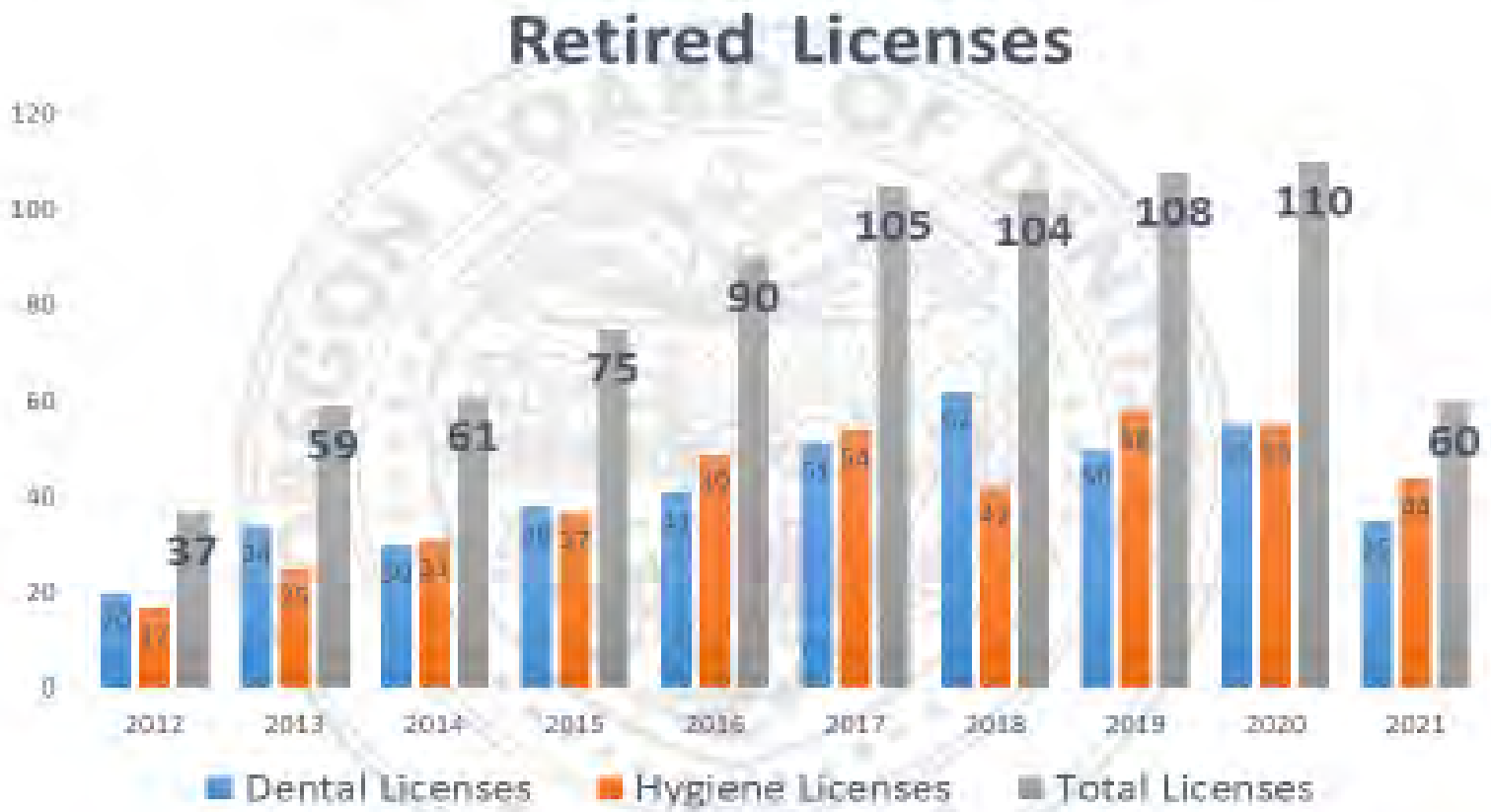


	09-11	11-13	13-15	15-17	17-19	19-21	21-23 est	23-25 est	25-27 est
Dentist	305	298	397	404	391	426	380	380	400
Dental Hygienist	434	447	518	458	419	404	380	380	400
Dental Therapist	0	0	0	0	0	0	40	50	70


Licenses Issued Per Year
300
250
200
150
100
50
0
183
221
196
239
170
224
221
196
224
202
192
188
180
188
2015
2016
2017
2018
2019
2020
2021
Dental Licenses
Hygiene Licenses

OREGON BOARD OF DENTISTRY

LICENSE STATISTICS



OREGON BOARD OF DENTISTRY
LICENSE STATISTICS

Enforcement and Monitoring

The Dental Practice Act (ORS 679 and 680.010 through 680.205) and the Board's Administrative Rules (OAR 818) establish the grounds and methods of discipline that may be imposed on licensees who violate the act. The statutes and rules of the Board define unprofessional conduct, unacceptable patient care, establish standards for record keeping and infection control guidelines, and define appropriate management and record keeping for controlled substances. The Board is required by ORS 676.165 to conduct investigations of any complaint received regarding licensees or applicants. In addition, the Dental Practice Act allows the Board to open investigations on its own motion. Cases opened by the Board might be based on information the Board receives ancillary to another case, from reports submitted by insurance companies regarding malpractice claims, criminal convictions, or based on disciplinary actions taken by other state dental boards or by other licensing boards since several of the Boards licensees have dual licenses; i.e. physician/dentist or dental hygienist/denturist.

Staff investigators conduct investigations by interviewing the complainant, the patient, the respondent (licensee), subsequent treating dentists, or any other witness germane to the case. Investigators review patient records, consult with outside experts contracted by the Board for this purpose, review insurance claims, and any other material or witnesses necessary to determine the facts of the case. Investigative findings are presented to a sub-committee of the Board comprised of two dentists (Evaluators) who review the cases in-depth with the staff investigators. The recommendation of the Evaluators, as well as the recommendation made by staff, is presented to the full Board for final action. The Board's findings fall into one of four categories: No Violation, No Further Action, Letter of Concern or Discipline. "No Further Action" reflects a case where an investigation was not completed for some reason – the Board did not have jurisdiction of the issue submitted, the complainant withdrew the complaint and the Board was satisfied with the reasons, or the licensee is no longer under the Board's jurisdiction. A "Letter of Concern" is issued when the Board determines that the licensee violated some aspect of the Dental Practice Act, but the matter warrants a warning rather than formal disciplinary action. All investigative findings are confidential and may not be revealed to any member of the public. Formal disciplinary actions are public record and, upon request, the Board provides copies of Notice of Proposed Disciplinary Action and any final Orders. Disciplinary actions are reported as required by Federal Law to both the National Practitioners' Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

Disposition of Cases

Board Action - FY	2021	2022
Cases Opened	195	150
Cases Closed	205	154
No Violation	46	60
No Further Action	75	41
Letter of Concern	60	38
Discipline	24	22
Total	205	161*

*Some cases had more than one respondent

The Board may impose disciplinary action ranging from a reprimand to suspension or revocation of a license. It may also place a licensee on probation, order a licensee to obtain substance abuse treatment, impose a civil penalty or any other discipline the Board deems appropriate. The Board's goal is remediation rather than punishment – and where appropriate, the Board requires additional education and skill building to improve clinical skills. As part of settlement agreements the Board frequently requires the dentist to make restitution to the patient and to complete un-remunerated community service. Most disciplinary actions imposed by the Board are entered into by mutual agreement between the Board and the licensee through a negotiated Consent Order. Those that cannot be settled by consent agreement are referred to the Hearing Officer Panel for conduct of a Contested Case Hearing. Staff investigators and expert witnesses appear at these hearings to testify to the facts of the Board's case. The Board is represented by the Department of Justice in these cases.

Monitoring involves tracking licensees who are under disciplinary sanction for compliance with the terms of their Board order. This involves tracking disciplinary actions, requirements and timelines, routine communication with the licensee, working with treatment providers to assure compliance, scheduling appearances before the Board for those licensees required to make regular personal appearances. At any given time, the staff compliance officer is monitoring approximately 40 - 60 licensees. Some licensees placed in the monitoring caseload are typically monitored for a minimum of five years since these cases involve drug and alcohol abuse or sexual boundary issues.

The Board has been proactive in communicating to Licensees and stakeholders in the area of enforcement and investigations. The standard Board presentations given by the Executive Director and Investigators include an overview of common complaints received each year from complainants. The presentations cover the investigative process from start to finish. The Board has also had in effect for many years standard disciplinary protocols for common issues that arise that are public and are regularly updated with the Board's attorney reviewing as well. The Board is extremely transparent about investigations and enforcement issues and all Board actions are always summarized in Board Meeting Minutes and made available on the Board's website.

There are many interested parties regarding who wants to know information about Licensees' disciplinary history including: the public, insurance companies, law enforcement agencies, other health care licensing boards, and the dental community.

Administration

Administrative activities include support of Board and committee meetings, implementation of Board policy; assuring that agency operations are conducted in compliance with all State laws and regulations, program evaluation, coordination and supervision of agency operations, and personnel recruitment and supervision. The Board's Executive Director and Office Manager serve as the Rules Coordinators for the OBD. Some years the workload in this area is heavier than other years. The 2021 -2022 timeframe was extremely busy for the Rules Coordinators. The OBD had numerous committee, board and other meetings to promulgate new dental therapy rules and set protocols to license dental therapists on July 1, 2022.

It also includes coordination with the Department of Justice on various Board legal issues, development and implementation of administrative rules, policies and procedures; development of legislative concepts, tracking of legislation that impacts agency operations and preparation and presentation of testimony at Legislative hearings. Administrative staff are responsible for budget planning, development, and monitoring; management of agency

equipment, supplies and information systems. On behalf of the Board, the Executive Director provides public information, outreach and education (production of the Newsletter, maintenance of website, public appearances and presentations, etc.); responds to inquiries by the media, represents the Board on various statewide taskforces such as Department of Human Services Oral Health Advisory Board. The Executive Director acts a liaison for the Board and maintains effective relationships with all communities of interest whether local, statewide or national. Customers are the Board, the dental community, the Legislature, and the public.

Regulatory Mandates

As new Federal and State laws are passed that impact either the dental profession or the Board, limited resources of the Board are stretched ever thinner. Implementation of the Healthcare Integrity and Protection Data Bank, essentially a duplicate reporting requirement of the National Practitioner's Data Bank, during 1999-2001 biennium; and in 2001-2003 implementation of the Health Insurance Portability and Accountability Act (HIPAA), require Board and staff time, analysis, and production of information to practitioners on the regulatory impact of these regulations.

Passage of SB 786 in 2001, requiring twenty Oregon Health Related Licensing Boards to gather and compile information regarding the ethnic and racial background of licensees and applicants resulted in the Board having to create a survey document, include it with application and renewal packets, modify its data base to record the information, to input this additional information and to generate reports.

HB 2469 passed by the 2001 Legislature requires that the Board accept Licensure by Credential for dentists and dental hygienists licensed in other states. Although the Board was moving in this direction to implement staged changes over time, the legislative action required broader implementation than the Board initially envisioned and virtually "opened the gates" for those who wanted to cross state borders, or retire to Oregon and continue their chosen profession after careers in the military, Public Health Service or in another state. While this statutory change is beneficial to Oregonians, and enhances mobility for practitioners, it created a not un-anticipated workload increase.

676.850 Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules.

431A.880 Licensing information; fees; rules. (1) As used in this section, "board" means:

(a) The Oregon Medical Board;

(b) The Oregon Board of Dentistry;

(c) The Oregon Board of Naturopathic Medicine;

(d) The Oregon State Board of Nursing;

(e) The Oregon Board of Optometry; and

(f) The State Board of Pharmacy.

(2)(a) **At the time of issuing or renewing a license, a board shall provide the Oregon Health Authority with the licensing information of each person licensed by the board who is authorized to prescribe or dispense controlled substances. The authority shall use the licensing information to qualify the licensee to report information to, or receive information from, the prescription monitoring program established under ORS 431A.855**.

AGENCY INITIATIVES

Agency plans for accomplishment of its goals for 2023-2025 include:

- Implement Dental Therapy Licensure and help promote and support this new Licensee as it seeks to serve the underserved in Oregon.
- Continue to promote and encourage participation in the Statewide HPSP diversion program for licensees with substance abuse addictions
- Promote the Oregon Wellness Program to all licensees for confidential assistance on personal, wellness and workplace issues.
- Continue to promote and encourage participation in the volunteer Dentist/Dental Hygienist program to increase access to quality dental care.
- Continue to use OBD/OAGD Mentoring Program as one avenue to resolve disciplinary cases.
- Monitor expansion of OHP dental benefits to adults and the care, numbers and types of complaints received.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Refine new database and on-line services.
- Continue to collect data on the ethnic and racial makeup of licensees and work with policy makers, educators, and students to encourage a representative diversity in the dental workforce.
- Refine participation in the Health Care Workforce Initiative project to address the issues of health care workforce shortages and access to care.
- Continue engagement with Oregon tribal communities on dental therapy and other important oral health care priorities.

CRITERIA FOR 2023-2025 BUDGET DEVELOPMENT

In developing the 2023-2025 Agency Budget Request, the following criteria were used:

- Does requested budget allow the Board to meet its basic Legislative mandates of licensure and enforcement?
- Can the requested budget be achieved with existing staffing and funding levels?
- Are there too many requests of our small agency for us to fulfill that have nothing to do with our work or mission?
- Does the requested budget help achieve the Board's goals and move the Board toward achievement of its long-term goals?
- What additional resources are needed to meet the Board's long-term strategic plan goals?
- Would the dental community, which pays for the Board's activities, and the Legislature, support proposed, enhanced activities of the Board?
- Is it important to be doing this particular task, duty or function at all? Reduce work that is redundant, unnecessary and useless.

PERFORMANCE MEASUREMENT CRITERIA

In accordance with HB 3358 passed in the 2001 legislative session, agency Goals, Key Performance Measures and targets have been submitted to the Oregon Progress Board. The Board of Dentistry's "Links to Oregon Benchmarks" form is found on the following page. The agency's goals, objectives, outcomes and measures are more fully discussed under the 2017-2020 Strategic Plan earlier in this document.

STATE –OWNED Buildings & Infrastructure – Not Applicable- The Board leases office space in a professional building in downtown Portland.

MAJOR TECHNOLOGY PROJECTS/INITIATIVES

The Board has no major technology initiatives (defined as equal to or exceeding $500,000).

OTHER CONSIDERATIONS

Impact of Ballot Measure 30 -- Unfunded Mandates

Article XI, Section 15, Oregon Constitution

The Board of Dentistry has neither introduced any legislation, nor has it passed any rules, requiring other state agencies or local governments to establish new program or increase services within existing programs that might constitute unfunded mandates.

Dispute Resolution

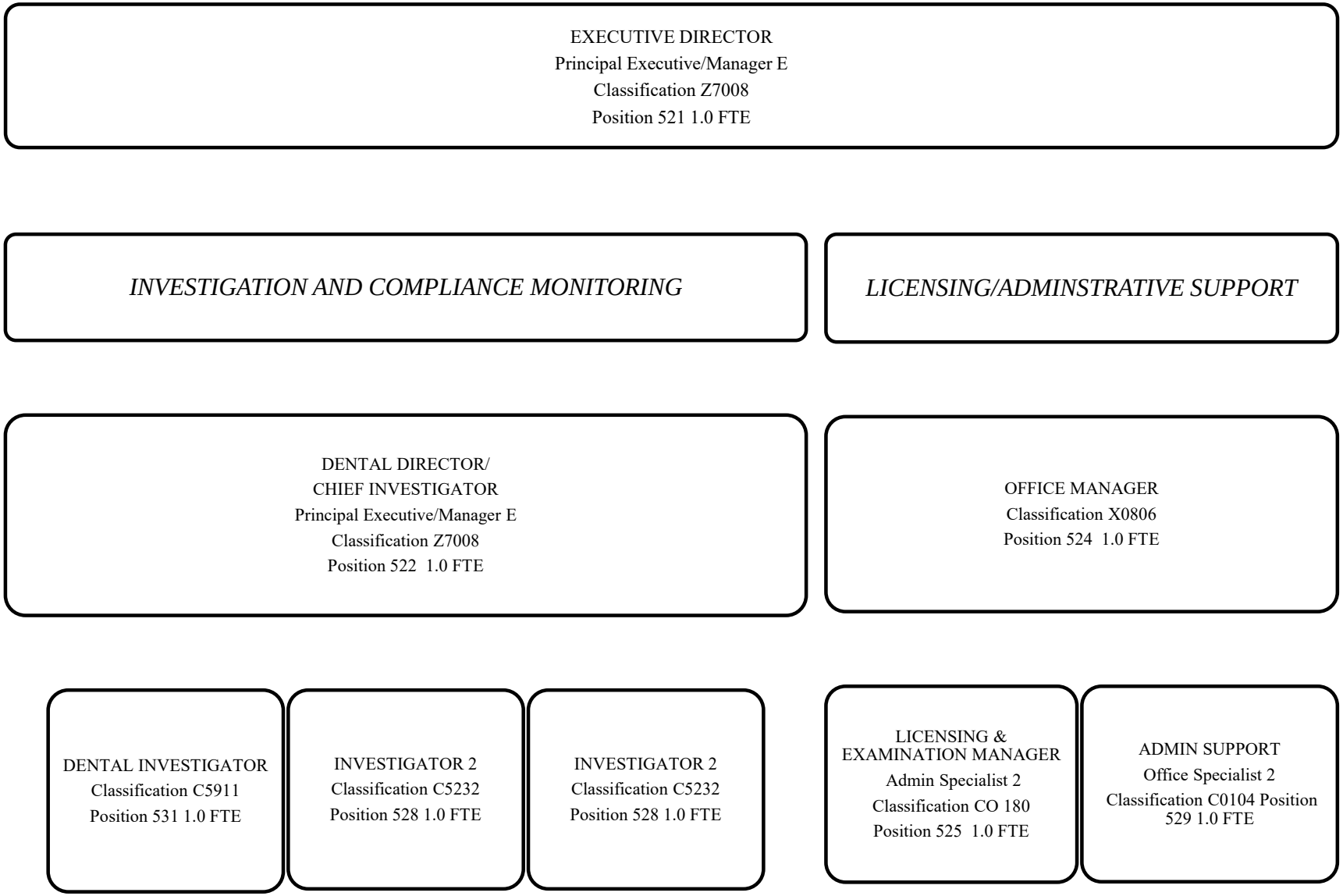
The Board has adopted by reference the Attorney General's Model Rules on the use of collaborative dispute resolution in rulemaking (OAR 137-001-0009) and the Attorney General's Model Rule on the use of collaborative dispute resolution in contested case hearings (OAR 137-003-0565). In compliance with ORS 36.242(4), the Board also has adopted the combined rules on Confidentiality and Inadmissibility of Mediation Communications developed by the Department of Justice and the Department of Administrative Services.

Inmate Work Opportunities

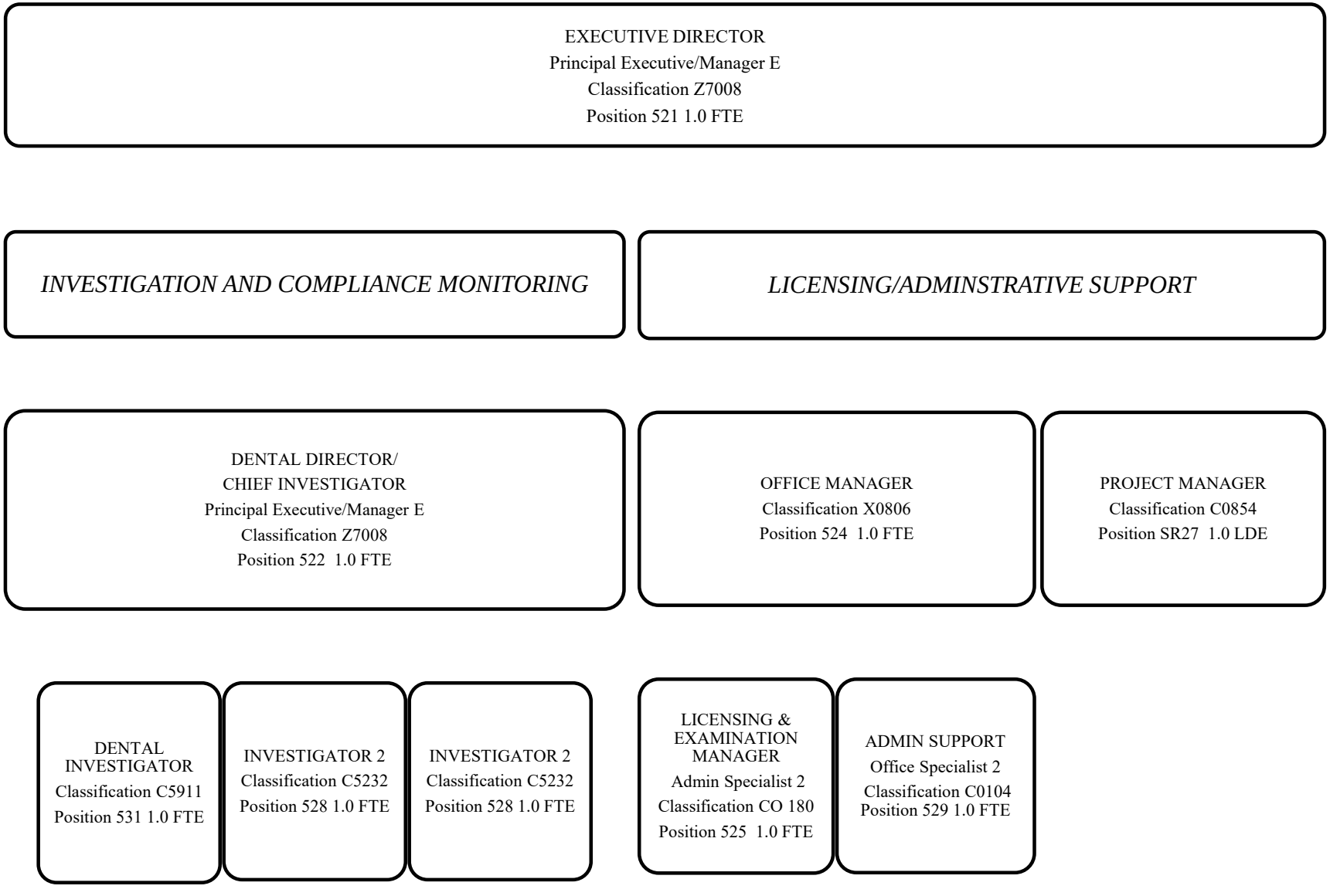
Ballot Measure 17 (1994)

Oregon Corrections Enterprises (OCE), an inmate work program within the Department of Corrections is the agency's vendor of choice for purchase of office furniture. OCE has been utilized since 1997 for distribution of mass mailings such as notices of rulemaking, license renewal notifications and Newsletters when DOC can meet the project and time requirements of the job.

Oregon Board of Dentistry - 2021-23



Oregon Board of Dentistry - 2023-25



ACTIVITY OR PROGRAM	DESCRIBE REDUCTION	AMOUNT AND FUND TYPE	RANK AND JUSTIFICATION
(WHICH PROGRAM OR ACTIVITY WILL NOT BE UNDERTAKEN)	(DESCRIBE THE EFFECTS OF THIS REDUCTION. INCLUDE POSITIONS AND FTE IN 2013-15 AND 2015-17)	(GF, LF, OF, FF. IDENTIFY REVENUE SOURCE FOR OF, FF)	(RANK THE ACTIVITIES OR PROGRAMS NOT UNDERTAKEN IN ORDER OF LOWEST COST FOR BENEFIT OBTAINED)
Eliminate funding for temporary clerical services.	TEMPORARY CLERICAL SERVICES ARE USED TO ASSIST THE AGENCY WITH MAJOR PROJECTS SUCH AS PURGING AND ARCHIVING RECORDS, ASSISTING WITH HEAVY WORKLOAD PERIODS DURING LICENSE RENEWALS, AND AS FILL IN FOR STAFF ON MEDICAL/FAMILY LEAVE. ELIMINATION OF THIS ITEM WOULD DELAY PROJECTS, INCREASE THE AMOUNT OF TIME TO RENEW LICENSES AND INCREASE STRESS ON EXISTING STAFF. *NO POSITIONS WOULD BE REDUCED.*	$3,500 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #1
Reduce expenses for production and distribution of Newsletters.	NEWSLETTERS ARE MAILED TWICE EACH YEAR TO ALL ACTIVE LICENSEES AND THOSE WHO HAVE RETIRED BUT CAN REACTIVATE FOR A PERIOD OF FOUR YEARS. NEWSLETTERS PROVIDE LICENSEES WITH INFORMATION ABOUT BOARD POLICIES, RULE AND STATUTORY CHANGES THAT ALL LICENSEES SHOULD BE AWARE OF. EXPENSES COULD BE REDUCED BY LIMITING THE NUMBER OF COPIES MAILED, BY REDUCING THE QUALITY OF THE PAPER USED, ELIMINATING COLOR AND MAILING AT A LOWER POSTAGE RATE. *NO POSITIONS WOULD BE REDUCED.*	$15,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #2
Reduce expenses for dental specialty examinations.	THESE EXAMINATIONS ARE SELF-FUNDED. EXPENSES ARE INCURRED FOR RENTAL OF CLINIC SPACE AT THE SCHOOL OF DENTISTRY AND TO PAY FOR CONTRACTED SERVICES OF LICENSED SPECIALISTS TO CONDUCT THE EXAMINATIONS. EXPENSES MAY BE ABLE TO BE REDUCED BY SEEKING THESE SERVICES AT NO COST. THIS OPTION IS CONSIDERED BECAUSE ELIMINATION OF SPECIALTY EXAMINATIONS WOULD REDUCE THE NUMBER OF DENTISTS WITH SPECIALIZED SKILLS WHO WISH TO COME TO OREGON TO PRACTICE BUT DO NOT QUALIFY FOR LICENSURE BY CREDENTIAL. (IN 2011-2013) THIS IS ESTIMATED TO BE ABOUT 10 DENTISTS). *NO POSITIONS WOULD BE REDUCED.*	$10,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #3
Eliminate contract dental consultants	THE BOARD'S INVESTIGATIVE WORKLOAD HAS LEVELED OFF AND STABILIZED. THE OBD COULD ADEQUATELY FUNCTION WITH ONE DENTIST ON STAFF IN A PERIOD OF AUSTERITY. THE OBD COULD REOPEN THIS POSITION IN THE FUTURE IF ONE DENAL INVESTIGATOR	$275,000 LICENSE APPLICATION AND RENEWAL FEES	RANK #4

	POSITION WAS ELIMINATED DUE TO BUDGETARY RESTRAINT. THE BOARD'S GOAL IS TO INVESTIGATE CASES IN A FAIR, OBJECTIVE, THOROUGH AND TIMELY MANNER. IT CURRENTLY TAKES ABOUT 7 MONTHS TO COMPLETE AN INVESTIGATION. *ONE POSITION WOULD BE LEFT UNFILLED.*		
Reduce Office Supplies	REDUCE THE PURCHASE OF ALL OFFICE SUPPLIES BY 20%. *NO POSITIONS WOULD BE REDUCED*	$18,000 OF LICENSE, APPLICATION AND RENEWAL FEES	RANK #5
Reduce Attorney General Support	THIS REDUCTION WOULD INCREASE THE BOARD'S RISK OF NOT BEING RESPONSIVE TO LEGAL ISSUES, NOT SEEKING APPROPRIATE INTERPRETATION OF STATUTES AND RULES, AND WOULD AFFECT PROSECUTION OF CONTESTED CASES HEARINGS. REDUCED ATTORNEY TIME FOR THE AGENCY WOULD LIMIT THE BOARD'S ABILITY TO SEEK PREVENTIVE LEGAL ADVICE THUS RAISING THE RISK OF INCREASED LEGAL ISSUES AT A LATER TIME. *NO POSITIONS WOULD BE REDUCED.*	$50,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #6
Reduce travel expenses by 33%.	BOARD MEMBERS INCUR TRAVEL EXPENSES TO ATTEND BOARD MEETINGS AND COMMITTEE MEETINGS, RULEMAKING HEARINGS, AND LEGISLATIVE SESSIONS THROUGHOUT THE BIENNIUM. FOUR MEMBERS LIVE OVER 300 MILES AWAY FROM THE BOARD OFFICE AND THREE LIVE 80-100 MILES AWAY. STAFF INCUR TRAVEL EXPENSES IN THE INVESTIGATION OF CASES, CONDUCTING OFFICE INSPECTIONS, GIVING PRESENTATIONS TO DENTAL STUDENTS AND PROFESSIONAL ORGANIZATIONS, AND ATTENDING INTER-AGENCY MEETINGS AND TRAINING SESSIONS. BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ATTEND MEETINGS OF NATIONAL AND REGIONAL IMPORTANCE THAT AFFECT THE PRACTICE OF DENTISTRY, DENTAL AND DENTAL HYGIENE EDUCATION, LICENSURE AND ENFORCEMENT, AND ISSUES SUCH AS CONTINUING COMPETENCY AND BEST PRACTICES FOR DEALING WITH THE ADDICTED PROFESSIONAL. REDUCING TRAVEL WOULD LIMIT THE ABILITY OF BOARD AND STAFF TO MAINTAIN OPEN AND CLEAR COMMUNICATIONS WITH THE PROFESSION, EDUCATION PROGRAMS, OTHER STATE AGENCIES, AND TO PARTICIPATE IN THE POLICY SETTING ON A NATIONAL LEVEL. *NO POSITIONS WOULD BE REDUCED.*	$23,000 OF LICENSE APPLICATION AND RENEWAL FEES	RANK #7

Summary of 2023-25 Biennium Budget

Oregon Board of Dentistry **Agency Request Budget**
Oregon Board of Dentistry **Cross Reference Number: 83400-000-00-00-00000**
2023-25 Biennium

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2021-23 Leg Adopted Budget	8	8.00	3,768,719	-	-	3,768,719	-	-	-
2021-23 Emergency Boards	-	-	90,535	-	-	90,535	-	-	-
2021-23 Leg Approved Budget	**8**	**8.00**	**3,859,254**	**-**	**-**	**3,859,254**	**-**	**-**	**-**
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	115,662	-	-	115,662	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	**8**	**8.00**	**3,974,916**	**-**	**-**	**3,974,916**	**-**	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Non-PICS Personal Service Increase/(Decrease)	-	-	7,643	-	-	7,643	-	-	-
Subtotal	**-**	**-**	**7,643**	**-**	**-**	**7,643**	**-**	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-
Subtotal	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	139,619	-	-	139,619	-	-	-
State Gov"t & Services Charges Increase/(Decrease)			20,684	-	-	20,684	-	-	-
Subtotal	**-**	**-**	**160,303**	**-**	**-**	**160,303**	**-**	**-**	**-**

Summary of 2023-25 Biennium Budget

Oregon Board of Dentistry **Agency Request Budget**
Oregon Board of Dentistry **Cross Reference Number: 83400-000-00-00-00000**
2023-25 Biennium

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	**8**	**8.00**	**4,142,862**	**-**	**-**	**4,142,862**	**-**	**-**	**-**

Summary of 2023-25 Biennium Budget

Oregon Board of Dentistry **Agency Request Budget**
Oregon Board of Dentistry **Cross Reference Number: 83400-000-00-00-00000**
2023-25 Biennium

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal: 2023-25 Current Service Level	**8**	**8.00**	**4,142,862**	**-**	**-**	**4,142,862**	-	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	**8**	**8.00**	**4,142,862**	**-**	**-**	**4,142,862**	-	**-**	**-**
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
100 - Dental Therapy Fees Implementation	-	-	-	-	-	-	-	-	-
200 - Oregon Wellness Program	-	-	80,000	-	-	80,000	-	-	-
Subtotal Policy Packages	**-**	**-**	**80,000**	**-**	**-**	**80,000**	-	**-**	**-**
Total 2023-25 Agency Request Budget	**8**	**8.00**	**4,222,862**	**-**	**-**	**4,222,862**	-	**-**	**-**
Percentage Change From 2021-23 Leg Approved Budget	-	-	9.42%	-	-	9.42%	-	-	-
Percentage Change From 2023-25 Current Service Level	-	-	1.93%	-	-	1.93%	-	-	-

Summary of 2023-25 Biennium Budget

Oregon Board of Dentistry
Board of Dentistry
2023-25 Biennium

Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Description	Positions	Full-Time Equivalent (FTE)	ALL FUNDS	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds
2021-23 Leg Adopted Budget	8	8.00	3,768,719	-	-	3,768,719	-	-	-
2021-23 Emergency Boards	-	-	90,535	-	-	90,535	-	-	-
2021-23 Leg Approved Budget	**8**	**8.00**	**3,859,254**	**-**	**-**	**3,859,254**	**-**	**-**	**-**
2023-25 Base Budget Adjustments									
Net Cost of Position Actions									
Administrative Biennialized E-Board, Phase-Out	-	-	115,662	-	-	115,662	-	-	-
Estimated Cost of Merit Increase			-	-	-	-	-	-	-
Base Debt Service Adjustment			-	-	-	-	-	-	-
Base Nonlimited Adjustment			-	-	-	-	-	-	-
Capital Construction			-	-	-	-	-	-	-
Subtotal 2023-25 Base Budget	**8**	**8.00**	**3,974,916**	**-**	**-**	**3,974,916**	**-**	**-**	**-**
Essential Packages									
010 - Non-PICS Pers Svc/Vacancy Factor									
Non-PICS Personal Service Increase/(Decrease)	-	-	7,643	-	-	7,643	-	-	-
Subtotal	**-**	**-**	**7,643**	**-**	**-**	**7,643**	**-**	**-**	**-**
020 - Phase In / Out Pgm & One-time Cost									
021 - Phase-in	-	-	-	-	-	-	-	-	-
022 - Phase-out Pgm & One-time Costs	-	-	-	-	-	-	-	-	-
Subtotal	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
030 - Inflation & Price List Adjustments									
Cost of Goods & Services Increase/(Decrease)	-	-	139,619	-	-	139,619	-	-	-
State Gov"t & Services Charges Increase/(Decrease)			20,684	-	-	20,684	-	-	-
Subtotal	**-**	**-**	**160,303**	**-**	**-**	**160,303**	**-**	**-**	**-**

Summary of 2023-25 Biennium Budget

Oregon Board of Dentistry **Agency Request Budget**
Board of Dentistry **Cross Reference Number: 83400-001-00-00-00000**
2023-25 Biennium

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
040 - Mandated Caseload									
040 - Mandated Caseload	-	-	-	-	-	-	-	-	-
050 - Fundshifts and Revenue Reductions									
050 - Fundshifts	-	-	-	-	-	-	-	-	-
060 - Technical Adjustments									
060 - Technical Adjustments	-	-	-	-	-	-	-	-	-
Subtotal: 2023-25 Current Service Level	**8**	**8.00**	**4,142,862**	**-**	**-**	**4,142,862**	**-**	**-**	**-**

Summary of 2023-25 Biennium Budget

Oregon Board of Dentistry
Board of Dentistry
2023-25 Biennium

Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Description	*Positions*	*Full-Time Equivalent (FTE)*	*ALL FUNDS*	*General Fund*	*Lottery Funds*	*Other Funds*	*Federal Funds*	*Nonlimited Other Funds*	*Nonlimited Federal Funds*
Subtotal: 2023-25 Current Service Level	**8**	**8.00**	**4,142,862**	**-**	**-**	**4,142,862**	-	**-**	**-**
070 - Revenue Reductions/Shortfall									
070 - Revenue Shortfalls	-	-	-	-	-	-	-	-	-
Modified 2023-25 Current Service Level	**8**	**8.00**	**4,142,862**	**-**	**-**	**4,142,862**	-	**-**	**-**
080 - E-Boards									
081 - June 2022 Emergency Board	-	-	-	-	-	-	-	-	-
Subtotal Emergency Board Packages	**-**	**-**	**-**	**-**	**-**	**-**	-	**-**	**-**
Policy Packages									
100 - Dental Therapy Fees Implementation	-	-	-	-	-	-	-	-	-
200 - Oregon Wellness Program	-	-	80,000	-	-	80,000	-	-	-
Subtotal Policy Packages	**-**	**-**	**80,000**	**-**	**-**	**80,000**	-	**-**	**-**
Total 2023-25 Agency Request Budget	**8**	**8.00**	**4,222,862**	**-**	**-**	**4,222,862**	-	**-**	**-**
Percentage Change From 2021-23 Leg Approved Budget	-	-	9.42%	-	-	9.42%	-	-	-
Percentage Change From 2023-25 Current Service Level	-	-	1.93%	-	-	1.93%	-	-	-

Oregon Board of Dentistry *Agency Number: 83400*

Agencywide Program Unit Summary **Version: V - 01 - Agency Request Budget**

2023-25 Biennium

Summary Cross Reference Number	*Cross Reference Description*	*2019-21 Actuals*	*2021-23 Leg Adopted Budget*	*2021-23 Leg Approved Budget*	*2023-25 Agency Request Budget*	*2023-25 Governor's Budget*	*2023-25 Leg. Adopted Budget*
001-00-00-00000	**Board of Dentistry**						
	Other Funds	3,270,097	3,768,719	3,859,254	4,222,862	-	-
TOTAL AGENCY							
	Other Funds	3,270,097	3,768,719	3,859,254	4,222,862	-	-

REVENUES

Source of Funds

The Board of Dentistry is funded solely by Other Funds received from license and application fees, renewal fees, permit fees, civil penalties and from the sale of labels, lists and public documents as allowed by law and interest on investments. All fees received are deposited in the State Treasury and are dedicated to the administration costs of the Board and the enforcement of ORS Chapter 679 and ORS Chapter 680.010 to 680.205. License and permit fees comprise 90% of all revenue collected by the Board.

Fee Policy

Fees charged by the Board are set in a manner that is fair and reasonable to sufficiently fund agency operations. Fees are designed so that revenues collected will not exceed the cost of administering the Board's programs and are established only after consultation with licensees, their professional associations and are subject to prior approval of the Department of Administrative Services and subsequently authorized by the Legislative Assembly. Fees were last updated in July 2022 with dental therapy being added as a new type of Licensee regulated by our Board.

Basis for 2023-2025 Estimates

Revenue projections are based on the estimated number of application fees, license renewals, and anesthesia permits. Data used includes historical information on new licenses issued, the number of current active licenses and the average number of retirements and resignations per year. This wil be the first time Dental Therapists will be referenced with the first licenses issued in 2022.

Fees are primarily paid by dentists, dental therapists and dental hygienists already licensed or applying for a new license, 2023-2025 Estimated Revenue is based on the following numbers and rates:

	Rate	Total	Note
Application Fees:			
Dentists	$345.00	$225,000.00	No Change
Dental Hygienists	$180.00	$170,000.00	No Change
Dental Therapists	$180.00	$9000.00	New fee 7/1/2022
License Fees (biennial/ new and renewal):			
Dental	$390.00	$1,500,000.00	No Change
Dental Hygiene	$230.00	$1,000,000.00	No Change
Dental Therapists	$230.00	$11,500	New Fee 7/1/2022

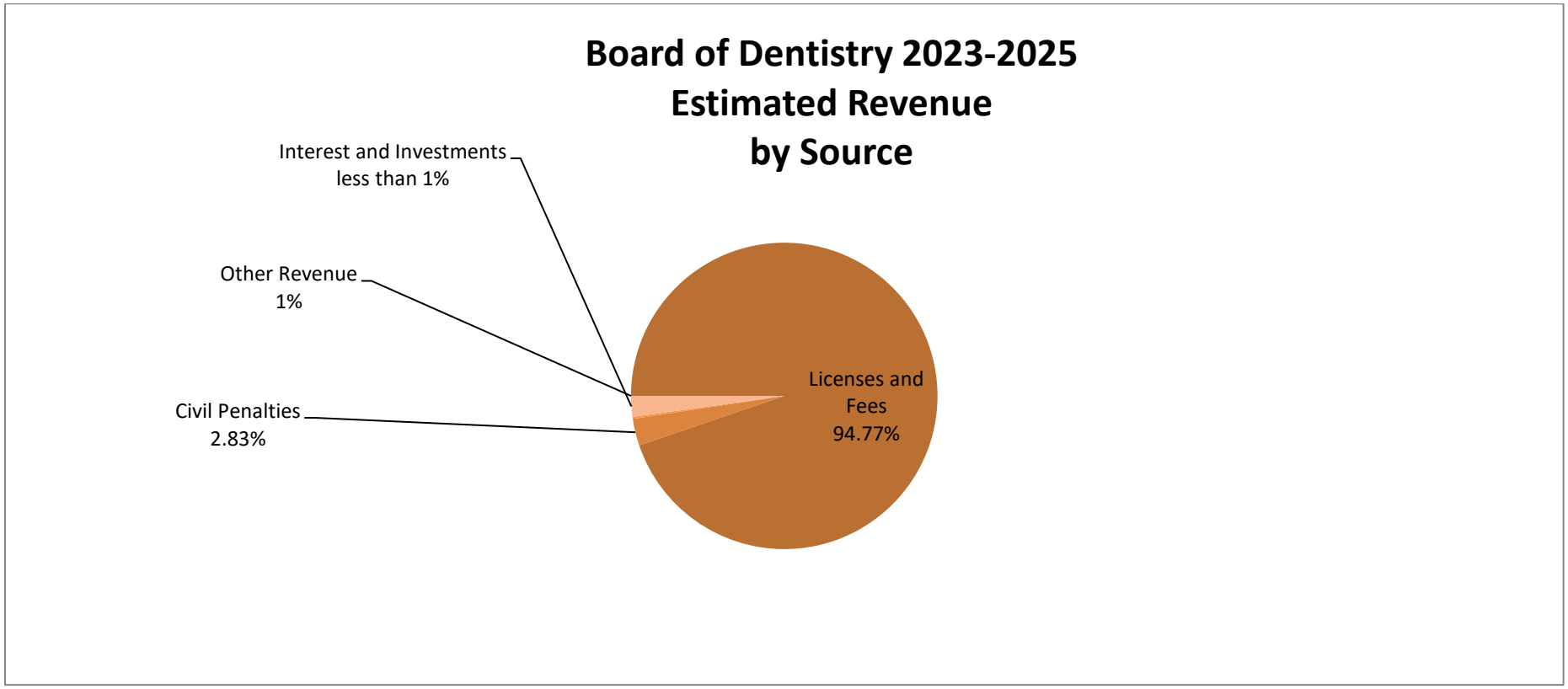
Anesthesia Permits:			
Nitrous Oxide	$ 40.00	$180,000.00	No Change
Minimal Sedation	$ 75.00	$35,000.00	No Change
Moderate Sedation	$ 75.00	$ 10,000.00	No Change
Deep Sedation	$ 75.00	$10,000.00	No Change
General Anesthesia	$140.00	$ 15,000.00	No Change
		$3,165.500	

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry — **Agency Number: 83400**
2021-23 Biennium — **Cross Reference Number: 83400-001-00-00-00000**

Source	2017-19 Actuals	2019-21 Leg Adopted Budget	2019-21 Leg Approved Budget	2021-23 Agency Request Budget	2021-23 Governor's Budget	2021-23 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	3,223,110	3,270,000	3,270,000	3,100,000	-	-
Non-business Lic. and Fees	14,104	10,000	10,000	10,000	-	-
Charges for Services	24,476	20,000	20,000	18,000	-	-
Fines and Forfeitures	390,796	200,000	200,000	250,000	-	-
Interest Income	59,339	20,000	20,000	60,000	-	-
Other Revenues	14,821	50,000	50,000	14,000	-	-
Tsfr To Oregon Health Authority	(202,957)	(226,800)	(226,800)	(226,800)	-	-
Total Other Funds	**$3,523,689**	**$3,343,200**	**$3,343,200**	**$3,225,200**	-	-

The revenue sources in the table above represent 90% of estimated revenue for 2023-2025. The remaining 5% is derived from delinquent fees, charges for services such as public records requests, data processing information, verification of licensure, dental assistant certification and civil penalties and interest on investments. Sources and percent of total revenue are depicted in the chart.



PROGRAM UNITS

For budget purposes, the Board of Dentistry is one operational unit and all major issues have been presented in the Agency Plans portion of this Budget Request.

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry **Agency Number: 83400**

2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**

Source	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	3,197,055	3,100,000	3,100,000	3,130,000	-	-
Non-business Lic. and Fees	14,900	10,000	10,000	14,900	-	-
Charges for Services	25,106	18,000	18,000	25,100	-	-
Fines and Forfeitures	222,136	250,000	250,000	240,000	-	-
Interest Income	49,215	60,000	60,000	60,000	-	-
Other Revenues	14,678	14,000	14,000	14,000	-	-
Tsfr To Oregon Health Authority	(203,675)	(226,800)	(226,800)	(267,000)	-	-
Total Other Funds	**$3,319,415**	**$3,225,200**	**$3,225,200**	**$3,217,000**	**-**	**-**

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry **Agency Number: 83400**

2023-25 Biennium **Cross Reference Number: 83400-001-00-00-00000**

Source	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	3,197,055	3,100,000	3,100,000	3,130,000	-	-
Non-business Lic. and Fees	14,900	10,000	10,000	14,900	-	-
Charges for Services	25,106	18,000	18,000	25,100	-	-
Fines and Forfeitures	222,136	250,000	250,000	240,000	-	-
Interest Income	49,215	60,000	60,000	60,000	-	-
Other Revenues	14,678	14,000	14,000	14,000	-	-
Tsfr To Oregon Health Authority	(203,675)	(226,800)	(226,800)	(267,000)	-	-
Total Other Funds	**$3,319,415**	**$3,225,200**	**$3,225,200**	**$3,217,000**	**-**	**-**

PROGRAM UNITS

For budget purposes, the Board of Dentistry is one operational unit and all major issues have been presented in the Agency Plans portion of this Budget Request.

The Agency Budget Request is based on revenue from existing fees and available cash balance. The Current Service Level budget was developed in accordance with Department of Administrative Services guidelines. Personal Services costs are automatically generated by State's computerized budget system (ORBITS) based on the salary level of incumbents. Services and Supplies line items have been calculated based on the standard inflation factor of 4.2% provided by DAS, or approved by DAS as an exception to the standard inflation rate (Attorney General, rent, State Government Service Charges).

ESSENTIAL PACKAGES

Essential Packages make budget adjustments.

Package 010: Non-PICS Personal Services

Package 010 calculates limitation needs for salary and per diem and pension bond related expenses that are not calculated by PICS (inflation factor on temporary appointments, mass transit tax and social security and new payments toward pension bonds). The total amount of this package is $7,643.

Package 031: Standard Inflation and Price List Adjustments

Services and Supplies line items are projected at the standard inflation rate of 4.2% with some exceptions. Facilities Rental and Taxes increase has been calculated at the 4.2% allowed based on the current rental lease. All exceptions have been reviewed and approved by the Department of Administrative Services prior to inclusion in the Board's Current Service Level Budget. Total amount of this package is $148,371.

Package 032: Above Standard Inflation with CFO Analyst Approval

No vacancy savings. CFO Analyst approved package 032 above standard inflation of $11,932.

State Government Service Charges
2023-2025 Price List of Goods and Services

Please note: This online model does not include any service charges for volume or activity-based usage.

This report only reflects fixed State Government Service Charges.

See Price List of Goods and Services (PDF) for the complete price list.

Select an Agency Number: 83400

STATE GOVERNMENT SERVICE CHARGES
Dentistry, Board of -- 83400

Description	Amount
Oregon Law Library	$651
Secretary of State-Audits	$4,069
Secretary of State-Archives & Records Management	$2,941
Secretary of State-Archives Compact Shelving	$130
Secretary of State-Archives Record Center	$7,855
State Library of Oregon	$932
Oregon Government Ethics Commission	$177
DAS - Enterprise Information Services - Data Center Services (DCS)	$15,325
DAS - Enterprise Information Services (EIS)	$5,000
DAS - Enterprise Information Services-Microsoft 365	$18,901
DAS - Enterprise Goods & Services-Property (Auto & General)	$709
DAS - Enterprise Goods & Services-Workers' Compensation	$1,064
DAS - Enterprise Goods & Services-Liability (Auto & General)	$7,797
DAS - Enterprise Goods & Services-Procurement Services	$1,539
DAS - Enterprise Asset Management-Admin. & Real Estate Services	$565
DAS - Chief Operating Office	$1,813
DAS - Enterprise Asset Management-Surplus Property Base	$78
Central Government Service Charge	$9,817
COBID - Certification Office for Business Inclusion and Diversity	$646
DAS - Chief Financial Office	$5,000
DAS - Chief Human Resources Office	$9,071
Total:	**$94,080**

POLICY OPTION PACKAGE:

Package 100 Dental Therapy Fees Implementation

- The purpose of this package is to memorialize that the OBD is implementing new dental therapy fees due to the passage of HB 2528 (2021) and subsequent rulemaking. Dental Therapy is innovative new area of oral healthcare and dental therapists will be the newest type of Licensee for the OBD to licenses and regulate since the 1940s when dental hygiene was added to the jurisdiction of the OBD. Dental therapy rules and applications for licensure were in place on July 1, 2022.

  - **How Achieved:** The OBD promulgated new rules and consulted with DAS to ensure the fees are in place effective July 1, 2022. The Board went through its transparent and public rulemaking process.

  - **Staffing Impact:** It will be incorporated into current workload.

  - **Services and Supplies:** It will be incorporated into current resources.

  - **Revenue Source:** The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties Revenue will be recorded in fee ratification bill during the 2023 Legislative Session .The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties.

Package 200 Oregon Wellness Program

- The purpose of this package is to establish funding and support the Oregon Wellness Program with this package. The Oregon Wellness program is designed to help healthcare professionals struggling with personal issues but not to replace a Health Licensing Board actions or supervision if necessary that could impact patient safety. The Foundation for Medical Excellence (TFME) seeks to expand Oregon Wellness Program (OWP) eligibility to include all Oregon Board of Dentistry Licensees. The OBD supports this program and wants to commit resources to it. The mission of the Oregon Wellness Program is to promote Oregon Healthcare Professionals' well-being through education, coordinated regional counseling services, telemedicine services and research. Stress and burnout for the OBD's Licensees is a challenge in today's healthcare climate, and the OWP provides for the anonymous and confidential urgent help. The OWP is designed to be a state-wide effort to provide highly confidential urgent mental health services to active clinical providers who self-refer. A Licensee that contacts the OWP will receive up to eight visits free. These visits are confidential, and insurance is not billed. OWP is served by 18 mental health providers (all vetted PhD, PsyD, Psychiatrist, or MSW) nominated by their local community providers, experienced in providing care to their health care colleagues, and approved by the OWP Executive Committee. There is a standardized process for ensuring consent and confidentiality. All providers utilize Telehealth. OWP has a state-wide call service provided by Cascade Health in Eugene. The program in its current format originated in 2018 and has since then served over 1500 healthcare professionals. Before the inclusion of OBD Licensees, the population served was physicians, physician assistants, and advanced practitioners. As a statewide program and with the use of telehealth, all areas of the state are able to receive equal access to the program. The TFME provides the administrative hub to reimburse the providers of services. Participant anonymity is key, with the TFME unaware of individual participants.

- **How Achieved:** The OBD with consultation from the Oregon Dental Association and other health licensing boards seeks to implement this resource for the OBD's Licensees.

- **Staffing Impact:** It will be incorporated into current workload.

- **Services and Supplies:** $80,000

- **Revenue Source:** The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by licensees and applicants for licenses and permits. A small portion (less than six percent) of the Board's revenue is from miscellaneous revenues generated from the sale of documents and records, late fees and civil penalties.

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry **Cross Reference Name: Board of Dentistry**

Pkg: 010 - Vacancy Factor and Non-ORPICS Personal Services **Cross Reference Number: 83400-001-00-00-00000**

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Personal Services							
Temporary Appointments	-	-	185	-	-	-	185
Overtime Payments	-	-	269	-	-	-	269
All Other Differential	-	-	1,673	-	-	-	1,673
Public Employees' Retire Cont	-	-	348	-	-	-	348
Pension Obligation Bond	-	-	4,676	-	-	-	4,676
Social Security Taxes	-	-	163	-	-	-	163
Paid Family Medical Leave Insurance	-	-	8	-	-	-	8
Mass Transit Tax	-	-	321	-	-	-	321
Total Personal Services	**-**	**-**	**$7,643**	**-**	**-**	**-**	**$7,643**
Total Expenditures							
Total Expenditures	-	-	7,643	-	-	-	7,643
Total Expenditures	**-**	**-**	**$7,643**	**-**	**-**	**-**	**$7,643**
Ending Balance							
Ending Balance	-	-	(7,643)	-	-	-	(7,643)
Total Ending Balance	**-**	**-**	**($7,643)**	**-**	**-**	**-**	**($7,643)**

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
Pkg: 031 - Standard Inflation

Cross Reference Name: Board of Dentistry
Cross Reference Number: 83400-001-00-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Instate Travel	-	-	2,225	-	-	-	2,225
Out of State Travel	-	-	331	-	-	-	331
Employee Training	-	-	2,375	-	-	-	2,375
Office Expenses	-	-	3,996	-	-	-	3,996
Telecommunications	-	-	1,092	-	-	-	1,092
State Gov. Service Charges	-	-	20,684	-	-	-	20,684
Data Processing	-	-	6,586	-	-	-	6,586
Publicity and Publications	-	-	651	-	-	-	651
Professional Services	-	-	23,804	-	-	-	23,804
IT Professional Services	-	-	13,025	-	-	-	13,025
Attorney General	-	-	54,198	-	-	-	54,198
Employee Recruitment and Develop	-	-	31	-	-	-	31
Dues and Subscriptions	-	-	457	-	-	-	457
Facilities Rental and Taxes	-	-	7,846	-	-	-	7,846
Facilities Maintenance	-	-	26	-	-	-	26
Agency Program Related S and S	-	-	5,750	-	-	-	5,750
Other Services and Supplies	-	-	4,009	-	-	-	4,009
Expendable Prop 250 - 5000	-	-	256	-	-	-	256
IT Expendable Property	-	-	1,029	-	-	-	1,029
Total Services & Supplies	**-**	**-**	**$148,371**	**-**	**-**	**-**	**$148,371**

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
Pkg: 031 - Standard Inflation

Cross Reference Name: Board of Dentistry
Cross Reference Number: 83400-001-00-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Total Expenditures							
Total Expenditures	-	-	148,371	-	-	-	148,371
Total Expenditures	**-**	**-**	**$148,371**	**-**	**-**	**-**	**$148,371**
Ending Balance							
Ending Balance	-	-	(148,371)	-	-	-	(148,371)
Total Ending Balance	**-**	**-**	**($148,371)**	**-**	**-**	**-**	**($148,371)**

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
Pkg: 032 - Above Standard Inflation

Cross Reference Name: Board of Dentistry
Cross Reference Number: 83400-001-00-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Facilities Rental and Taxes	-	-	11,932	-	-	-	11,932
Total Services & Supplies	**-**	**-**	**$11,932**	**-**	**-**	**-**	**$11,932**
Total Expenditures							
Total Expenditures	-	-	11,932	-	-	-	11,932
Total Expenditures	**-**	**-**	**$11,932**	**-**	**-**	**-**	**$11,932**
Ending Balance							
Ending Balance	-	-	(11,932)	-	-	-	(11,932)
Total Ending Balance	**-**	**-**	**($11,932)**	**-**	**-**	**-**	**($11,932)**

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
Pkg: 100 - Dental Therapy Fees Implementation

Cross Reference Name: Board of Dentistry
Cross Reference Number: 83400-001-00-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Revenues							
Business Lic and Fees	-	-	30,000	-	-	-	30,000
Total Revenues	**-**	**-**	**$30,000**	**-**	**-**	**-**	**$30,000**
Ending Balance							
Ending Balance	-	-	30,000	-	-	-	30,000
Total Ending Balance	**-**	**-**	**$30,000**	**-**	**-**	**-**	**$30,000**

ESSENTIAL AND POLICY PACKAGE FISCAL IMPACT SUMMARY

Oregon Board of Dentistry
Pkg: 200 - Oregon Wellness Program

Cross Reference Name: Board of Dentistry
Cross Reference Number: 83400-001-00-00-00000

Description	General Fund	Lottery Funds	Other Funds	Federal Funds	Nonlimited Other Funds	Nonlimited Federal Funds	All Funds
Services & Supplies							
Professional Services	-	-	80,000	-	-	-	80,000
Total Services & Supplies	**-**	**-**	**$80,000**	**-**	**-**	**-**	**$80,000**
Total Expenditures							
Total Expenditures	-	-	80,000	-	-	-	80,000
Total Expenditures	**-**	**-**	**$80,000**	**-**	**-**	**-**	**$80,000**
Ending Balance							
Ending Balance	-	-	(80,000)	-	-	-	(80,000)
Total Ending Balance	**-**	**-**	**($80,000)**	**-**	**-**	**-**	**($80,000)**

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Agency Request Budget

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
No records for the phase: ARB														
				General Funds						**0**	**0**	**0**		
				Lottery Funds						**0**	**0**	**0**		
				Other Funds						**0**	**0**	**0**		
				Federal Funds						**0**	**0**	**0**		
				Total Funds						**0**	**0**	**0**	**0**	**0.00**

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry **Agency Number: 83400**

2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**

Source	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	3,197,055	3,100,000	3,100,000	3,130,000	-	-
Non-business Lic. and Fees	14,900	10,000	10,000	14,900	-	-
Charges for Services	25,106	18,000	18,000	25,100	-	-
Fines and Forfeitures	222,136	250,000	250,000	240,000	-	-
Interest Income	49,215	60,000	60,000	60,000	-	-
Other Revenues	14,678	14,000	14,000	14,000	-	-
Tsfr To Oregon Health Authority	(203,675)	(226,800)	(226,800)	(267,000)	-	-
Total Other Funds	**$3,319,415**	**$3,225,200**	**$3,225,200**	**$3,217,000**	**-**	**-**

DETAIL OF LOTTERY FUNDS, OTHER FUNDS, AND FEDERAL FUNDS REVENUE

Oregon Board of Dentistry **Agency Number: 83400**

2023-25 Biennium **Cross Reference Number: 83400-001-00-00-00000**

Source	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Leg Approved Budget	2023-25 Agency Request Budget	2023-25 Governor's Budget	2023-25 Leg. Adopted Budget
Other Funds						
Business Lic and Fees	3,197,055	3,100,000	3,100,000	3,130,000	-	-
Non-business Lic. and Fees	14,900	10,000	10,000	14,900	-	-
Charges for Services	25,106	18,000	18,000	25,100	-	-
Fines and Forfeitures	222,136	250,000	250,000	240,000	-	-
Interest Income	49,215	60,000	60,000	60,000	-	-
Other Revenues	14,678	14,000	14,000	14,000	-	-
Tsfr To Oregon Health Authority	(203,675)	(226,800)	(226,800)	(267,000)	-	-
Total Other Funds	**$3,319,415**	**$3,225,200**	**$3,225,200**	**$3,217,000**	**-**	**-**

Facility Proposal Impact on Work Space Requirements
None

Audit Response Report
A Secretary of State Audit was conducted for the period July 1, 2005, through December 31, 2007. The Final report was issued September 10, 2008.

Affirmative Action Report
Agency Affirmative Action Policy: The Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled. The Board of Dentistry will not tolerate discrimination or harassment on the basis of race, color, sex, marital status, religion, national origin, age, mental or physical disability, or any reason prohibited by state or federal statute. The Board and its management further adopts and affirms the Governor's beliefs that the State has a commitment to the right of all persons to work and advance on the basis of merit, ability and potential.

The Board of Dentistry has seven positions budgeted at 8.0 FTE.

Status of 8 staff positions at July 1, 2022:

Official/Administrator	1.0 White/Male/over 40
Professional/Technical	1.0 Hispanic/Male/over 40
Administrative/Support	1.0 Multiple Ethnicities/Male/over 40
	2.0 White/Female/over 40
	3.0 White/Female/under 40

The ten members of the Board are appointed by the Governor and confirmed by the Senate to four-year terms. By statute, six members are licensed dentists, two are licensed hygienists and two are public members.
Status of 10 Board Members positions at July 1, 2022:

Board President	1.0 Hispanic/Male/over 40
Board Vice President	1.0 African American/Male/over 40
	3.0 White/Female/over 40
	2.0 Asian/Female over 40
	1.0 Native American/Female/under 40
	1.0 Middle Eastern/Male/over 40
	1.0 White/Male/over 40

SB 786 – Diversity Report

Senate Bill 786 (ORS Chapter 973), passed by the 2001 Legislature, requires that the health professional regulatory boards listed in ORS 676.160 collect and maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature. Provision of the information by licensees is voluntary.

This law was the result of a study performed by the Governor's Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities, is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

In 2002, the Board participated in the Oregon Health Workforce Project conducted by OHSU, Area Health Education Centers Program, to determine the workforce and demographic makeup of several health care professions. Results of that survey with updated results from August 2020 are shown in the following tables:

Race	Dentists	Hygienists
American Indian/Alaska Native	.11%	.60%
Asian/Pacific Islander	11.12%	4.09%
Black or African American	.63%	.34%
Multi-ethnic	1.72%	1.62%
White (not Hispanic)	68.94%	96%
Gender		
Female	24%	97%
Male	76%	3%

Languages Spoken	Dentists	Hygienists
Spanish	13%	.92%
Chinese	2.3%	.45%
Vietnamese	2.9%	2.65%
Russian	1.03%	1.26%
Korean	2.3%	.26%
Cambodian	0%	0%
Laotian	0%	0%
English	94.6%	86.5%

To comply with the requirements of SB 786, a survey instrument was developed in collaboration with other health licensing boards in late 2001. The Board of Dentistry decided that the most economical way to gather this information would be to include the survey with renewal applications. Approximately one-half of all licensees renew their licenses each year. (Dentists renew their licenses every two years by March 30 based on even or odd-numbered year of issue and Dental Hygiene licenses are renewed by September 30 in the same manner.) For the purposes of compliance with the requirements of SB 786, it will take two years to complete the survey of all licensees.

In January 2002, the survey was included in the renewal mailings for all licensees during the 2 year renewal cycle which ended September 30, 2003, a total of 3,478 licensees responded. Effective January 2002, the survey form was included in application packets for new licenses. The following is an update table of all responses through July 1, 2020.

Results of OBD surveys returned as of August 1, 2020:

Race	Total	% of those Responding	Speak a language other than English
American Indian/Alaska Native	27	0.37%	2
Asian/Pacific Islander	560	7.68%	431
Black (not Hispanic)	35	0.48%	12
Hispanic	193	2.65%	118
Other (Multi-ethnic)	122	1.67%	26
White (not Hispanic)	5493	75.32%	850
Not specific	863	11.83%	262
Total	7293	100.00%	1701

In addition to implementation of the survey, the Board has met with the Oregon Dental Association and the Dean of the OHSU School of Dentistry to discuss ways in which these three organizations can partner to advance the purposes of SB 786 in attracting people of ethnic and racial background to the professions of dentistry and dental hygiene. Several meetings have also been held with representatives of the affected licensing boards, the Office of Multicultural Health, Department of Administrative Services Diversity Outreach and Executive Recruitment section. Representatives from the Commission on Black Affairs, Commission on Asian Affairs and Commission on Indian Services were also invited to attend. Discussions were conducted to develop strategies for collaborative outreach efforts to recruit Board members from ethnic and racially diverse populations and to educate these populations about opportunities in health professional careers.

Oregon Board of Dentistry

Summary Cross Reference Listing and Packages **Agency Number: 83400**

2023-25 Biennium **BAM Analyst: Michelson, Alicia**

Budget Coordinator: Brandt, Carol - (971)673-2679

Cross Reference Number	*Cross Reference Description*	*Package Number*	Priority	*Package Description*	*Package Group*
001-00-00-00000	Board of Dentistry	010	0	Vacancy Factor and Non-ORPICS Personal Services	Essential Packages
001-00-00-00000	Board of Dentistry	021	0	Phase-in	Essential Packages
001-00-00-00000	Board of Dentistry	022	0	Phase-out Pgm & One-time Costs	Essential Packages
001-00-00-00000	Board of Dentistry	031	0	Standard Inflation	Essential Packages
001-00-00-00000	Board of Dentistry	032	0	Above Standard Inflation	Essential Packages
001-00-00-00000	Board of Dentistry	033	0	Exceptional Inflation	Essential Packages
001-00-00-00000	Board of Dentistry	070	0	Revenue Shortfalls	Policy Packages
001-00-00-00000	Board of Dentistry	081	0	June 2022 Emergency Board	Policy Packages
001-00-00-00000	Board of Dentistry	100	0	Dental Therapy Fees Implementation	Policy Packages
001-00-00-00000	Board of Dentistry	200	0	Oregon Wellness Program	Policy Packages

Oregon Board of Dentistry

Policy Package List by Priority
2023-25 Biennium

Agency Number: 83400
BAM Analyst: Michelson, Alicia
Budget Coordinator: Brandt, Carol - (971)673-2679

Priority	*Policy Pkg Number*	*Policy Pkg Description*	*Summary Cross Reference Number*	*Cross Reference Description*
0	070	Revenue Shortfalls	001-00-00-00000	Board of Dentistry
	081	June 2022 Emergency Board	001-00-00-00000	Board of Dentistry
	100	Dental Therapy Fees Implementation	001-00-00-00000	Board of Dentistry
	200	Oregon Wellness Program	001-00-00-00000	Board of Dentistry

Oregon Board of Dentistry ***Agency Number: 83400***

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**
Oregon Board of Dentistry

DESCRIPTION	*2019-21 Actuals*	*2021-23 Leg Adopted Budget*	*2021-23 Emergency Boards*	*2021-23 Leg Approved Budget*	*2023-25 Base Budget*	*2023-25 Current Service Level*
BEGINNING BALANCE						
0025 Beginning Balance						
3400 Other Funds Ltd	1,474,142	1,500,000	-	1,500,000	1,100,000	1,100,000
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
3400 Other Funds Ltd	3,197,055	3,100,000	-	3,100,000	3,100,000	3,100,000
0210 Non-business Lic. and Fees						
3400 Other Funds Ltd	14,900	10,000	-	10,000	14,900	14,900
TOTAL LICENSES AND FEES						
3400 Other Funds Ltd	3,211,955	3,110,000	-	3,110,000	3,114,900	3,114,900
TOTAL LICENSES AND FEES	**$3,211,955**	**$3,110,000**	**-**	**$3,110,000**	**$3,114,900**	**$3,114,900**
CHARGES FOR SERVICES						
0410 Charges for Services						
3400 Other Funds Ltd	25,106	18,000	-	18,000	25,100	25,100
FINES, RENTS AND ROYALTIES						
0505 Fines and Forfeitures						
3400 Other Funds Ltd	222,136	250,000	-	250,000	240,000	240,000
INTEREST EARNINGS						
0605 Interest Income						

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**
Oregon Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	49,215	60,000	-	60,000	60,000	60,000
OTHER						
0975 Other Revenues						
3400 Other Funds Ltd	14,678	14,000	-	14,000	14,000	14,000
REVENUES						
3400 Other Funds Ltd	3,523,090	3,452,000	-	3,452,000	3,454,000	3,454,000
TRANSFERS OUT						
2443 Tsfr To Oregon Health Authority						
3400 Other Funds Ltd	(203,675)	(226,800)	-	(226,800)	(267,000)	(267,000)
AVAILABLE REVENUES						
3400 Other Funds Ltd	4,793,557	4,725,200	-	4,725,200	4,287,000	4,287,000
EXPENDITURES						
PERSONAL SERVICES						
SALARIES & WAGES						
3110 Class/Unclass Sal. and Per Diem						
3400 Other Funds Ltd	1,302,454	1,327,436	70,421	1,397,857	1,473,020	1,473,020
3160 Temporary Appointments						
3400 Other Funds Ltd	-	4,400	-	4,400	4,400	4,585
3170 Overtime Payments						
3400 Other Funds Ltd	2,450	6,400	-	6,400	6,400	6,669
3180 Shift Differential						

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**
Oregon Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	8	-	-	-	-	-
3190 All Other Differential						
3400 Other Funds Ltd	15,795	39,836	-	39,836	39,836	41,509
TOTAL SALARIES & WAGES						
3400 Other Funds Ltd	1,320,707	1,378,072	70,421	1,448,493	1,523,656	1,525,783
TOTAL SALARIES & WAGES	**$1,320,707**	**$1,378,072**	**$70,421**	**$1,448,493**	**$1,523,656**	**$1,525,783**
OTHER PAYROLL EXPENSES						
3210 Empl. Rel. Bd. Assessments						
3400 Other Funds Ltd	358	464	-	464	424	424
3220 Public Employees' Retire Cont						
3400 Other Funds Ltd	190,948	220,731	16,166	236,897	257,000	257,348
3221 Pension Obligation Bond						
3400 Other Funds Ltd	66,427	79,458	(3,838)	75,620	75,620	80,296
3230 Social Security Taxes						
3400 Other Funds Ltd	100,102	104,164	7,220	111,384	115,415	115,578
3240 Unemployment Assessments						
3400 Other Funds Ltd	18	-	-	-	-	-
3241 Paid Family Medical Leave Insurance						
3400 Other Funds Ltd	-	-	-	-	5,461	5,469
3250 Worker's Comp. Assess. (WCD)						

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**
Oregon Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	310	368	-	368	368	368
3260 Mass Transit Tax						
3400 Other Funds Ltd	7,600	8,268	566	8,834	8,834	9,155
3270 Flexible Benefits						
3400 Other Funds Ltd	203,565	305,856	-	305,856	316,800	316,800
TOTAL OTHER PAYROLL EXPENSES						
3400 Other Funds Ltd	569,328	719,309	20,114	739,423	779,922	785,438
TOTAL OTHER PAYROLL EXPENSES	**$569,328**	**$719,309**	**$20,114**	**$739,423**	**$779,922**	**$785,438**
TOTAL PERSONAL SERVICES						
3400 Other Funds Ltd	1,890,035	2,097,381	90,535	2,187,916	2,303,578	2,311,221
TOTAL PERSONAL SERVICES	**$1,890,035**	**$2,097,381**	**$90,535**	**$2,187,916**	**$2,303,578**	**$2,311,221**
SERVICES & SUPPLIES						
4100 Instate Travel						
3400 Other Funds Ltd	22,049	52,969	-	52,969	52,969	55,194
4125 Out of State Travel						
3400 Other Funds Ltd	-	7,888	-	7,888	7,888	8,219
4150 Employee Training						
3400 Other Funds Ltd	21,335	56,554	-	56,554	56,554	58,929
4175 Office Expenses						
3400 Other Funds Ltd	44,877	95,153	-	95,153	95,153	99,149

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures
2023-25 Biennium
Oregon Board of Dentistry

Version: V - 01 - Agency Request Budget
Cross Reference Number: 83400-000-00-00-00000

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
4200 Telecommunications						
3400 Other Funds Ltd	28,267	25,997	-	25,997	25,997	27,089
4225 State Gov. Service Charges						
3400 Other Funds Ltd	162,912	73,273	-	73,273	73,273	93,957
4250 Data Processing						
3400 Other Funds Ltd	92,828	156,818	-	156,818	156,818	163,404
4275 Publicity and Publications						
3400 Other Funds Ltd	4,439	15,494	-	15,494	15,494	16,145
4300 Professional Services						
3400 Other Funds Ltd	316,593	270,498	-	270,498	270,498	294,302
4315 IT Professional Services						
3400 Other Funds Ltd	12,300	148,013	-	148,013	148,013	161,038
4325 Attorney General						
3400 Other Funds Ltd	249,707	306,725	-	306,725	306,725	360,923
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	-	735	-	735	735	766
4400 Dues and Subscriptions						
3400 Other Funds Ltd	10,322	10,874	-	10,874	10,874	11,331
4425 Facilities Rental and Taxes						
3400 Other Funds Ltd	176,858	186,798	-	186,798	186,798	206,576
4475 Facilities Maintenance						

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**
Oregon Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	-	608	-	608	608	634
4575 Agency Program Related S and S						
3400 Other Funds Ltd	39,028	136,910	-	136,910	136,910	142,660
4650 Other Services and Supplies						
3400 Other Funds Ltd	96,018	95,452	-	95,452	95,452	99,461
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	-	6,087	-	6,087	6,087	6,343
4715 IT Expendable Property						
3400 Other Funds Ltd	42,559	24,492	-	24,492	24,492	25,521
TOTAL SERVICES & SUPPLIES						
3400 Other Funds Ltd	1,320,092	1,671,338	-	1,671,338	1,671,338	1,831,641
TOTAL SERVICES & SUPPLIES	**$1,320,092**	**$1,671,338**	**-**	**$1,671,338**	**$1,671,338**	**$1,831,641**
CAPITAL OUTLAY						
5550 Data Processing Software						
3400 Other Funds Ltd	59,970	-	-	-	-	-
EXPENDITURES						
3400 Other Funds Ltd	3,270,097	3,768,719	90,535	3,859,254	3,974,916	4,142,862
ENDING BALANCE						
3400 Other Funds Ltd	1,523,460	956,481	(90,535)	865,946	312,084	144,138
TOTAL ENDING BALANCE	**$1,523,460**	**$956,481**	**($90,535)**	**$865,946**	**$312,084**	**$144,138**

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures
2023-25 Biennium
Oregon Board of Dentistry

Version: V - 01 - Agency Request Budget
Cross Reference Number: 83400-000-00-00-00000

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
AUTHORIZED POSITIONS						
8150 Class/Unclass Positions	8	8	-	8	8	8
AUTHORIZED FTE POSITIONS						
8250 Class/Unclass FTE Positions	8.00	8.00	-	8.00	8.00	8.00

Oregon Board of Dentistry ***Agency Number: 83400***

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-001-00-00-00000**
Board of Dentistry

DESCRIPTION	*2019-21 Actuals*	*2021-23 Leg Adopted Budget*	*2021-23 Emergency Boards*	*2021-23 Leg Approved Budget*	*2023-25 Base Budget*	*2023-25 Current Service Level*
BEGINNING BALANCE						
0025 Beginning Balance						
3400 Other Funds Ltd	1,474,142	1,500,000	-	1,500,000	1,100,000	1,100,000
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
3400 Other Funds Ltd	3,197,055	3,100,000	-	3,100,000	3,100,000	3,100,000
0210 Non-business Lic. and Fees						
3400 Other Funds Ltd	14,900	10,000	-	10,000	14,900	14,900
TOTAL LICENSES AND FEES						
3400 Other Funds Ltd	3,211,955	3,110,000	-	3,110,000	3,114,900	3,114,900
TOTAL LICENSES AND FEES	**$3,211,955**	**$3,110,000**	**-**	**$3,110,000**	**$3,114,900**	**$3,114,900**
CHARGES FOR SERVICES						
0410 Charges for Services						
3400 Other Funds Ltd	25,106	18,000	-	18,000	25,100	25,100
FINES, RENTS AND ROYALTIES						
0505 Fines and Forfeitures						
3400 Other Funds Ltd	222,136	250,000	-	250,000	240,000	240,000
INTEREST EARNINGS						
0605 Interest Income						

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
2023-25 Biennium **Cross Reference Number: 83400-001-00-00-00000**
Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	49,215	60,000	-	60,000	60,000	60,000
OTHER						
0975 Other Revenues						
3400 Other Funds Ltd	14,678	14,000	-	14,000	14,000	14,000
REVENUES						
3400 Other Funds Ltd	3,523,090	3,452,000	-	3,452,000	3,454,000	3,454,000
TRANSFERS OUT						
2443 Tsfr To Oregon Health Authority						
3400 Other Funds Ltd	(203,675)	(226,800)	-	(226,800)	(267,000)	(267,000)
AVAILABLE REVENUES						
3400 Other Funds Ltd	4,793,557	4,725,200	-	4,725,200	4,287,000	4,287,000
EXPENDITURES						
PERSONAL SERVICES						
SALARIES & WAGES						
3110 Class/Unclass Sal. and Per Diem						
3400 Other Funds Ltd	1,302,454	1,327,436	70,421	1,397,857	1,473,020	1,473,020
3160 Temporary Appointments						
3400 Other Funds Ltd	-	4,400	-	4,400	4,400	4,585
3170 Overtime Payments						
3400 Other Funds Ltd	2,450	6,400	-	6,400	6,400	6,669
3180 Shift Differential						

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Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
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Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	8	-	-	-	-	-
3190 All Other Differential						
3400 Other Funds Ltd	15,795	39,836	-	39,836	39,836	41,509
TOTAL SALARIES & WAGES						
3400 Other Funds Ltd	1,320,707	1,378,072	70,421	1,448,493	1,523,656	1,525,783
TOTAL SALARIES & WAGES	**$1,320,707**	**$1,378,072**	**$70,421**	**$1,448,493**	**$1,523,656**	**$1,525,783**
OTHER PAYROLL EXPENSES						
3210 Empl. Rel. Bd. Assessments						
3400 Other Funds Ltd	358	464	-	464	424	424
3220 Public Employees' Retire Cont						
3400 Other Funds Ltd	190,948	220,731	16,166	236,897	257,000	257,348
3221 Pension Obligation Bond						
3400 Other Funds Ltd	66,427	79,458	(3,838)	75,620	75,620	80,296
3230 Social Security Taxes						
3400 Other Funds Ltd	100,102	104,164	7,220	111,384	115,415	115,578
3240 Unemployment Assessments						
3400 Other Funds Ltd	18	-	-	-	-	-
3241 Paid Family Medical Leave Insurance						
3400 Other Funds Ltd	-	-	-	-	5,461	5,469
3250 Worker's Comp. Assess. (WCD)						

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Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
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Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
3400 Other Funds Ltd	310	368	-	368	368	368
3260 Mass Transit Tax						
3400 Other Funds Ltd	7,600	8,268	566	8,834	8,834	9,155
3270 Flexible Benefits						
3400 Other Funds Ltd	203,565	305,856	-	305,856	316,800	316,800
TOTAL OTHER PAYROLL EXPENSES						
3400 Other Funds Ltd	569,328	719,309	20,114	739,423	779,922	785,438
TOTAL OTHER PAYROLL EXPENSES	**$569,328**	**$719,309**	**$20,114**	**$739,423**	**$779,922**	**$785,438**
TOTAL PERSONAL SERVICES						
3400 Other Funds Ltd	1,890,035	2,097,381	90,535	2,187,916	2,303,578	2,311,221
TOTAL PERSONAL SERVICES	**$1,890,035**	**$2,097,381**	**$90,535**	**$2,187,916**	**$2,303,578**	**$2,311,221**
SERVICES & SUPPLIES						
4100 Instate Travel						
3400 Other Funds Ltd	22,049	52,969	-	52,969	52,969	55,194
4125 Out of State Travel						
3400 Other Funds Ltd	-	7,888	-	7,888	7,888	8,219
4150 Employee Training						
3400 Other Funds Ltd	21,335	56,554	-	56,554	56,554	58,929
4175 Office Expenses						
3400 Other Funds Ltd	44,877	95,153	-	95,153	95,153	99,149

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Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
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Board of Dentistry

DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
4200 Telecommunications						
3400 Other Funds Ltd	28,267	25,997	-	25,997	25,997	27,089
4225 State Gov. Service Charges						
3400 Other Funds Ltd	162,912	73,273	-	73,273	73,273	93,957
4250 Data Processing						
3400 Other Funds Ltd	92,828	156,818	-	156,818	156,818	163,404
4275 Publicity and Publications						
3400 Other Funds Ltd	4,439	15,494	-	15,494	15,494	16,145
4300 Professional Services						
3400 Other Funds Ltd	316,593	270,498	-	270,498	270,498	294,302
4315 IT Professional Services						
3400 Other Funds Ltd	12,300	148,013	-	148,013	148,013	161,038
4325 Attorney General						
3400 Other Funds Ltd	249,707	306,725	-	306,725	306,725	360,923
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	-	735	-	735	735	766
4400 Dues and Subscriptions						
3400 Other Funds Ltd	10,322	10,874	-	10,874	10,874	11,331
4425 Facilities Rental and Taxes						
3400 Other Funds Ltd	176,858	186,798	-	186,798	186,798	206,576
4475 Facilities Maintenance						

Oregon Board of Dentistry ***Agency Number: 83400***

Agency Worksheet - Revenues & Expenditures **Version: V - 01 - Agency Request Budget**
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Board of Dentistry

DESCRIPTION	*2019-21 Actuals*	*2021-23 Leg Adopted Budget*	*2021-23 Emergency Boards*	*2021-23 Leg Approved Budget*	*2023-25 Base Budget*	*2023-25 Current Service Level*
3400 Other Funds Ltd	-	608	-	608	608	634
4575 Agency Program Related S and S						
3400 Other Funds Ltd	39,028	136,910	-	136,910	136,910	142,660
4650 Other Services and Supplies						
3400 Other Funds Ltd	96,018	95,452	-	95,452	95,452	99,461
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	-	6,087	-	6,087	6,087	6,343
4715 IT Expendable Property						
3400 Other Funds Ltd	42,559	24,492	-	24,492	24,492	25,521
TOTAL SERVICES & SUPPLIES						
3400 Other Funds Ltd	1,320,092	1,671,338	-	1,671,338	1,671,338	1,831,641
TOTAL SERVICES & SUPPLIES	**$1,320,092**	**$1,671,338**	**-**	**$1,671,338**	**$1,671,338**	**$1,831,641**
CAPITAL OUTLAY						
5550 Data Processing Software						
3400 Other Funds Ltd	59,970	-	-	-	-	-
EXPENDITURES						
3400 Other Funds Ltd	3,270,097	3,768,719	90,535	3,859,254	3,974,916	4,142,862
ENDING BALANCE						
3400 Other Funds Ltd	1,523,460	956,481	(90,535)	865,946	312,084	144,138
TOTAL ENDING BALANCE	**$1,523,460**	**$956,481**	**($90,535)**	**$865,946**	**$312,084**	**$144,138**

Oregon Board of Dentistry *Agency Number: 83400*

Agency Worksheet - Revenues & Expenditures
2023-25 Biennium
Board of Dentistry

Version: V - 01 - Agency Request Budget
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DESCRIPTION	2019-21 Actuals	2021-23 Leg Adopted Budget	2021-23 Emergency Boards	2021-23 Leg Approved Budget	2023-25 Base Budget	2023-25 Current Service Level
AUTHORIZED POSITIONS						
8150 Class/Unclass Positions	8	8	-	8	8	8
AUTHORIZED FTE POSITIONS						
8250 Class/Unclass FTE Positions	8.00	8.00	-	8.00	8.00	8.00

Oregon Board of Dentistry *Agency Number: 83400*

Detail Revenues & Expenditures - Requested Budget **Version: V - 01 - Agency Request Budget**
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Oregon Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
BEGINNING BALANCE					
0025 Beginning Balance					
3400 Other Funds Ltd	1,100,000	-	1,100,000	-	1,100,000
REVENUE CATEGORIES					
LICENSES AND FEES					
0205 Business Lic and Fees					
3400 Other Funds Ltd	3,100,000	-	3,100,000	30,000	3,130,000
0210 Non-business Lic. and Fees					
3400 Other Funds Ltd	14,900	-	14,900	-	14,900
TOTAL LICENSES AND FEES					
3400 Other Funds Ltd	3,114,900	-	3,114,900	30,000	3,144,900
CHARGES FOR SERVICES					
0410 Charges for Services					
3400 Other Funds Ltd	25,100	-	25,100	-	25,100
FINES, RENTS AND ROYALTIES					
0505 Fines and Forfeitures					
3400 Other Funds Ltd	240,000	-	240,000	-	240,000
INTEREST EARNINGS					
0605 Interest Income					
3400 Other Funds Ltd	60,000	-	60,000	-	60,000
OTHER					
0975 Other Revenues					
3400 Other Funds Ltd	14,000	-	14,000	-	14,000

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Oregon Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
TOTAL REVENUES					
3400 Other Funds Ltd	3,454,000	-	3,454,000	30,000	3,484,000
TRANSFERS OUT					
2443 Tsfr To Oregon Health Authority					
3400 Other Funds Ltd	(267,000)	-	(267,000)	-	(267,000)
AVAILABLE REVENUES					
3400 Other Funds Ltd	4,287,000	-	4,287,000	30,000	4,317,000
EXPENDITURES					
PERSONAL SERVICES					
SALARIES & WAGES					
3110 Class/Unclass Sal. and Per Diem					
3400 Other Funds Ltd	1,473,020	-	1,473,020	-	1,473,020
3160 Temporary Appointments					
3400 Other Funds Ltd	4,400	185	4,585	-	4,585
3170 Overtime Payments					
3400 Other Funds Ltd	6,400	269	6,669	-	6,669
3190 All Other Differential					
3400 Other Funds Ltd	39,836	1,673	41,509	-	41,509
TOTAL SALARIES & WAGES					
3400 Other Funds Ltd	1,523,656	2,127	1,525,783	-	1,525,783
OTHER PAYROLL EXPENSES					
3210 Empl. Rel. Bd. Assessments					
3400 Other Funds Ltd	424	-	424	-	424

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Detail Revenues & Expenditures - Requested Budget **Version: V - 01 - Agency Request Budget**
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Oregon Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
3220 Public Employees' Retire Cont					
3400 Other Funds Ltd	257,000	348	257,348	-	257,348
3221 Pension Obligation Bond					
3400 Other Funds Ltd	75,620	4,676	80,296	-	80,296
3230 Social Security Taxes					
3400 Other Funds Ltd	115,415	163	115,578	-	115,578
3241 Paid Family Medical Leave Insurance					
3400 Other Funds Ltd	5,461	8	5,469	-	5,469
3250 Worker's Comp. Assess. (WCD)					
3400 Other Funds Ltd	368	-	368	-	368
3260 Mass Transit Tax					
3400 Other Funds Ltd	8,834	321	9,155	-	9,155
3270 Flexible Benefits					
3400 Other Funds Ltd	316,800	-	316,800	-	316,800
TOTAL OTHER PAYROLL EXPENSES					
3400 Other Funds Ltd	779,922	5,516	785,438	-	785,438
TOTAL PERSONAL SERVICES					
3400 Other Funds Ltd	2,303,578	7,643	2,311,221	-	2,311,221
SERVICES & SUPPLIES					
4100 Instate Travel					
3400 Other Funds Ltd	52,969	2,225	55,194	-	55,194
4125 Out of State Travel					
3400 Other Funds Ltd	7,888	331	8,219	-	8,219

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Detail Revenues & Expenditures - Requested Budget **Version: V - 01 - Agency Request Budget**
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Oregon Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
4150 Employee Training					
3400 Other Funds Ltd	56,554	2,375	58,929	-	58,929
4175 Office Expenses					
3400 Other Funds Ltd	95,153	3,996	99,149	-	99,149
4200 Telecommunications					
3400 Other Funds Ltd	25,997	1,092	27,089	-	27,089
4225 State Gov. Service Charges					
3400 Other Funds Ltd	73,273	20,684	93,957	-	93,957
4250 Data Processing					
3400 Other Funds Ltd	156,818	6,586	163,404	-	163,404
4275 Publicity and Publications					
3400 Other Funds Ltd	15,494	651	16,145	-	16,145
4300 Professional Services					
3400 Other Funds Ltd	270,498	23,804	294,302	80,000	374,302
4315 IT Professional Services					
3400 Other Funds Ltd	148,013	13,025	161,038	-	161,038
4325 Attorney General					
3400 Other Funds Ltd	306,725	54,198	360,923	-	360,923
4375 Employee Recruitment and Develop					
3400 Other Funds Ltd	735	31	766	-	766
4400 Dues and Subscriptions					
3400 Other Funds Ltd	10,874	457	11,331	-	11,331
4425 Facilities Rental and Taxes					

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Oregon Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
3400 Other Funds Ltd	186,798	19,778	206,576	-	206,576
4475 Facilities Maintenance					
3400 Other Funds Ltd	608	26	634	-	634
4575 Agency Program Related S and S					
3400 Other Funds Ltd	136,910	5,750	142,660	-	142,660
4650 Other Services and Supplies					
3400 Other Funds Ltd	95,452	4,009	99,461	-	99,461
4700 Expendable Prop 250 - 5000					
3400 Other Funds Ltd	6,087	256	6,343	-	6,343
4715 IT Expendable Property					
3400 Other Funds Ltd	24,492	1,029	25,521	-	25,521
TOTAL SERVICES & SUPPLIES					
3400 Other Funds Ltd	1,671,338	160,303	1,831,641	80,000	1,911,641
TOTAL EXPENDITURES					
3400 Other Funds Ltd	3,974,916	167,946	4,142,862	80,000	4,222,862
ENDING BALANCE					
3400 Other Funds Ltd	312,084	(167,946)	144,138	(50,000)	94,138
AUTHORIZED POSITIONS					
8150 Class/Unclass Positions	8	-	8	-	8
AUTHORIZED FTE					
8250 Class/Unclass FTE Positions	8.00	-	8.00	-	8.00

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Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
BEGINNING BALANCE					
0025 Beginning Balance					
3400 Other Funds Ltd	1,100,000	-	1,100,000	-	1,100,000
REVENUE CATEGORIES					
LICENSES AND FEES					
0205 Business Lic and Fees					
3400 Other Funds Ltd	3,100,000	-	3,100,000	30,000	3,130,000
0210 Non-business Lic. and Fees					
3400 Other Funds Ltd	14,900	-	14,900	-	14,900
TOTAL LICENSES AND FEES					
3400 Other Funds Ltd	3,114,900	-	3,114,900	30,000	3,144,900
CHARGES FOR SERVICES					
0410 Charges for Services					
3400 Other Funds Ltd	25,100	-	25,100	-	25,100
FINES, RENTS AND ROYALTIES					
0505 Fines and Forfeitures					
3400 Other Funds Ltd	240,000	-	240,000	-	240,000
INTEREST EARNINGS					
0605 Interest Income					
3400 Other Funds Ltd	60,000	-	60,000	-	60,000
OTHER					
0975 Other Revenues					
3400 Other Funds Ltd	14,000	-	14,000	-	14,000

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Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
TOTAL REVENUES					
3400 Other Funds Ltd	3,454,000	-	3,454,000	30,000	3,484,000
TRANSFERS OUT					
2443 Tsfr To Oregon Health Authority					
3400 Other Funds Ltd	(267,000)	-	(267,000)	-	(267,000)
AVAILABLE REVENUES					
3400 Other Funds Ltd	4,287,000	-	4,287,000	30,000	4,317,000
EXPENDITURES					
PERSONAL SERVICES					
SALARIES & WAGES					
3110 Class/Unclass Sal. and Per Diem					
3400 Other Funds Ltd	1,473,020	-	1,473,020	-	1,473,020
3160 Temporary Appointments					
3400 Other Funds Ltd	4,400	185	4,585	-	4,585
3170 Overtime Payments					
3400 Other Funds Ltd	6,400	269	6,669	-	6,669
3190 All Other Differential					
3400 Other Funds Ltd	39,836	1,673	41,509	-	41,509
TOTAL SALARIES & WAGES					
3400 Other Funds Ltd	1,523,656	2,127	1,525,783	-	1,525,783
OTHER PAYROLL EXPENSES					
3210 Empl. Rel. Bd. Assessments					
3400 Other Funds Ltd	424	-	424	-	424

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Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
3220 Public Employees' Retire Cont					
3400 Other Funds Ltd	257,000	348	257,348	-	257,348
3221 Pension Obligation Bond					
3400 Other Funds Ltd	75,620	4,676	80,296	-	80,296
3230 Social Security Taxes					
3400 Other Funds Ltd	115,415	163	115,578	-	115,578
3241 Paid Family Medical Leave Insurance					
3400 Other Funds Ltd	5,461	8	5,469	-	5,469
3250 Worker's Comp. Assess. (WCD)					
3400 Other Funds Ltd	368	-	368	-	368
3260 Mass Transit Tax					
3400 Other Funds Ltd	8,834	321	9,155	-	9,155
3270 Flexible Benefits					
3400 Other Funds Ltd	316,800	-	316,800	-	316,800
TOTAL OTHER PAYROLL EXPENSES					
3400 Other Funds Ltd	779,922	5,516	785,438	-	785,438
TOTAL PERSONAL SERVICES					
3400 Other Funds Ltd	2,303,578	7,643	2,311,221	-	2,311,221
SERVICES & SUPPLIES					
4100 Instate Travel					
3400 Other Funds Ltd	52,969	2,225	55,194	-	55,194
4125 Out of State Travel					
3400 Other Funds Ltd	7,888	331	8,219	-	8,219

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Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
4150 Employee Training					
3400 Other Funds Ltd	56,554	2,375	58,929	-	58,929
4175 Office Expenses					
3400 Other Funds Ltd	95,153	3,996	99,149	-	99,149
4200 Telecommunications					
3400 Other Funds Ltd	25,997	1,092	27,089	-	27,089
4225 State Gov. Service Charges					
3400 Other Funds Ltd	73,273	20,684	93,957	-	93,957
4250 Data Processing					
3400 Other Funds Ltd	156,818	6,586	163,404	-	163,404
4275 Publicity and Publications					
3400 Other Funds Ltd	15,494	651	16,145	-	16,145
4300 Professional Services					
3400 Other Funds Ltd	270,498	23,804	294,302	80,000	374,302
4315 IT Professional Services					
3400 Other Funds Ltd	148,013	13,025	161,038	-	161,038
4325 Attorney General					
3400 Other Funds Ltd	306,725	54,198	360,923	-	360,923
4375 Employee Recruitment and Develop					
3400 Other Funds Ltd	735	31	766	-	766
4400 Dues and Subscriptions					
3400 Other Funds Ltd	10,874	457	11,331	-	11,331
4425 Facilities Rental and Taxes					

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Board of Dentistry

Description	2023-25 Base Budget	Essential Packages	2023-25 Current Service Level	Policy Packages	2023-25 Agency Request Budget
3400 Other Funds Ltd	186,798	19,778	206,576	-	206,576
4475 Facilities Maintenance					
3400 Other Funds Ltd	608	26	634	-	634
4575 Agency Program Related S and S					
3400 Other Funds Ltd	136,910	5,750	142,660	-	142,660
4650 Other Services and Supplies					
3400 Other Funds Ltd	95,452	4,009	99,461	-	99,461
4700 Expendable Prop 250 - 5000					
3400 Other Funds Ltd	6,087	256	6,343	-	6,343
4715 IT Expendable Property					
3400 Other Funds Ltd	24,492	1,029	25,521	-	25,521
TOTAL SERVICES & SUPPLIES					
3400 Other Funds Ltd	1,671,338	160,303	1,831,641	80,000	1,911,641
TOTAL EXPENDITURES					
3400 Other Funds Ltd	3,974,916	167,946	4,142,862	80,000	4,222,862
ENDING BALANCE					
3400 Other Funds Ltd	312,084	(167,946)	144,138	(50,000)	94,138
AUTHORIZED POSITIONS					
8150 Class/Unclass Positions	8	-	8	-	8
AUTHORIZED FTE					
8250 Class/Unclass FTE Positions	8.00	-	8.00	-	8.00

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
EXPENDITURES						
PERSONAL SERVICES						
SALARIES & WAGES						
3160 Temporary Appointments						
3400 Other Funds Ltd	185	185	-	-		
3170 Overtime Payments						
3400 Other Funds Ltd	269	269	-	-		
3190 All Other Differential						
3400 Other Funds Ltd	1,673	1,673	-	-		
SALARIES & WAGES						
3400 Other Funds Ltd	2,127	2,127	-	-		
TOTAL SALARIES & WAGES	**$2,127**	**$2,127**	**-**	**-**		
OTHER PAYROLL EXPENSES						
3220 Public Employees Retire Cont						
3400 Other Funds Ltd	348	348	-	-		
3221 Pension Obligation Bond						
3400 Other Funds Ltd	4,676	4,676	-	-		
3230 Social Security Taxes						
3400 Other Funds Ltd	163	163	-	-		
3241 Paid Family Medical Leave Insurance						
3400 Other Funds Ltd	8	8	-	-		
3260 Mass Transit Tax						
3400 Other Funds Ltd	321	321	-	-		

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
OTHER PAYROLL EXPENSES						
3400 Other Funds Ltd	5,516	5,516	-	-		
TOTAL OTHER PAYROLL EXPENSES	**$5,516**	**$5,516**	**-**	**-**		
PERSONAL SERVICES						
3400 Other Funds Ltd	7,643	7,643	-	-		
TOTAL PERSONAL SERVICES	**$7,643**	**$7,643**	**-**	**-**		
SERVICES & SUPPLIES						
4100 Instate Travel						
3400 Other Funds Ltd	2,225	-	2,225	-		
4125 Out of State Travel						
3400 Other Funds Ltd	331	-	331	-		
4150 Employee Training						
3400 Other Funds Ltd	2,375	-	2,375	-		
4175 Office Expenses						
3400 Other Funds Ltd	3,996	-	3,996	-		
4200 Telecommunications						
3400 Other Funds Ltd	1,092	-	1,092	-		
4225 State Gov. Service Charges						
3400 Other Funds Ltd	20,684	-	20,684	-		
4250 Data Processing						
3400 Other Funds Ltd	6,586	-	6,586	-		
4275 Publicity and Publications						

Oregon Board of Dentistry *Agency Number 83400*

BDV004B **Version: V - 01 - Agency Request Budget**
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Oregon Board of Dentistry

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
3400 Other Funds Ltd	651	-	651	-		
4300 Professional Services						
3400 Other Funds Ltd	23,804	-	23,804	-		
4315 IT Professional Services						
3400 Other Funds Ltd	13,025	-	13,025	-		
4325 Attorney General						
3400 Other Funds Ltd	54,198	-	54,198	-		
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	31	-	31	-		
4400 Dues and Subscriptions						
3400 Other Funds Ltd	457	-	457	-		
4425 Facilities Rental and Taxes						
3400 Other Funds Ltd	19,778	-	7,846	11,932		
4475 Facilities Maintenance						
3400 Other Funds Ltd	26	-	26	-		
4575 Agency Program Related S and S						
3400 Other Funds Ltd	5,750	-	5,750	-		
4650 Other Services and Supplies						
3400 Other Funds Ltd	4,009	-	4,009	-		
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	256	-	256	-		
4715 IT Expendable Property						
3400 Other Funds Ltd	1,029	-	1,029	-		

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
SERVICES & SUPPLIES						
3400 Other Funds Ltd	160,303	-	148,371	11,932		
TOTAL SERVICES & SUPPLIES	**$160,303**	**-**	**$148,371**	**$11,932**		
EXPENDITURES						
3400 Other Funds Ltd	167,946	7,643	148,371	11,932		
TOTAL EXPENDITURES	**$167,946**	**$7,643**	**$148,371**	**$11,932**		
ENDING BALANCE						
3400 Other Funds Ltd	(167,946)	(7,643)	(148,371)	(11,932)		
TOTAL ENDING BALANCE	**($167,946)**	**($7,643)**	**($148,371)**	**($11,932)**		

Oregon Board of Dentistry *Agency Number 83400*

BDV004B
2023-25 Biennium
Board of Dentistry

Version: V - 01 - Agency Request Budget
Cross Reference Number: 83400-001-00-00-00000

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
EXPENDITURES						
PERSONAL SERVICES						
SALARIES & WAGES						
3160 Temporary Appointments						
3400 Other Funds Ltd	185	185	-	-		
3170 Overtime Payments						
3400 Other Funds Ltd	269	269	-	-		
3190 All Other Differential						
3400 Other Funds Ltd	1,673	1,673	-	-		
SALARIES & WAGES						
3400 Other Funds Ltd	2,127	2,127	-	-		
TOTAL SALARIES & WAGES	**$2,127**	**$2,127**	**-**	**-**		
OTHER PAYROLL EXPENSES						
3220 Public Employees Retire Cont						
3400 Other Funds Ltd	348	348	-	-		
3221 Pension Obligation Bond						
3400 Other Funds Ltd	4,676	4,676	-	-		
3230 Social Security Taxes						
3400 Other Funds Ltd	163	163	-	-		
3241 Paid Family Medical Leave Insurance						
3400 Other Funds Ltd	8	8	-	-		
3260 Mass Transit Tax						
3400 Other Funds Ltd	321	321	-	-		

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
OTHER PAYROLL EXPENSES						
3400 Other Funds Ltd	5,516	5,516	-	-		
TOTAL OTHER PAYROLL EXPENSES	**$5,516**	**$5,516**	**-**	**-**		
PERSONAL SERVICES						
3400 Other Funds Ltd	7,643	7,643	-	-		
TOTAL PERSONAL SERVICES	**$7,643**	**$7,643**	**-**	**-**		
SERVICES & SUPPLIES						
4100 Instate Travel						
3400 Other Funds Ltd	2,225	-	2,225	-		
4125 Out of State Travel						
3400 Other Funds Ltd	331	-	331	-		
4150 Employee Training						
3400 Other Funds Ltd	2,375	-	2,375	-		
4175 Office Expenses						
3400 Other Funds Ltd	3,996	-	3,996	-		
4200 Telecommunications						
3400 Other Funds Ltd	1,092	-	1,092	-		
4225 State Gov. Service Charges						
3400 Other Funds Ltd	20,684	-	20,684	-		
4250 Data Processing						
3400 Other Funds Ltd	6,586	-	6,586	-		
4275 Publicity and Publications						

Oregon Board of Dentistry *Agency Number 83400*

BDV004B
2023-25 Biennium
Board of Dentistry

Version: V - 01 - Agency Request Budget
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Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
3400 Other Funds Ltd	651	-	651	-		
4300 Professional Services						
3400 Other Funds Ltd	23,804	-	23,804	-		
4315 IT Professional Services						
3400 Other Funds Ltd	13,025	-	13,025	-		
4325 Attorney General						
3400 Other Funds Ltd	54,198	-	54,198	-		
4375 Employee Recruitment and Develop						
3400 Other Funds Ltd	31	-	31	-		
4400 Dues and Subscriptions						
3400 Other Funds Ltd	457	-	457	-		
4425 Facilities Rental and Taxes						
3400 Other Funds Ltd	19,778	-	7,846	11,932		
4475 Facilities Maintenance						
3400 Other Funds Ltd	26	-	26	-		
4575 Agency Program Related S and S						
3400 Other Funds Ltd	5,750	-	5,750	-		
4650 Other Services and Supplies						
3400 Other Funds Ltd	4,009	-	4,009	-		
4700 Expendable Prop 250 - 5000						
3400 Other Funds Ltd	256	-	256	-		
4715 IT Expendable Property						
3400 Other Funds Ltd	1,029	-	1,029	-		

Description	Total Essential Packages	Pkg: 010 Vacancy Factor and Non-ORPICS Personal Services Priority: 00	Pkg: 031 Standard Inflation Priority: 00	Pkg: 032 Above Standard Inflation Priority: 00		
SERVICES & SUPPLIES						
3400 Other Funds Ltd	160,303	-	148,371	11,932		
TOTAL SERVICES & SUPPLIES	**$160,303**	**-**	**$148,371**	**$11,932**		
EXPENDITURES						
3400 Other Funds Ltd	167,946	7,643	148,371	11,932		
TOTAL EXPENDITURES	**$167,946**	**$7,643**	**$148,371**	**$11,932**		
ENDING BALANCE						
3400 Other Funds Ltd	(167,946)	(7,643)	(148,371)	(11,932)		
TOTAL ENDING BALANCE	**($167,946)**	**($7,643)**	**($148,371)**	**($11,932)**		

Oregon Board of Dentistry *Agency Number 83400*

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Oregon Board of Dentistry

Description	Total Policy Packages	Pkg: 100 Dental Therapy Fees Implementation Priority: 00	Pkg: 200 Oregon Wellness Program Priority: 00			
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
3400 Other Funds Ltd	30,000	30,000	-			
AVAILABLE REVENUES						
3400 Other Funds Ltd	30,000	30,000	-			
TOTAL AVAILABLE REVENUES	**$30,000**	**$30,000**	**-**			
EXPENDITURES						
SERVICES & SUPPLIES						
4300 Professional Services						
3400 Other Funds Ltd	80,000	-	80,000			
ENDING BALANCE						
3400 Other Funds Ltd	(50,000)	30,000	(80,000)			
TOTAL ENDING BALANCE	**($50,000)**	**$30,000**	**($80,000)**			

Description	Total Policy Packages	Pkg: 100 Dental Therapy Fees Implementation Priority: 00	Pkg: 200 Oregon Wellness Program Priority: 00			
REVENUE CATEGORIES						
LICENSES AND FEES						
0205 Business Lic and Fees						
3400 Other Funds Ltd	30,000	30,000	-			
AVAILABLE REVENUES						
3400 Other Funds Ltd	30,000	30,000	-			
TOTAL AVAILABLE REVENUES	**$30,000**	**$30,000**	**-**			
EXPENDITURES						
SERVICES & SUPPLIES						
4300 Professional Services						
3400 Other Funds Ltd	80,000	-	80,000			
ENDING BALANCE						
3400 Other Funds Ltd	(50,000)	30,000	(80,000)			
TOTAL ENDING BALANCE	**($50,000)**	**$30,000**	**($80,000)**			

PIC100 - Position Budget Report *Oregon Board of Dentistry*

2023-25 Biennium **Cross Reference Number: 83400-000-00-00-00000**

Budget Preparation **Agency Request Budget**

Position Number	Classification	Classification Name	Sal Rng	Pos Type	Pos Cnt	FTE	Mos	Step	Rate	SAL/ OPE	Salary/OPE GF	LF	OF	FF	AF
Total Salary											-	-	1,473,020	-	1,473,020
Total OPE											-	-	683,123	-	683,123
Total Personal Services											**-**	**-**	**2,156,143**	**-**	**2,156,143**

PIC100 - Position Budget Report ***Board of Dentistry***

2023-25 Biennium **Cross Reference Number: 83400-001-01-00-00000**

Budget Preparation **Agency Request Budget**

Position Number	Classification	Classification Name	Sal Rng	Pos Type	Pos Cnt	FTE	Mos	Step	Rate	SAL/ OPE	Salary/OPE GF	LF	OF	FF	AF
0000521	MEAH Z7588 HF	AGENCY HEAD 8	34X	PF	1	1.00	24	10	11996	SAL	-	-	287,904	-	287,904
										OPE	-	-	114,379	-	114,379
0000522	MESN Z7084 AF	BUSINESS OPERATIONS MANAGER 2	33X	PF	1	1.00	24	3	7630	SAL	-	-	183,120	-	183,120
										OPE	-	-	87,255	-	87,255
0000524	MMS X0806 AP	OFFICE MANAGER 2	22	PF	1	1.00	24	6	5432	SAL	-	-	130,368	-	130,368
										OPE	-	-	73,555	-	73,555
0000525	OAS C0108 AP	ADMINISTRATIVE SPECIALIST 2	20	PF	1	1.00	24	5	4356	SAL	-	-	104,544	-	104,544
										OPE	-	-	66,849	-	66,849
0000528	OAS C5232 AP	INVESTIGATOR 2	23	PF	1	1.00	24	6	5256	SAL	-	-	126,144	-	126,144
										OPE	-	-	72,459	-	72,459
0000529	OAS C0104 AP	OFFICE SPECIALIST 2	15	PF	1	1.00	24	7	3790	SAL	-	-	90,960	-	90,960
										OPE	-	-	63,321	-	63,321
0000530	OAS C5232 AP	INVESTIGATOR 2	23	PF	1	1.00	24	10	6350	SAL	-	-	152,400	-	152,400
										OPE	-	-	79,278	-	79,278
0000531	OAS C5911 EP	HEALTH CARE INVESTIGATOR/ADVISOR	26	PF	1	1.00	24	9	13020	SAL	-	-	312,480	-	312,480
										OPE	-	-	119,517	-	119,517
0004501	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004502	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004503	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004504	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004505	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004506	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004507	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004508	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510

PIC100 - Position Budget Report ***Board of Dentistry***

2023-25 Biennium **Cross Reference Number: 83400-001-01-00-00000**

Budget Preparation **Agency Request Budget**

Position Number	Classification	Classification Name	Sal Rng	Pos Type	Pos Cnt	FTE	Mos	Step	Rate	SAL/ OPE	Salary/OPE GF	LF	OF	FF	AF
										OPE	-	-	651	-	651
0004509	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
0004511	B Y7500 AE	BOARD AND COMMISSION MEMBER	0	PP	0	0.00	0	0	0	SAL	-	-	8,510	-	8,510
										OPE	-	-	651	-	651
Total Salary											-	-	1,473,020	-	1,473,020
Total OPE											-	-	683,123	-	683,123
Total Personal Services											**-**	**-**	**2,156,143**	**-**	**2,156,143**

POS116 - Net Package Fiscal Impact Report

2023-25 Biennium

Agency Request Budget

Position Number	Auth No	Workday Id	Classification	Classification Name	Sal Rng	Pos Type	Mos	Step	Rate	Salary	OPE	Total	Pos Cnt	FTE
No records for the phase: ARB														
				General Funds						**0**	**0**	**0**		
				Lottery Funds						**0**	**0**	**0**		
				Other Funds						**0**	**0**	**0**		
				Federal Funds						**0**	**0**	**0**		
				Total Funds						**0**	**0**	**0**	**0**	**0.00**

Oregon Board of Dentistry *Agency Number: 83400*

2023-25 Biennium **Version: S - 01 - Agency Request Pre-Audit**

Audit Error Report - ACTUALS COLUMN AUDIT

Error No.	*Error Description*	*Account Number*	*Cross Reference Number*	*Fatal*
1000	No Audit Errors were detected for the ACTUALS COLUMN AUDIT.			☐

Oregon Board of Dentistry *Agency Number: 83400*

2023-25 Biennium **Version: S - 01 - Agency Request Pre-Audit**

Audit Error Report - CSL AUDIT

Error No.	Error Description	Account Number	Cross Reference Number	Fatal
2000	No Audit Errors were detected for the CSL AUDIT.			☐

Oregon Board of Dentistry *Agency Number: 83400*

2023-25 Biennium **Version: S - 01 - Agency Request Pre-Audit**

Audit Error Report - AGENCY REQUEST AUDIT

Error No.	Error Description	Account Number	Cross Reference Number	Fatal
3050	The Ending Balance of Appropriated Fund 3400 is negative in the 2023-25 Agency Request Pre-Audit column.		001-00-00-00000	☐

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-000-00-00-00000**
Oregon Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
BEGINNING BALANCE					
0025 Beginning Balance					
3400 Other Funds Ltd	950,000	-	1,474,142	1,474,142	524,142
REVENUE CATEGORIES					
LICENSES AND FEES					
0205 Business Lic and Fees					
3400 Other Funds Ltd	3,270,000	3,197,055	3,197,055	-	(72,945)
0210 Non-business Lic. and Fees					
3400 Other Funds Ltd	10,000	14,900	14,900	-	4,900
LICENSES AND FEES					
3400 Other Funds Ltd	3,280,000	3,211,955	3,211,955	-	(68,045)
TOTAL LICENSES AND FEES	**$3,280,000**	**$3,211,955**	**$3,211,955**	**-**	**($68,045)**
CHARGES FOR SERVICES					
0410 Charges for Services					
3400 Other Funds Ltd	20,000	25,106	25,106	-	5,106
FINES, RENTS AND ROYALTIES					
0505 Fines and Forfeitures					
3400 Other Funds Ltd	200,000	222,136	222,136	-	22,136
INTEREST EARNINGS					
0605 Interest Income					
3400 Other Funds Ltd	20,000	49,215	49,215	-	29,215
OTHER					
0975 Other Revenues					

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-000-00-00-00000**
Oregon Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
3400 Other Funds Ltd	50,000	14,678	14,678	-	(35,322)
REVENUE CATEGORIES					
3400 Other Funds Ltd	3,570,000	3,523,090	3,523,090	-	(46,910)
TOTAL REVENUE CATEGORIES	**$3,570,000**	**$3,523,090**	**$3,523,090**	**-**	**($46,910)**
TRANSFERS OUT					
2443 Tsfr To Oregon Health Authority					
3400 Other Funds Ltd	(226,800)	(203,675)	(203,675)	-	23,125
AVAILABLE REVENUES					
3400 Other Funds Ltd	4,293,200	3,319,415	4,793,557	1,474,142	500,357
TOTAL AVAILABLE REVENUES	**$4,293,200**	**$3,319,415**	**$4,793,557**	**$1,474,142**	**$500,357**
EXPENDITURES					
PERSONAL SERVICES					
SALARIES & WAGES					
3110 Class/Unclass Sal. and Per Diem					
3400 Other Funds Ltd	1,334,362	1,302,454	1,302,454	-	(31,908)
3160 Temporary Appointments					
3400 Other Funds Ltd	4,219	-	-	-	(4,219)
3170 Overtime Payments					
3400 Other Funds Ltd	6,136	2,450	2,450	-	(3,686)
3180 Shift Differential					
3400 Other Funds Ltd	-	8	8	-	8
3190 All Other Differential					
3400 Other Funds Ltd	38,194	15,795	15,795	-	(22,399)

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-000-00-00-00000**
Oregon Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
SALARIES & WAGES					
3400 Other Funds Ltd	1,382,911	1,320,707	1,320,707	-	(62,204)
TOTAL SALARIES & WAGES	**$1,382,911**	**$1,320,707**	**$1,320,707**	**-**	**($62,204)**
OTHER PAYROLL EXPENSES					
3210 Empl. Rel. Bd. Assessments					
3400 Other Funds Ltd	427	358	358	-	(69)
3220 Public Employees Retire Cont					
3400 Other Funds Ltd	216,796	190,948	190,948	-	(25,848)
3221 Pension Obligation Bond					
3400 Other Funds Ltd	73,260	66,427	66,427	-	(6,833)
3230 Social Security Taxes					
3400 Other Funds Ltd	104,728	100,102	100,102	-	(4,626)
3240 Unemployment Assessments					
3400 Other Funds Ltd	-	18	18	-	18
3250 Workers Comp. Assess. (WCD)					
3400 Other Funds Ltd	464	310	310	-	(154)
3260 Mass Transit Tax					
3400 Other Funds Ltd	8,214	7,600	7,600	-	(614)
3270 Flexible Benefits					
3400 Other Funds Ltd	281,472	203,565	203,565	-	(77,907)
OTHER PAYROLL EXPENSES					
3400 Other Funds Ltd	685,361	569,328	569,328	-	(116,033)
TOTAL OTHER PAYROLL EXPENSES	**$685,361**	**$569,328**	**$569,328**	**-**	**($116,033)**

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-000-00-00-00000**
Oregon Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
P.S. BUDGET ADJUSTMENTS					
3455 Vacancy Savings					
3400 Other Funds Ltd	(23,354)	-	-	-	23,354
3465 Reconciliation Adjustment					
3400 Other Funds Ltd	(7,550)	-	-	-	7,550
P.S. BUDGET ADJUSTMENTS					
3400 Other Funds Ltd	(30,904)	-	-	-	30,904
TOTAL P.S. BUDGET ADJUSTMENTS	**($30,904)**	**-**	**-**	**-**	**$30,904**
PERSONAL SERVICES					
3400 Other Funds Ltd	2,037,368	1,890,035	1,890,035	-	(147,333)
TOTAL PERSONAL SERVICES	**$2,037,368**	**$1,890,035**	**$1,890,035**	**-**	**($147,333)**
SERVICES & SUPPLIES					
4100 Instate Travel					
3400 Other Funds Ltd	50,785	22,049	22,049	-	(28,736)
4125 Out of State Travel					
3400 Other Funds Ltd	7,563	-	-	-	(7,563)
4150 Employee Training					
3400 Other Funds Ltd	54,222	21,335	21,335	-	(32,887)
4175 Office Expenses					
3400 Other Funds Ltd	91,230	44,877	44,877	-	(46,353)
4200 Telecommunications					
3400 Other Funds Ltd	24,925	28,267	28,267	-	3,342
4225 State Gov. Service Charges					

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
3400 Other Funds Ltd	161,338	162,912	162,912	-	1,574
4250 Data Processing					
3400 Other Funds Ltd	68,458	92,828	92,828	-	24,370
4275 Publicity and Publications					
3400 Other Funds Ltd	14,855	4,439	4,439	-	(10,416)
4300 Professional Services					
3400 Other Funds Ltd	255,911	316,593	316,593	-	60,682
4315 IT Professional Services					
3400 Other Funds Ltd	140,031	12,300	12,300	-	(127,731)
4325 Attorney General					
3400 Other Funds Ltd	271,973	249,707	249,707	-	(22,266)
4375 Employee Recruitment and Develop					
3400 Other Funds Ltd	705	-	-	-	(705)
4400 Dues and Subscriptions					
3400 Other Funds Ltd	7,126	10,322	10,322	-	3,196
4425 Facilities Rental and Taxes					
3400 Other Funds Ltd	179,097	176,858	176,858	-	(2,239)
4475 Facilities Maintenance					
3400 Other Funds Ltd	583	-	-	-	(583)
4575 Agency Program Related S and S					
3400 Other Funds Ltd	134,566	39,028	39,028	-	(95,538)
4650 Other Services and Supplies					
3400 Other Funds Ltd	98,000	96,018	96,018	-	(1,982)

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-000-00-00-00000**
Oregon Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
4700 Expendable Prop 250 - 5000					
3400 Other Funds Ltd	5,836	-	-	-	(5,836)
4715 IT Expendable Property					
3400 Other Funds Ltd	23,482	42,559	42,559	-	19,077
SERVICES & SUPPLIES					
3400 Other Funds Ltd	1,590,686	1,320,092	1,320,092	-	(270,594)
TOTAL SERVICES & SUPPLIES	**$1,590,686**	**$1,320,092**	**$1,320,092**	**-**	**($270,594)**
CAPITAL OUTLAY					
5550 Data Processing Software					
3400 Other Funds Ltd	-	59,970	59,970	-	59,970
EXPENDITURES					
3400 Other Funds Ltd	3,628,054	3,270,097	3,270,097	-	(357,957)
TOTAL EXPENDITURES	**$3,628,054**	**$3,270,097**	**$3,270,097**	**-**	**($357,957)**
ENDING BALANCE					
3400 Other Funds Ltd	665,146	49,318	1,523,460	1,474,142	858,314
TOTAL ENDING BALANCE	**$665,146**	**$49,318**	**$1,523,460**	**$1,474,142**	**$858,314**
AUTHORIZED POSITIONS	**8**		**8**		**-**
AUTHORIZED FTE	**8.00**		**8.00**		**-**

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-001-01-00-00000**
Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
BEGINNING BALANCE					
0025 Beginning Balance					
3400 Other Funds Ltd	950,000	-	1,474,142	1,474,142	524,142
REVENUE CATEGORIES					
LICENSES AND FEES					
0205 Business Lic and Fees					
3400 Other Funds Ltd	3,270,000	3,197,055	3,197,055	-	(72,945)
0210 Non-business Lic. and Fees					
3400 Other Funds Ltd	10,000	14,900	14,900	-	4,900
LICENSES AND FEES					
3400 Other Funds Ltd	3,280,000	3,211,955	3,211,955	-	(68,045)
TOTAL LICENSES AND FEES	**$3,280,000**	**$3,211,955**	**$3,211,955**	**-**	**($68,045)**
CHARGES FOR SERVICES					
0410 Charges for Services					
3400 Other Funds Ltd	20,000	25,106	25,106	-	5,106
FINES, RENTS AND ROYALTIES					
0505 Fines and Forfeitures					
3400 Other Funds Ltd	200,000	222,136	222,136	-	22,136
INTEREST EARNINGS					
0605 Interest Income					
3400 Other Funds Ltd	20,000	49,215	49,215	-	29,215
OTHER					
0975 Other Revenues					

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-001-01-00-00000**
Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
3400 Other Funds Ltd	50,000	14,678	14,678	-	(35,322)
REVENUE CATEGORIES					
3400 Other Funds Ltd	3,570,000	3,523,090	3,523,090	-	(46,910)
TOTAL REVENUE CATEGORIES	**$3,570,000**	**$3,523,090**	**$3,523,090**	**-**	**($46,910)**
TRANSFERS OUT					
2443 Tsfr To Oregon Health Authority					
3400 Other Funds Ltd	(226,800)	(203,675)	(203,675)	-	23,125
AVAILABLE REVENUES					
3400 Other Funds Ltd	4,293,200	3,319,415	4,793,557	1,474,142	500,357
TOTAL AVAILABLE REVENUES	**$4,293,200**	**$3,319,415**	**$4,793,557**	**$1,474,142**	**$500,357**
EXPENDITURES					
PERSONAL SERVICES					
SALARIES & WAGES					
3110 Class/Unclass Sal. and Per Diem					
3400 Other Funds Ltd	1,334,362	1,302,454	1,302,454	-	(31,908)
3160 Temporary Appointments					
3400 Other Funds Ltd	4,219	-	-	-	(4,219)
3170 Overtime Payments					
3400 Other Funds Ltd	6,136	2,450	2,450	-	(3,686)
3180 Shift Differential					
3400 Other Funds Ltd	-	8	8	-	8
3190 All Other Differential					
3400 Other Funds Ltd	38,194	15,795	15,795	-	(22,399)

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-001-01-00-00000**
Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
SALARIES & WAGES					
3400 Other Funds Ltd	1,382,911	1,320,707	1,320,707	-	(62,204)
TOTAL SALARIES & WAGES	**$1,382,911**	**$1,320,707**	**$1,320,707**	**-**	**($62,204)**
OTHER PAYROLL EXPENSES					
3210 Empl. Rel. Bd. Assessments					
3400 Other Funds Ltd	427	358	358	-	(69)
3220 Public Employees Retire Cont					
3400 Other Funds Ltd	216,796	190,948	190,948	-	(25,848)
3221 Pension Obligation Bond					
3400 Other Funds Ltd	73,260	66,427	66,427	-	(6,833)
3230 Social Security Taxes					
3400 Other Funds Ltd	104,728	100,102	100,102	-	(4,626)
3240 Unemployment Assessments					
3400 Other Funds Ltd	-	18	18	-	18
3250 Workers Comp. Assess. (WCD)					
3400 Other Funds Ltd	464	310	310	-	(154)
3260 Mass Transit Tax					
3400 Other Funds Ltd	8,214	7,600	7,600	-	(614)
3270 Flexible Benefits					
3400 Other Funds Ltd	281,472	203,565	203,565	-	(77,907)
OTHER PAYROLL EXPENSES					
3400 Other Funds Ltd	685,361	569,328	569,328	-	(116,033)
TOTAL OTHER PAYROLL EXPENSES	**$685,361**	**$569,328**	**$569,328**	**-**	**($116,033)**

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report **Version: A - 01 - Agency Working**
2023-25 Biennium **83400-001-01-00-00000**
Board of Dentistry **Cross Reference Number: All**

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
P.S. BUDGET ADJUSTMENTS					
3455 Vacancy Savings					
3400 Other Funds Ltd	(23,354)	-	-	-	23,354
3465 Reconciliation Adjustment					
3400 Other Funds Ltd	(7,550)	-	-	-	7,550
P.S. BUDGET ADJUSTMENTS					
3400 Other Funds Ltd	(30,904)	-	-	-	30,904
TOTAL P.S. BUDGET ADJUSTMENTS	**($30,904)**	**-**	**-**	**-**	**$30,904**
PERSONAL SERVICES					
3400 Other Funds Ltd	2,037,368	1,890,035	1,890,035	-	(147,333)
TOTAL PERSONAL SERVICES	**$2,037,368**	**$1,890,035**	**$1,890,035**	**-**	**($147,333)**
SERVICES & SUPPLIES					
4100 Instate Travel					
3400 Other Funds Ltd	50,785	22,049	22,049	-	(28,736)
4125 Out of State Travel					
3400 Other Funds Ltd	7,563	-	-	-	(7,563)
4150 Employee Training					
3400 Other Funds Ltd	54,222	21,335	21,335	-	(32,887)
4175 Office Expenses					
3400 Other Funds Ltd	91,230	44,877	44,877	-	(46,353)
4200 Telecommunications					
3400 Other Funds Ltd	24,925	28,267	28,267	-	3,342
4225 State Gov. Service Charges					

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
3400 Other Funds Ltd	161,338	162,912	162,912	-	1,574
4250 Data Processing					
3400 Other Funds Ltd	68,458	92,828	92,828	-	24,370
4275 Publicity and Publications					
3400 Other Funds Ltd	14,855	4,439	4,439	-	(10,416)
4300 Professional Services					
3400 Other Funds Ltd	255,911	316,593	316,593	-	60,682
4315 IT Professional Services					
3400 Other Funds Ltd	140,031	12,300	12,300	-	(127,731)
4325 Attorney General					
3400 Other Funds Ltd	271,973	249,707	249,707	-	(22,266)
4375 Employee Recruitment and Develop					
3400 Other Funds Ltd	705	-	-	-	(705)
4400 Dues and Subscriptions					
3400 Other Funds Ltd	7,126	10,322	10,322	-	3,196
4425 Facilities Rental and Taxes					
3400 Other Funds Ltd	179,097	176,858	176,858	-	(2,239)
4475 Facilities Maintenance					
3400 Other Funds Ltd	583	-	-	-	(583)
4575 Agency Program Related S and S					
3400 Other Funds Ltd	134,566	39,028	39,028	-	(95,538)
4650 Other Services and Supplies					
3400 Other Funds Ltd	98,000	96,018	96,018	-	(1,982)

Oregon Board of Dentistry *Oregon Board of Dentistry: 83400*

Agency Actuals Audit Report
2023-25 Biennium
Board of Dentistry

Version: A - 01 - Agency Working
83400-001-01-00-00000
Cross Reference Number: All

Description	2019-21 Leg Approved Budget	2019-21 Biennium R*STARS Actuals	2019-21 Actuals	Difference between ORBITS & R*STARS Actuals	Difference between ORBITS Actuals & LAB
4700 Expendable Prop 250 - 5000					
3400 Other Funds Ltd	5,836	-	-	-	(5,836)
4715 IT Expendable Property					
3400 Other Funds Ltd	23,482	42,559	42,559	-	19,077
SERVICES & SUPPLIES					
3400 Other Funds Ltd	1,590,686	1,320,092	1,320,092	-	(270,594)
TOTAL SERVICES & SUPPLIES	**$1,590,686**	**$1,320,092**	**$1,320,092**	**-**	**($270,594)**
CAPITAL OUTLAY					
5550 Data Processing Software					
3400 Other Funds Ltd	-	59,970	59,970	-	59,970
EXPENDITURES					
3400 Other Funds Ltd	3,628,054	3,270,097	3,270,097	-	(357,957)
TOTAL EXPENDITURES	**$3,628,054**	**$3,270,097**	**$3,270,097**	**-**	**($357,957)**
ENDING BALANCE					
3400 Other Funds Ltd	665,146	49,318	1,523,460	1,474,142	858,314
TOTAL ENDING BALANCE	**$665,146**	**$49,318**	**$1,523,460**	**$1,474,142**	**$858,314**
AUTHORIZED POSITIONS	**8**		**8**		**-**
AUTHORIZED FTE	**8.00**		**8.00**		**-**

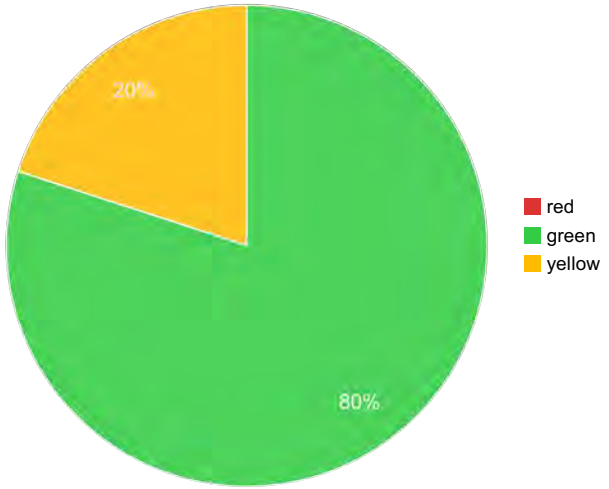
Dentistry, Board of

Annual Performance Progress Report

Reporting Year 2021

Published: 9/30/2021 7:59:24 AM

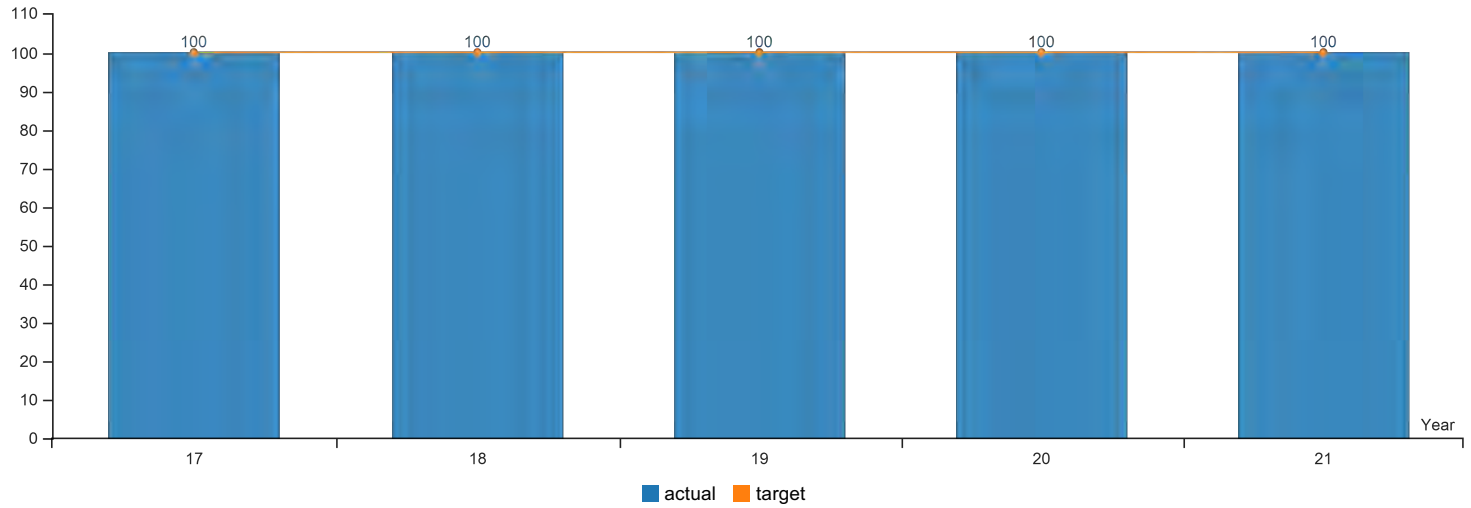
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	80%	20%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

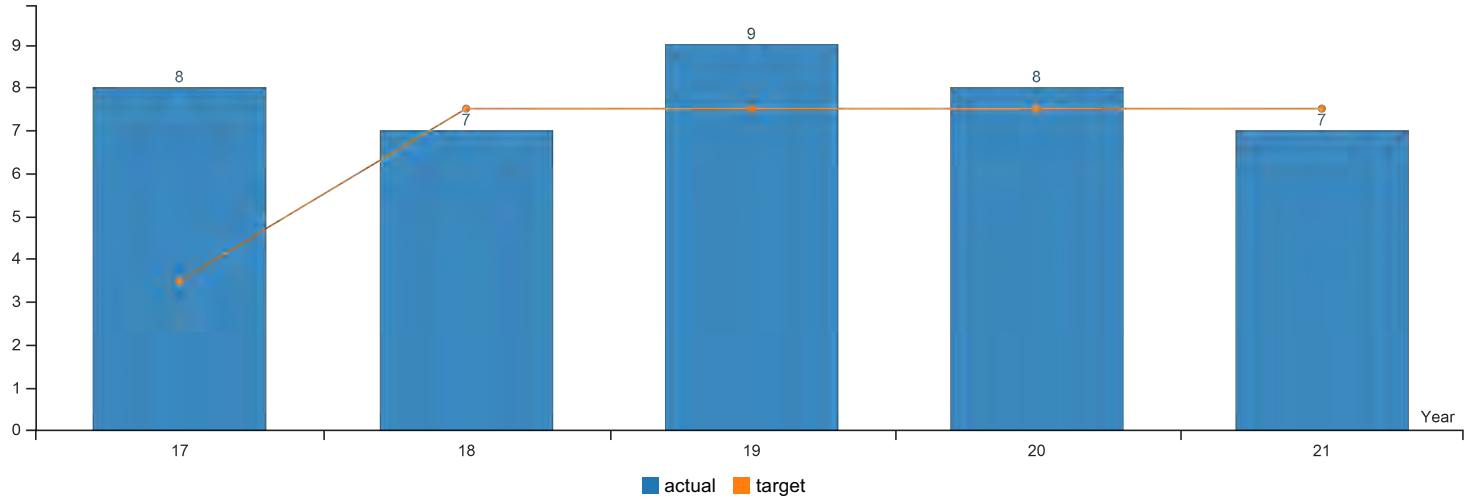
For FY 2021 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's strategy is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. We monitor their compliance with questions on their license renewal forms and we audit approximately 15% of all licensees per renewal cycle. Staff follows up with licensees to ensure all requirements are met.

Factors Affecting Results

Experienced staff work with our Licensees to communicate the requirements to be in compliance.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = negative result*



Report Year	2017	2018	2019	2020	2021
Average time to Investigate Complaints					
Actual	8	7	9	8	7
Target	3.50	7.50	7.50	7.50	7.50

How Are We Doing

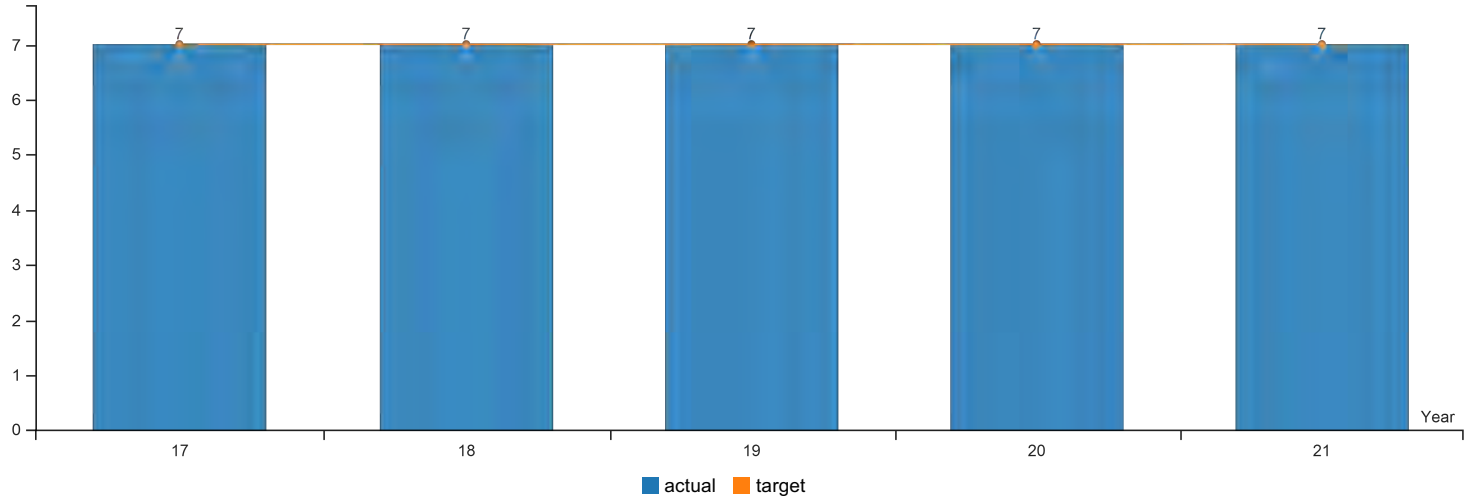
For FY 2021 we accomplished this goal. The investigators worked hard to close the cases and the Board meetings remained on schedule in spite of the pandemic. Due to the pandemic and the closure of dental offices for a period of time, the number of new cases dropped from the prior 12 month period. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

Factors Affecting Results

The total number of investigations opened in FY 2021 was 195, compared to 216 in FY 2020. The number of cases closed in FY 2021 was 205, compared to 286 in FY 2020. The case backlog has effectively ended and all new cases are opened and investigated in a timely manner.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

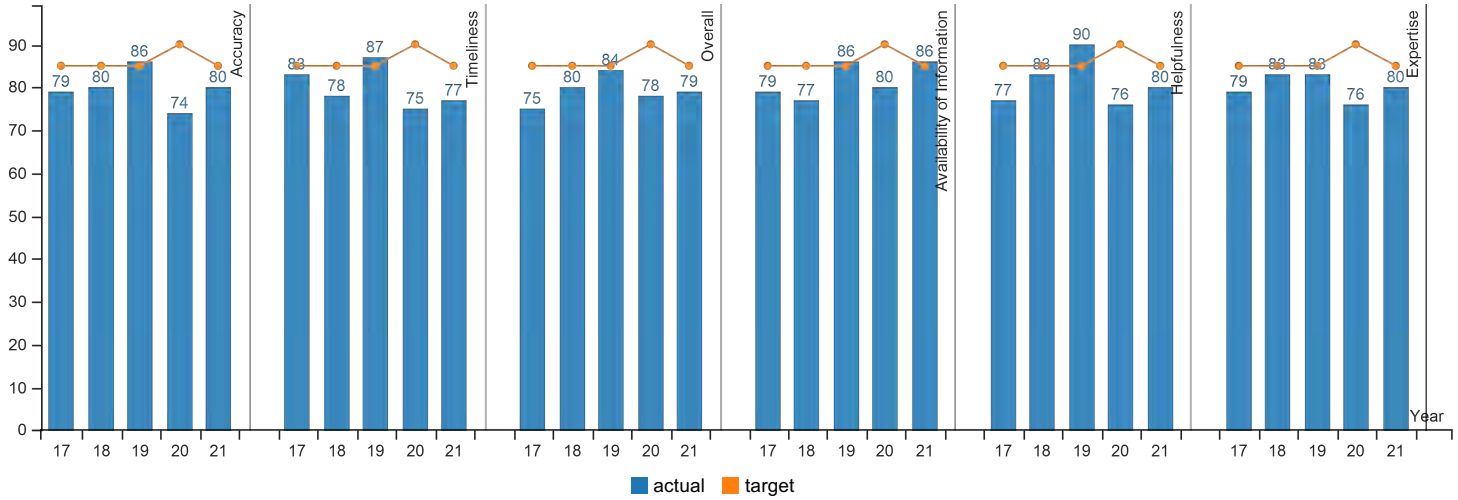
How Are We Doing

For FY 2021 we accomplished this goal. Altthough there were delays due to the pandemic and other agenices and entities working remotely. OBD Staff never did switch to remote work. OBD Staff continued to work in the downtown Portland office and were all designated "essential personnel" back in March 2020 and remain so at the time of this report. Once all requried documentation and paperwork is completed, then licenses were issued with minimal delay due to OBD Staff.

Factors Affecting Results

It is one of our priorities that applications and renewals be processed accurately and efficently. The delay in processing (not issuing) was due to a number of factors beyond OBD Staff control: US Postal Service delays, schools delaying classes and transmitting transcripts, testing agencies modifying tests and other issues due to the pandemic.

KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2017	2018	2019	2020	2021
Accuracy					
Actual	79%	80%	86%	74%	80%
Target	85%	85%	85%	90%	85%
Timeliness					
Actual	83%	78%	87%	75%	77%
Target	85%	85%	85%	90%	85%
Overall					
Actual	75%	80%	84%	78%	79%
Target	85%	85%	85%	90%	85%
Availability of Information					
Actual	79%	77%	86%	80%	86%
Target	85%	85%	85%	90%	85%
Helpfulness					
Actual	77%	83%	90%	76%	80%
Target	85%	85%	85%	90%	85%
Expertise					
Actual	79%	83%	83%	76%	80%
Target	85%	85%	85%	90%	85%

How Are We Doing

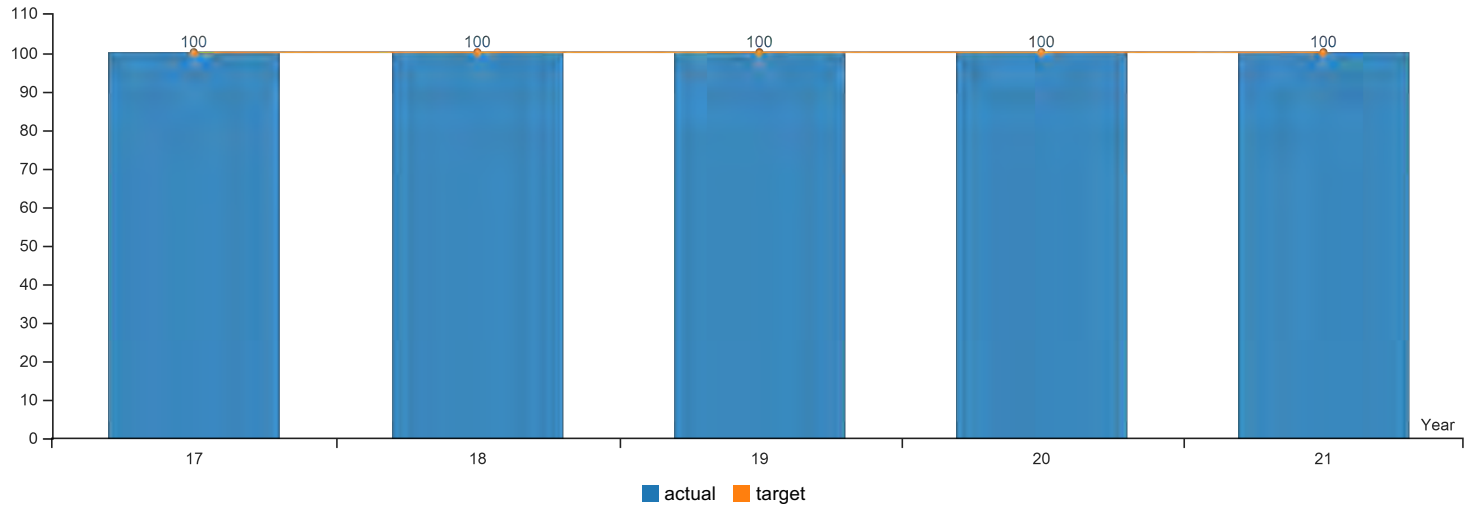
For FY 2021 we had better results overall than last year. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board.

Factors Affecting Results

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We receive direct feedback outside the survey and it is good to know how the OBD's actions are impacting others and the information received is always useful.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2017	2018	2019	2020	2021
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2021 we accomplished this goal. Annually at the August Board Meeting the Board reviews these metrics and conducts the performance review of the Executive Director. The Board is in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices at its August 20, 2021 Board Meeting.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.	✓	
2. Executive Director receives annual performance feedback.	✓	
3. The agency's mission and high-level goals are current and applicable.	✓	
4. The Board reviews the Annual Performance Progress Report.	✓	
5. The Board is appropriately involved in review of agency's key communications.	✓	
6. The Board is appropriately involved in policy-making activities.	✓	
7. The agency's policy option budget packages are aligned with their mission and goals.	✓	
8. The Board reviews all proposed budgets.	✓	
9. The Board periodically reviews key financial information and audit findings.	✓	
10. The Board is appropriately accounting for resources.	✓	
11. The agency adheres to accounting rules and other relevant financial controls.	✓	
12. Board members act in accordance with their roles as public representatives.	✓	
13. The Board coordinates with others where responsibilities and interest overlap.	✓	
14. The Board members identify and attend appropriate training sessions.	✓	
15. The Board reviews its management practices to ensure best practices are utilized.	✓	
Total Number	15	
Percentage of total:	100%	

At the August 20, 2021 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.

Oregon Board of Dentistry

Stephen Prisby, Executive Director
1500 SW 1st Ave, Suite 770
Portland OR, 97201
(971)-673-3200

Affirmative Action Plan
2021 – 2023 Biennium

Oregon
Kate Brown, Governor

Board of Dentistry
1500 SW 1st Ave. Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202

March 26, 2021

Steve Lee
Affirmative Action Manager
900 Court Street NE, Suite 254
Salem, OR 97301

Dear Mr. Lee:

I am pleased to submit to your office the Affirmative Action Plan for the Oregon Board of Dentistry. I am committed to leading our agency and undertaking the responsibilities in this plan and I look forward to the challenge of creating and maintaining a diverse and inclusive workforce to serve the public in the state of Oregon.

Sincerely,

Stephen Prisby

Stephen Prisby
Executive Director

BOARD OF DENTISTRY
AFFIRMATIVE ACTION PLAN
2021-2023 BIENNIUM

A. BACKGROUND INFORMATION

Mission and Objectives

The mission: The Mission of the Oregon Board of Dentistry is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

Statutory Authority:

The first Act regulating the practice of dentistry was adopted by the Oregon Legislature on February 23, 1887. The Oregon Dental Practice Act is comprised of Oregon Revised Statutes, Chapters 679, 680.010 to 680.210 and 680.990. These statutes, enacted by the Oregon Legislature authorize the Board to regulate the practice of dentistry and dental hygiene. Administrative Rules of the Board are found in OAR 818-001-0000 through 818-042-0130.

Agency Staffing:

The Oregon Board of Dentistry was created in 1887 and administers the Dental Practice Act and rules of the board, establishes standards for licensure, and examines and licenses dentists and dental hygienists. The board regulates the use of anesthesia in the dental office and certifies dental assistants in radiologic proficiency and expanded functions. The board investigates alleged violations of the Dental Practice Act and may discipline licensees. Members of the Board of Dentistry are appointed by the governor and confirmed by the senate. There are ten board members: six dentists, one of whom must be a specialist, two dental hygienists and two public members. Members serve for four years.

The board is supported solely by revenues received from licensees, including application, license, permit and certification fees. The 2021-2023 biennial budget will be approximately $3.50 million dollars.

The Executive Director directly supervises the Dental Director/Chief Investigator and the Office Manager and answers to the members of the Board. The Dental Director supervises the Investigators and all of their activities. The Office Manager directly supervises the Licensing Manager and Office Specialist.

B. AGENCY AFFIRMATIVE ACTION POLICY STATEMENT

Introduction

The purpose of this plan is to update and maintain the previously initiated affirmative action program for the Oregon Board of Dentistry, in keeping with the directive of the Governor, state and federal laws and regulations, executive orders of the President of the United States of America concerning affirmative action, discrimination/non-discrimination guidelines appropriate under the Civil Rights Acts, equal employment opportunity (EEO) policies, and the Americans with Disabilities Act by which our good faith efforts must be directed.

Policy Statement

The Oregon Board of Dentistry affirms and supports the Governor's Affirmative Action Plan and is dedicated to creating a work environment, which will attract and retain employees who represent the broadest possible spectrum of society including women, minorities and the disabled.

C. AGENCY DIVERSITY AND INCLUSION STATEMENT

The Executive and Management Staff of the Oregon Board of Dentistry ensure that the agency has created, maintains and embeds a diverse and inclusive environment and organizational culture throughout the state delivery system. Our office also ensures that all Oregonians, regardless of gender, age, race, national origin, color, ethnicity, religion, people with disabilities, sexual orientation, veterans (etc.), have a fair and equal chance for available job opportunities at the agency.
We work both inside and outside of state government with everyone from state agency heads, human resources and on-the-ground staff to community-based organizations and the general public. This not only identifies systemic barriers and weaknesses that stand in the way of a diverse and inclusive workforce, but also finds and implements effective solutions that will fix the problems and improve the performance and service delivery of state organizations.

While the Governor's Diversity & Inclusion and Affirmative Action Office was created by federal and state laws, we are working to build an organization that uses the concepts of Diversity & Inclusion, e.g. problem-solving, innovation, organizational development, to create workplaces that are stronger, better functioning, and more dynamic – and can deliver the best possible service to the people of Oregon.

D. AFFIRMATIVE ACTION AGENCY STATEMENT

Responsibilities and Accountabilities

As part of the Oregon Board of Dentistry's 2021-2023 Affirmative Action Plan, the agency will increase multicultural training through staff meetings and strive to seek diversity and cultural competency within our staff and Board Members. The Board surveys Licensees regarding their continuing education regarding cultural competency continuing education courses completed. The survey questions are voluntary. A culturally competent organization is able to use the policies, people and resources it has to systematically anticipate, recognize and respond to varying expectations of customers and employees. A culturally competent organization values individuals for their differences instead of expecting individuals to adapt to the organizations culture. The state is making momentous strides and taking positive actions to assist in transforming state government that which accurately reflect the rich diversity of its citizens. The OBD is welcoming these actions which will benefit all of our licensees, consumers and stakeholders.

Executive Director

- Foster and promote to employees the importance of a diverse and discrimination and harassment free workplace. Participate in cultural diversity trainings, orientations, and be an example of cultural sensitivity.
- Meet as needed, with the Board's Office Manager to review equal employment opportunities, evaluate affirmative action and diverse work environment progress, and identify problems. Approve strategies and timetables for meeting goals.
- Annual performance reviews will include ratings on the Director's support and effectiveness of the agency's Affirmative Action Plan.
- Ensure incorporation of the Affirmative Action Plan, diversity, and inclusion responsibilities.
- Hold managers accountable for participating in and promoting affirmative action activities and for communicating this same responsibility to their subordinate supervisors and employees. The effectiveness of managers and supervisors in promoting the affirmative action activities, goals and objectives for OBD is included in their annual performance appraisals. ORS 659.025(1) states:

  "*To achieve the public policy of the State of Oregon for persons in the state to attain employment and advancement without discrimination because of race, religion, color, sex, marital status, national origin, handicap or age, every state agency shall be required to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a key consideration of the manager's or supervisor's performance.*"

Managers and Supervisors

- Foster and promote to employees the importance of a diverse and discrimination and harassment free workplace.
- Managers and supervisors will receive an orientation on the Board's affirmative action goals, understand their own responsibilities, and evaluate how well they are achieving the Board's affirmative action goals and objectives. They will attend cultural competency training, attend orientations, and promote cultural awareness.
- Subordinate supervisors will be evaluated on their effectiveness in carrying out the responsibilities they have for participating in and promoting affirmative action activities.
- In undertaking these evaluations, managers will consider how well the supervisor fosters and promotes a diverse workforce, how well s/he promotes the affirmative action goals and objectives, and that his/her staff are knowledgeable about OBD policies and procedures that encourage a welcoming environment.
- Inform applicants for vacant positions that the Board is an equal employment employer committed to workforce diversity. Have a copy of the Board's Affirmative Action Plan available for applicants to review on request.
- Work with the Human Resources Section to utilize State of Oregon procedures and rules in filling vacancies.
- Attend equal opportunity, affirmative action and other diversity and inclusion-related training in order to be informed of current issues.
- Display the Board's Affirmative Action Policy Statement and have available a hard copy of the Affirmative Action Plan in the office. An electronic copy of the Board's Affirmative Action Policy Statement will also be maintained on the OBD website.
- Act in a timely manner if they become aware of any Board employee engaging in any type of harassment.
- Periodically report to employees on the Board's progress in attaining its' affirmative action goals

and on other affirmative action matters.
- Be held accountable for promoting affirmative action on their annual performance evaluations.

Affirmative Action Officer and/or Designee

- Work with the Executive Director, managers and supervisors to promote a diverse workforce environment and help attain the AA goals of the Board. Encourage the retention of existing employees and create new learning opportunities for them.
- Report AA activities to the Executive Director in one-on-one meetings as well as staff meetings. Obtain support for proposed changes to the AA Plan to reach goals and objectives. Respond to AA issues and attend AA meetings on behalf of the Director.
- Emphasize the Board's support of equal employment opportunity, affirmative action and the benefits of a diverse workforce.
- Train managers to have diverse interview panels including, when possible, one member who works outside the hiring section/division and one member from a protected class.
- Research training opportunities and topics for presentation to all staff. Actively participate in those trainings.
- Have hard copies and/or electronic copies of the Board's Affirmative Action Policy Statement and Plan available for review by all managers, supervisors and employees and post the Affirmative Action Policy in a visible area with the contact information for the Affirmative Action Representative. Make hard or electronic copies available to applicants for employment on request. Recommend changes to the Plan and update it as required. Compile statistics and keep management informed of the Board's AA status during management meetings. Solicit comments from managers requesting how Human Resources can assist them in promoting affirmative action activities and how best to create a more diverse workforce.
- Discuss the State of Oregon/Board Affirmative Action Plan and Policy in New Employee Orientation. Make the orientation as welcoming as possible. Include in the discussion:
- Our expectations surrounding a respectful workplace and talk about what that means to the agency as well as the employee.
- Our commitment to supporting the personal and professional growth of our employees.
- Our encouragement to contribute and participate in agency activities that will assist the agency in meeting its objectives.
- Our doors are always open for questions and concerns.
- Train and inform managers, supervisors and employees at New Employee Orientation as to their rights and responsibilities under the Board's affirmative action policy and other Board policies to eliminate any harassment based on race, sex, age, religion, sexual orientation, or disability.
- Respond to and investigate complaints. Enforce policies and procedures.
- Offer the Statewide Exit Interview Survey to all terminated employees. Analyze for trends. If it appears that discrimination or harassment was a factor in employee separation, conduct an investigation and take appropriate action. Inform the Executive Director of the results.
- Evaluate revised and new policies for possible adverse impact on the Board's commitment to affirmative action and equal employment opportunities.
- Serve as a liaison between the Board, the state and federal agencies that protect civil rights.

Providers and Volunteers

- The Oregon Board of Dentistry does not have any Providers or Volunteers.

Contractors/Vendors

- When contracts are established or renewed, the Oregon Board of Dentistry provides vendors with a copy of the Affirmative Action Plan or directs them to the Board's website where the Plan is available for public viewing.

Programs

The Oregon Board of Dentistry uses a number of approaches in executing its diversity and inclusion program and bringing new people into the work force, creating opportunities for existing employees, and promoting an environment that is welcoming, tolerant and supportive. Some of the initiatives and activities include:

- Communicating to all staff in a variety of mediums the importance of diversity and inclusion;
- Drawing upon different sources to advertise our recruitments such as the new state recruiting system E-Recruit, and increase awareness of our openings by contacting minority and community organizations.
- Promoting a respectful workplace by offering training on diversity awareness, improving communications, conflict management, and an open atmosphere to talk about problems and ideas;
- Creating a welcoming environment by fostering an acceptance of people's differences and treating everyone with respect and professionalism whether they are staff or customer;
- Posting notices and forwarding e-mails that talk about cultural activities and other information that supports diversity and tolerance; and
- Displaying the agency's commitment to the Affirmative Action Plan by publicizing it on their website and having hard copies available in strategic locations for everyone to read.

Statewide Exit Interview Survey

The Oregon Board of Dentistry offers exit interviews to all departing staff. Discuss and follow-up with the Executive Director on any concerns or trends. Ensure each departing employee is sent the link to the State's exit interview survey monkey as required by the Governor's Affirmative Action Office.

Performance Evaluations of all Management Personnel

The Oregon Board of Dentistry remains committed to compliance with the Governor's executive orders requiring the inclusion of diversity and affirmative action requirements in position descriptions and annual performance evaluations. Performance accountability in the areas of Affirmation Action and Diversity will be reviewed during annual evaluations.

Status of contracts to Minority Businesses (ORS 659A.015)

The Oregon Board of Dentistry issues a small number of contracts which are very specific individual personal contracts for individual investigative cases. These contractors are Oregon licensed dentists. All contracts are prepared internally and the type of individuals that the Oregon Board of Dentistry needs are tracked and

SB 786 – Diversity Report

Senate Bill 786 (ORS Chapter 973), passed by the 2001 Legislature, requires that the health professional regulatory boards listed in ORS 676.160 collect and maintains information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature. Provision of the information by licensees is voluntary.

This law was the result of a study performed by the Governor's Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities, is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various

In 2002, the Board participated in the Oregon Health Workforce Project conducted by OHSU, Area Health Education Centers Program, to determine the workforce and demographic makeup of several health care professions. Results of that survey are shown in the following tables:

I. Race	Dentists	Hygienists
American Indian/Alaska Native	.11%	.6%
Asian/Pacific Islander	11.12%	4.09%
Black or African American	.63%	.34%
Multi-ethnic	1.72%	1.62%
White (not Hispanic)	68.94%	81.14%
II. Gender		
Female	23.73%	95.5%
Male	73.26%	2.8%

Languages Spoken	Dentists	Hygienists
Spanish	13.1%	6.92%
Chinese	2.3%	.45%
Vietnamese	2.9%	2.65%
Russian	1.03%	1.26%
Korean	2.3%	.26%
Cambodian	0%	0%
Laotian	0%	0%
English	78.4%	88.5%

To comply with the requirements of SB 786, a survey instrument was developed in collaboration with other health licensing boards in late 2001. The Board of Dentistry decided that the most economical way to gather this information would be to include the survey with renewal applications. Approximately one-half of all licensees renew their licenses each year. (Dentists renew their licenses every two years by March 30 based on even or odd-numbered year of issue and Dental Hygiene licenses are renewed by September 30 in the same manner.) For the purposes of compliance with the requirements of SB 786, it will take two years to complete the survey of all licensees.

Starting in January 2002, the survey was included in the renewal mailings for all licensees during the 2-year renewal cycle which ended September 30, 2015, a total of 3,478 licensees responded. Also effective January 2002, the survey form was included in application packets for new licenses.

Results of OBD surveys returned as of March 31, 2018:

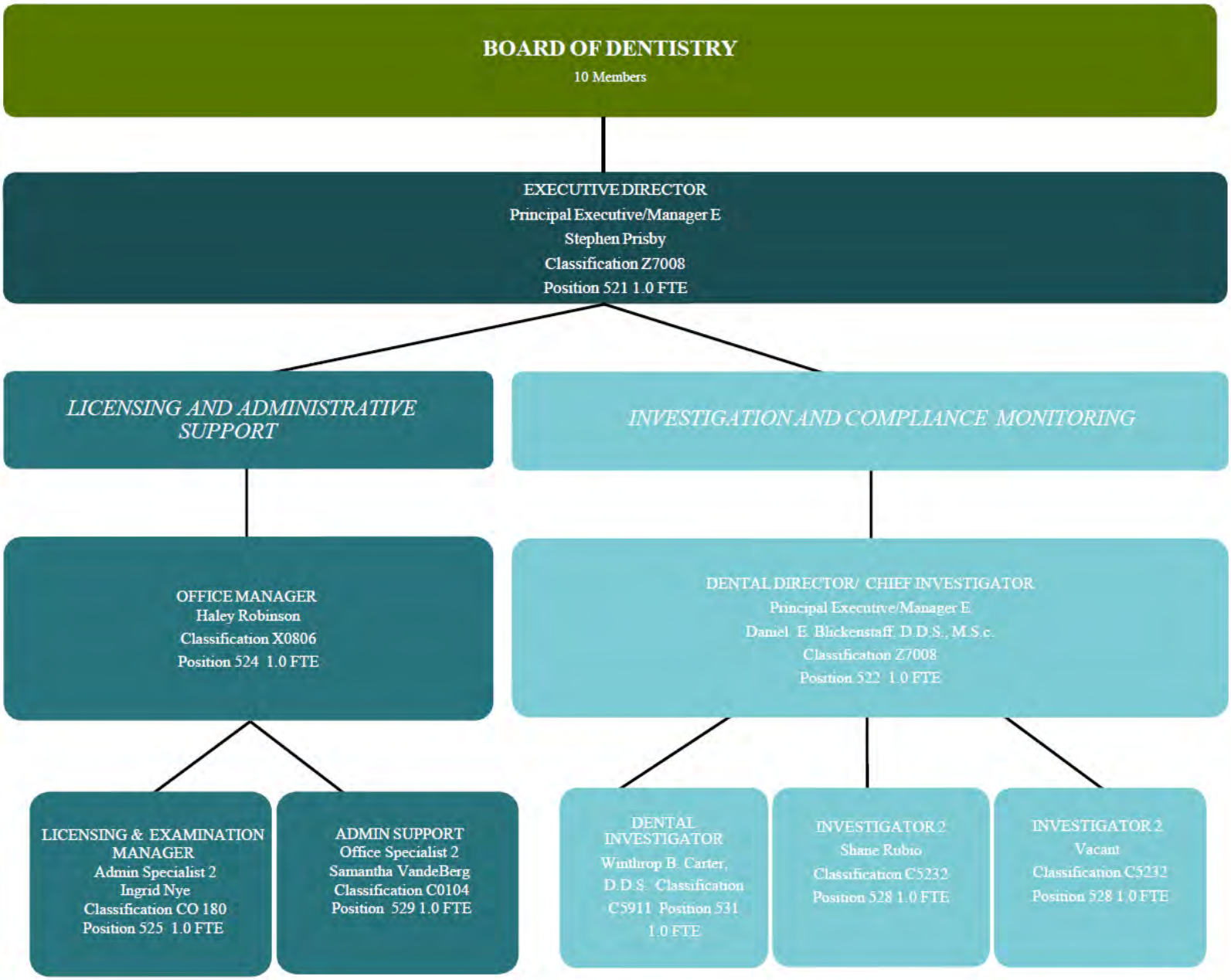
Race	Total	% of those Responding	Speak a language other than English
American Indian/Alaska Native	**37**	**0.46%**	**14**
Asian/Pacific Islander	**375**	**4.7%**	**245**
Black (not Hispanic)	**20**	**0.24%**	**11**
Hispanic	**129**	**1.6%**	**51**
Other (Multi-ethnic)	**49**	**0.6%**	**23**
White (not Hispanic)	**3257**	**40.5%**	**1352**
Not specific	**4171**	**51.9%**	**2009**
Total	**8038**		**3705**

In addition to implementation of the survey, the Board has met with the Oregon Dental Association and the Dean of the OHSU School of Dentistry to discuss ways in which these three organizations can partner to advance the purposes of SB 786 in attracting people of ethnic and racial background to the professions of dentistry and dental hygiene.

a. The Governor's Policy Advisor
The Governor's Policy Advisor for the Oregon Board of Dentistry is:
Ms. Jackie Yerby, Phone number 971-239-7568

b. The Affirmative Action Representative
The Affirmative Action Representative for the Oregon Board of Dentistry is:
Mr. Stephen Prisby
Phone number 971-673-3200

c. Agency Organizational Chart
A current organizational chart for the Oregon Board of Dentistry follows this page.


BOARD OF DENTISTRY
10 Members
EXECUTIVE DIRECTOR
Principal Executive/Manager E
Stephen Prisby
Classification Z7008
Position 521 1.0 FTE
LICENSING AND ADMINISTRATIVE SUPPORT
INVESTIGATION AND COMPLIANCE MONITORING
OFFICE MANAGER
Haley Robinson
Classification X0806
Position 524 1.0 FTE
DENTAL DIRECTOR/ CHIEF INVESTIGATOR
Principal Executive/Manager E
Daniel E. Blickenstaff, D.D.S., M.S.c.
Classification Z7008
Position 522 1.0 FTE
LICENSING & EXAMINATION MANAGER
Admin Specialist 2
Ingrid Nye
Classification CO 180
Position 525 1.0 FTE
ADMIN SUPPORT
Office Specialist 2
Samantha VandeBerg
Classification C0104
Position 529 1.0 FTE
DENTAL INVESTIGATOR
Winthrop B. Carter, D.D.S. Classification C5911 Position 531 1.0 FTE
INVESTIGATOR 2
Shane Rubio
Classification C5232
Position 528 1.0 FTE
INVESTIGATOR 2
Vacant
Classification C5232
Position 528 1.0 FTE

d. The Board of Dentistry has an Inter-Agency Agreement with the Oregon Medical Board to provide Human Resources Support.

Ms. Jessica Bates, HR Manager, Oregon Medical Board
Phone Number is 971-673-2697

The Oregon Board of Dentistry uses a number of approaches in executing its diversity and inclusion program and bringing new people into the work force, creating opportunities for existing employees, and promoting an environment that is welcoming, tolerant and supportive. Some of the initiatives and activities include:

- Communicating to all staff in a variety of mediums the importance of diversity and inclusion;
- Drawing upon different sources to advertise our recruitments such as the new state recruiting system E-Recruit, and increase awareness of our openings by contacting minority and community organizations.
- Promoting a respectful workplace by offering training on diversity awareness, improving communications, conflict management, and an open atmosphere to talk about problems and ideas;
- Creating a welcoming environment by fostering an acceptance of people's differences and treating everyone with respect and professionalism whether they are staff or customer;
- Posting notices and forwarding e-mails that talk about cultural activities and other information that supports diversity and tolerance; and
- Displaying the agency's commitment to the Affirmative Action Plan by publicizing it on their website and having hard copies available in strategic locations for everyone to read.

e. Agency Employee Diversity Training/Professional Development

Staff

- The Oregon Board of Dentistry is a very small agency of only eight employees. All employees are made aware of any Affirmative Action and Diversity training via state e-mail, the posting of training information on the employee bulletin board and announcement at weekly staff meetings.
- Employees are encouraged to attend Affirmative Action and Diversity training and we have monthly health and wellness meetings that incorporate a holistic approach to health and this includes topics on workplace acceptance, culture acceptance and positivity.
- Demographics of Staff:

	Hispanic	Caucasian	Multiple Ethnicities
Male	1	2	1
Female		4	

Board Members

- Provide new Board Members with a copy of the Affirmative Action Plan or direct them to the Board's website where the Plan is available for public viewing.
- Invite them to participate in the Board's cultural diversity training sessions.
- Demographics of Board Members:

	African American	Middle Eastern	Asian	Latino	Native American	Caucasian
Male	1	1	1	1		2
Female				1	1	2

f. Agency Community Engagement Efforts

Outreach

The Oregon Board of Dentistry is committed to open communication with the licenses and citizens of the state. The Executive Director and staff give approximately 24 presentations throughout the year to associations and students regarding licensing steps, new rules, and feedback on how to stay out of trouble and practice within the scope of the law. The OBD coordinates education and rule making with the major dental groups in the state. The OBD maintains a robust web site, and also utilizes email lists and mailings to communicate important Board information to all licensees.

The Oregon Board of Dentistry will develop a plan to enhance its cultural competence over the 2021-2023 Biennium. Implementation of the plan will result in:

- People of diverse backgrounds and experience effectively working together;
- People understanding and appreciating one another's differences;
- People effectively communicating with and being respectful of those differences; and

The plan will focus on:

- Licensees understanding and appreciating the value of the Board's requirements.
- Greater awareness among the members of OBD's workforce;
- Possible changes to policies and procedures that will enhance effective communication and utilize differing strengths;
- Identifying training events that all employees might enjoy and participate in; and
- An increased respect for and understanding of diverse cultures within the workforce.
- Evaluating and assessing any trends showing an increase or decrease in discrimination and/or harassment claims.
- Working to improve implementation of the Affirmative Action Plan through the use of performance assessments and/or performance evaluations.

OREGON BOARD OF DENTISTRY
AFFIRMATIVE ACTION PLAN
July 1, 2019 – June 30, 2021

Mission Statement: The mission of the Oregon Board of Dentistry is to assure that all citizens of Oregon receive the highest possible quality oral health care.

ORGANIZATIONAL STRUCTURE AND RESPONSIBILITIES FOR PLAN IMPLEMENTATION

The Affirmative Action objectives of the Oregon Board of Dentistry for the 2019-2021 biennium was to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.

Achieved- We fully support the Governor and DAS' efforts to recruit the most diverse workforce possible. Our small Board only has 8 full time employees. All employees are encouraged to attend training and development programs. Managers are required to maintain cultural competency and their performance is reviewed annually each year. This is a continued expectation and will continue in 2021-2023.

2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.

Achieved - We complied with all DAS HR policies for job announcements and recruitment. We follow best practices for recruitment learned from the Medical Board, who is responsible for our recruitment and HR support.

3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.

Achieved - We have implemented a new (in 2018) standing Health & Wellness Committee for staff to share best practices to create a healthier and more attractive workplace. This committee has equitable approaches to retaining staff and communication with our Licensees and stakeholders. Individuals are encouraged and share best practices in life that run the gamut from mental health, healthy recipes, physical health and coping strategies with the complexities of life.

We integrate cultural competency education and discussion in our weekly staff meetings. We utilize OHA and OMB resources to more fully understand the need for cultural competency literacy among staff and our licensees.

4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.

Achieved - We utilize available state resources for relevant employee training and development. Employees and managers are provided opportunities for mandatory group training and individualized training. Authorized training is reported to the supervisor and kept in the

employee's official personnel file and is reviewed by the supervisor during the annual performance appraisal process. Feedback is provided and employees are encouraged to attend training as needed on various topics pertaining to their individual goals. Cultural competence is encouraged and recommended/required if needed.

The agency's leadership continues to invest in employees through access to training. The Director continued the practice of purchasing unlimited access to iLearn resources and encourages employees to attend educational opportunities that enhances employment opportunities, work life balance and further learning options to keep current with evolving work standards. This will continue during 2021-2023 by providing career development and training to the fullest extent possible.

5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.

Achieved - We comply with all federal and state hiring laws. We provide all new board members and employees with an orientation program to assist with acclimating in a new environment, establishing expectations that include cultural competency awareness, diversity and inclusion expectations.

6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.

Achieved -We have promoted from within and offered advancement opportunities internally to grow and develop our staff and retain them.

7. Work closely with Governor's Office on achieving statewide goals regarding diversity and inclusion.

Achieved - We are engaged with all executive orders and the governor's meetings related to diversity and equity. Meetings are either attended in person or via teleconference. Providing presentations to healthcare and stakeholder organizations about the work of the Board of Dentistry which creates interest in jobs at our agency and interest in oral health care. Displaying the agency's commitment to the Affirmative Action Plan by publishing on our website. Respectful Leadership Training (Diversity, Equity & Inclusion), and Sexual Harassment. All staff are expected to review and adhere to the Department of Administrative Services Chief Human Resources policies: Maintaining a Harassment Free and professional Workplace and Preventing Sexual Harassment. Training is required of all staff and is to be completed annually.

OREGON BOARD OF DENTISTRY
STRATEGIES FOR IMPLEMENTATION OF
2021-2023 AFFIRMATIVE ACTION PLAN

h. The Affirmative Action goals of the Oregon Board of Dentistry for the 2021-2023 biennium are to:

1. Educate and provide strategies to hire more employees from diverse backgrounds.

   The OBD will comply with all OBD and DAS HRSD Hiring Policies and Rules once a vacancy exists. The OBD will continue to utilize the Oregon Medical Board's HR staff for support and guidance on achieving diversity goals. The OBD will identify partners in diversity to explore more focused areas to promote career opportunities at our agency when they arise. The OBD will work with our partner professional associations like the Oregon Dental Association and the Oregon Dental Hygienists Association to communicate staff and board opportunities.

2. Utilize creative means to advertise vacancies to people of color, disabled individuals and women.

   The OBD will comply with all OBD and DAS HRSD Hiring Policies and Rules once a vacancy exists. The OBD will continue to utilize the Oregon Medical Board's HR staff for support and guidance on achieving diversity goals. Utilize Partners in Diversity for expanding outreach efforts in recruitment.

3. Continue the focus on developing an OBD work environment that is attractive to a diverse pool of applicants, retains employees, and is accepting and respectful of employees' differences.

   The OBD continues to provide a good work environment for all employees.

4. Offer career development and training opportunities for employees of color, employees with disabilities and female employees to prepare them for advancement.

   Employees are informed and aware of how to access state employment job site to review employment opportunities within state government. Current OBD Position Descriptions do not provide for specific position advancement with the OBD.

5. Develop/utilize strategies for filling entry-level positions with individuals in protected classes.

   The OBD will comply with all OBD and DAS HRSD Hiring Policies and Rules once a vacancy exists. The OBD will continue to utilize the Oregon Medical Board's HR staff for support and guidance on achieving diversity goals.

6. Encourage employees to avail themselves of promotional and job developmental opportunities within Oregon State Government.

Employees are informed and aware of how to access state employment job site to review employment opportunities within state government. Current OBD Position Descriptions do not provide for specific position advancement with the OBD.

7. Work closely with Governor's Office on achieving statewide goals regarding diversity and inclusion. The OBD is very interested to follow the work and directives that come out of the Racial Justice Council.

   Continue to develop positive relationships with the Governor's Office. Attend meetings and stay up to date on equity and inclusiveness issues. Be a positive supporter and proponent of orders, plans and strategies from the Governor's Office to increase diversity and inclusiveness at the OBD.

8. Identify relevant diversity and inclusion goals in the OBD's next strategic plan. The planning process begins in early 2021.

9. Work closely with the Oregon Health Authority on its implementation of the revised REALD requirements and ensure our Licensees are informed of its mandates. The expansion of the surveys, questions and reporting will help inform OHA and the state on important demographics of its providers and barriers that exist in delivering culturally competent care to its citizens.

10. Work closely with the Legislature during the 2021 Legislative session and on the subsequent legislation that is enacted supporting diversity and inclusiveness efforts.

11. Be a strong proponent of Dental Therapy Legislation and rule writing efforts to support this new type of Licensee, a midlevel provider to the oral health team. Dental Therapists are an opportunity for the expansion of the oral health care workforce who do not have the resources or ability to attend dental or dental hygiene schools which can be costly and have limited seats each year for admission.

12. Reduce barriers on dental assistant rules and certification requirements where possible. This will make it easier and less expensive for these providers to enter the field and expand their skill set. The Board has been proactive in eliminating or amending rules that have created barriers and restrictions while having no impact on patient safety.

This revision of the Board's Affirmative Action Plan is effective upon the acceptance of it by the Governor's Office and shall be evaluated annually or as needed when statewide changes occur. The Board's Affirmative Action Representative is Stephen Prisby, 971-673-3200.

Stephen Prisby, Executive Director

Oregon Board of Dentistry

Board of Dentistry - Board Members

6 Dentists
2 Registered Dental Hygienists
2 Public Members

Gender: 5 Female, 5 Male
Race/Ethnicity: 1 Black/African American, 2 Middle Eastern, 1 Asian, 2 Hispanic or Latino, 1 Native Ameri

Board of Dentistry - Staff

2 Licensed Dentists
6 Administrative & Operational Staff

Gender: 5 Female, 3 Male
Race/Ethnicity: 1 Multiple Ethnicities, 1 Hispanic or Latino, 6 Caucasian

Licensees (As of Jan 2020)

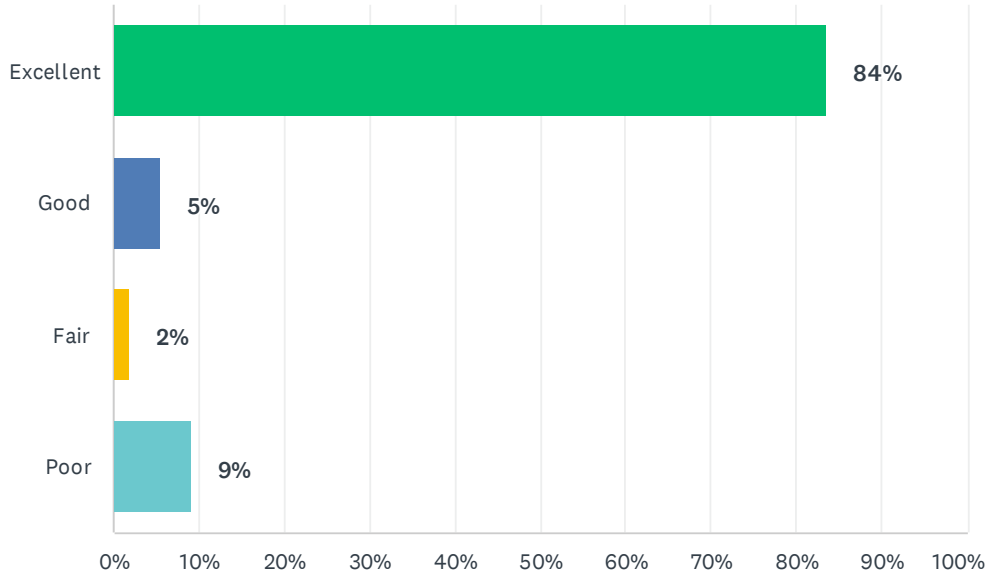
Dentists: 3056
Dental Hygienists: 3294
Total: 6350

Race/Ethnicity:
American Indian/Alaskan Native, 26

Gender: As of Jan 2020
4127 Female, 2223 Male

Q1 How would you rate the timeliness of services provided by the Oregon Board of Dentistry?

Answered: 55 Skipped: 0

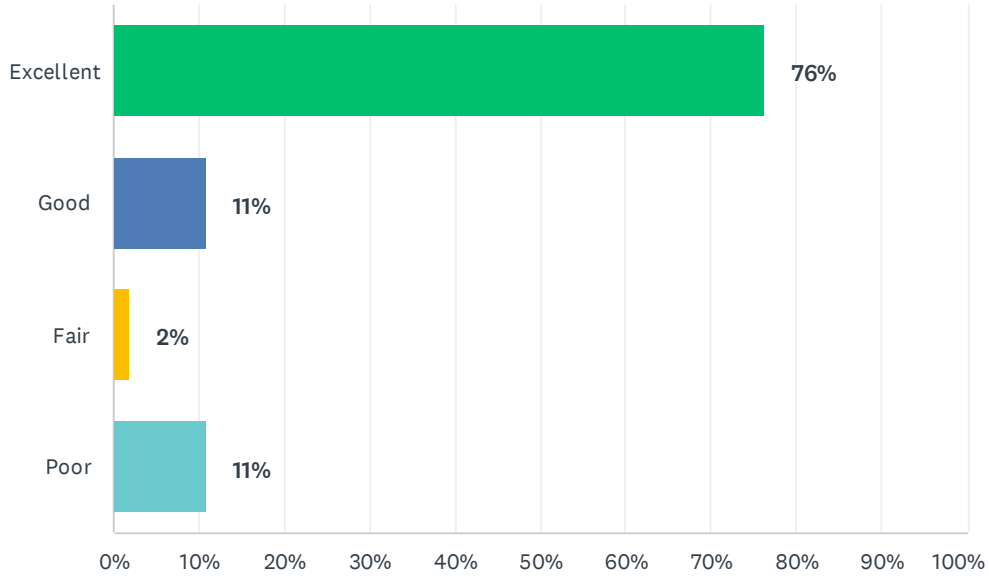


ANSWER CHOICES	RESPONSES	
Excellent	84%	46
Good	5%	3
Fair	2%	1
Poor	9%	5
TOTAL		55

Attachment #3

Q2 How do you rate the ability of the Oregon Board of Dentistry to provide services correctly the first time?

Answered: 55 Skipped: 0

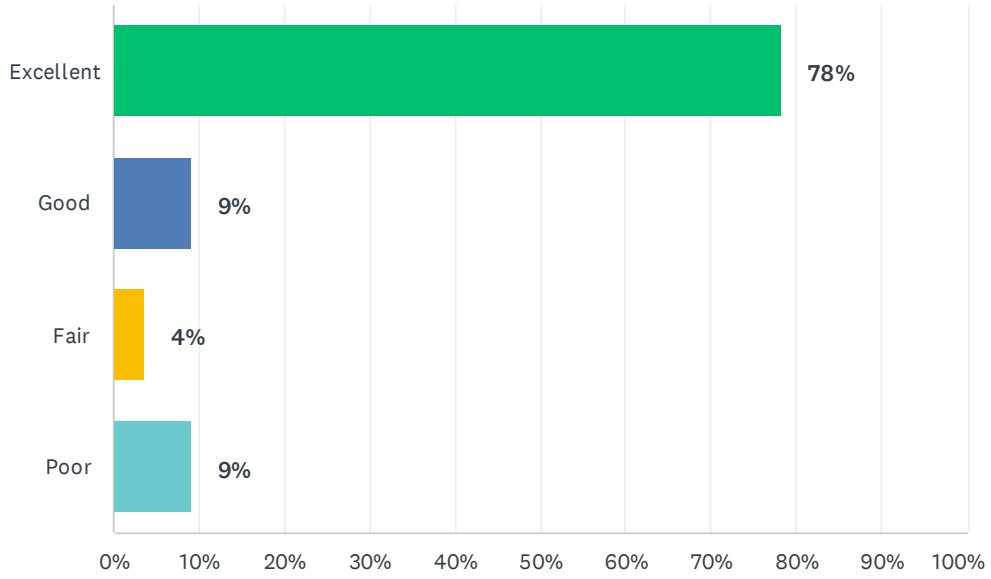


ANSWER CHOICES	RESPONSES	
Excellent	76%	42
Good	11%	6
Fair	2%	1
Poor	11%	6
TOTAL		55

Attachment #3

Q3 How do you rate the helpfulness of the Oregon Board of Dentistry employees?

Answered: 55 Skipped: 0

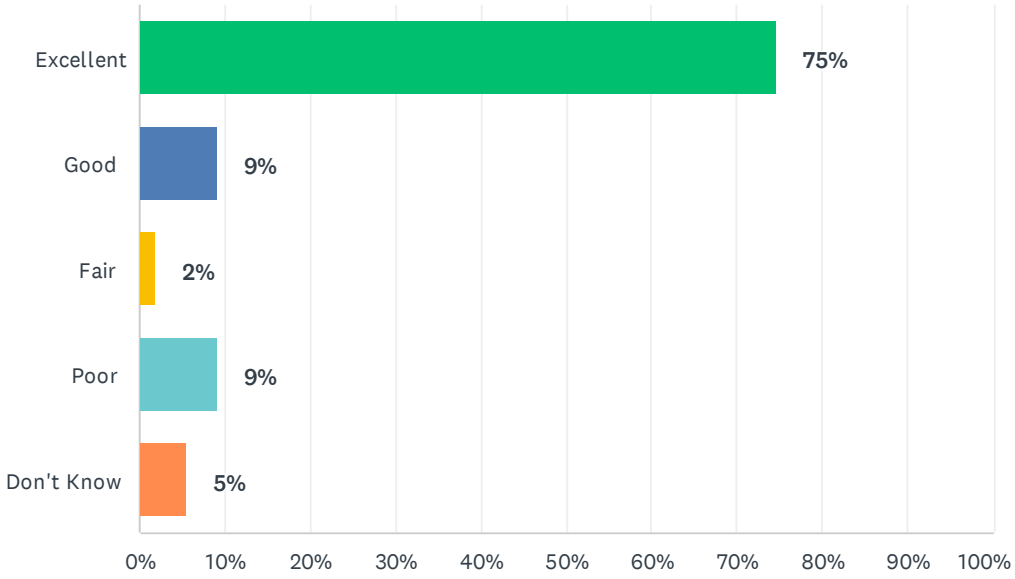


ANSWER CHOICES	RESPONSES	
Excellent	78%	43
Good	9%	5
Fair	4%	2
Poor	9%	5
TOTAL		55

Attachment #3

Q4 How do you rate the knowledge and expertise of the Oregon Board of Dentistry employees?

Answered: 55 Skipped: 0

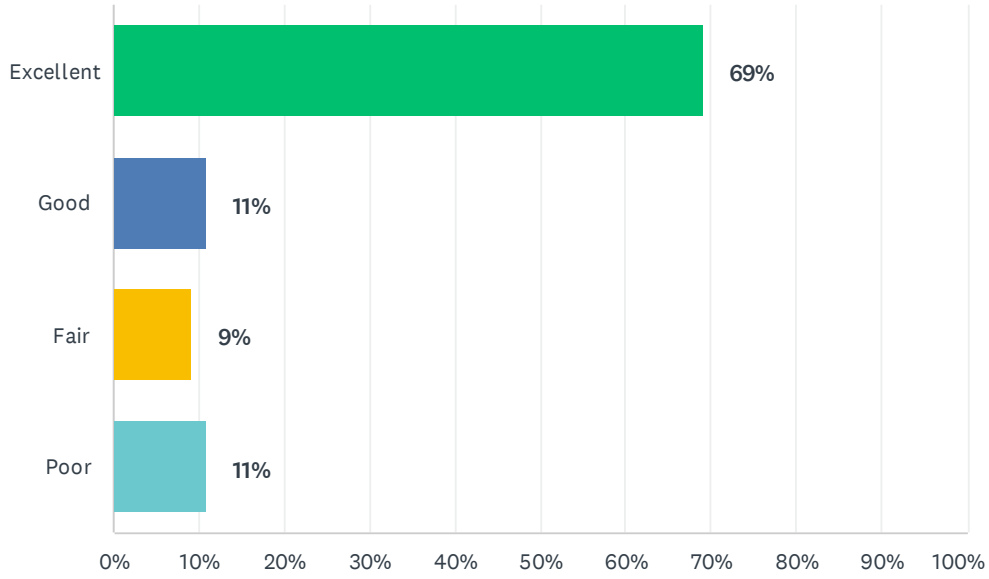


ANSWER CHOICES	RESPONSES	
Excellent	75%	41
Good	9%	5
Fair	2%	1
Poor	9%	5
Don't Know	5%	3
TOTAL		55

Attachment #3

Q5 How do you rate the availability of information at the Oregon Board of Dentistry?

Answered: 55 Skipped: 0

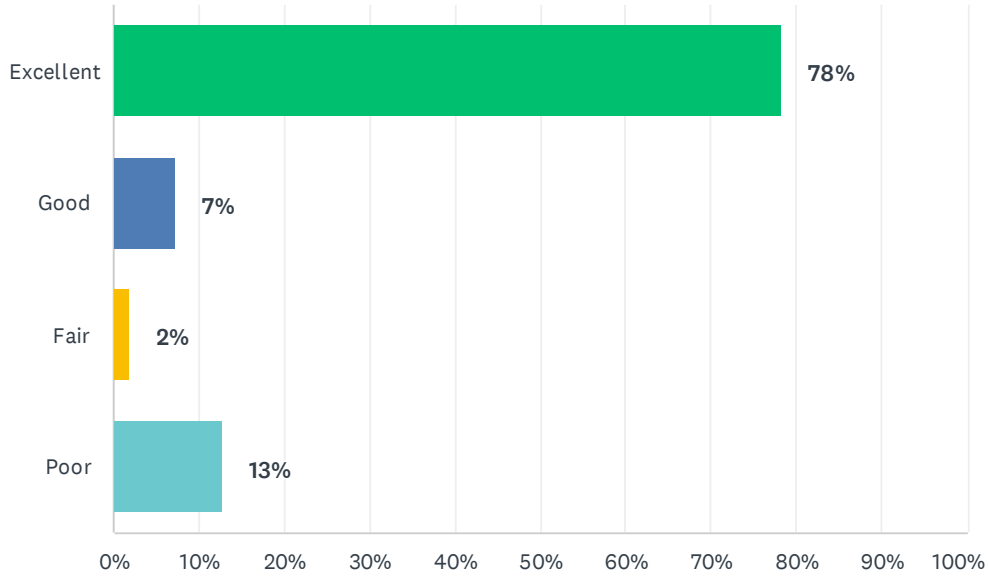


ANSWER CHOICES	RESPONSES	
Excellent	69%	38
Good	11%	6
Fair	9%	5
Poor	11%	6
TOTAL		55

Attachment #3

Q6 How do you rate the overall quality of service provided by the Oregon Board of Dentistry?

Answered: 55 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	78%	43
Good	7%	4
Fair	2%	1
Poor	13%	7
TOTAL		55

Attachment #3

Oregon
Kate Brown, Governor

Department of Administrative Services
Chief Financial Office
155 Cottage Street NE
Salem, OR 97301
PHONE: 503-378-3106
FAX: 503-373-7643

June 30, 2022

RECEIVED
JUL 05 2022
Oregon Board
of Dentistry

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Re: FY 2021 ACCOUNTS RECEIVABLE HONOR ROLL CERTIFICATE

It is a great pleasure to inform you that your agency has earned the Chief Financial Office Accounts Receivable (A/R) Honor Roll Certificate for fiscal year 2021.

The Chief Financial Office Accounts Receivable Honor Roll Certificate is awarded to state agencies that submit timely and accurate A/R reports. Achievement of this recognition is due primarily to your agency's diligent efforts to track and report A/R activities.

By meeting the requirements of the Honor Roll Certificate program your agency is an important part of meeting statewide efforts to improve accounts receivable management. Your agency's success in A/R reporting is critical to the Legislative Fiscal Office publication of the *Report on Liquidated and Delinquent Accounts Receivable* and to the Chief Financial Office *Accounts Receivable Management Report*, and the *Statewide Write-off, Abated and Canceled Certification Report,* which are all submitted to the Legislative Assembly each year.

The Honor Roll Certificate will be delivered to the staff that submitted or signed the A/R reports during fiscal year 2021, which included Haley Robinson. Congratulations to your agency and your fiscal team for this outstanding work!

Sincerely,

George Naughton, Chief Financial Officer
Chief Financial Office

Robert W. Hamilton, Manager
Statewide Accounting and Reporting Services

Chief Financial Office's Accounts Receivable

Honor Roll Certificate

Awarded to

Oregon Board of Dentistry

For Commitment to Excellence
in the Management and Reporting
of Accounts Receivable

Fiscal Year Ended June 30, 2021

State of Oregon
Department of Administrative Services
Chief Financial Office

George Naughton, Chief Financial Officer

Robert W. Hamilton, SARS Manager

June 10, 2022

Date

Attachment 2

Annual Leave Summary July 1, 2021 – June 30, 2022

Accrual or type of leave	Balance 7/1/2021	Accrual per month	Earned	Used	Balance 6/30/2022
Vacation	268	11.34	136	104	160
Vacation Payout*	-	-	-	140	-
Sick Leave	720	8	96	36	780
Personal Business	24	-	-	24	0
Discretionary Governor's Leave	8	-	-	8	0
Misc Personal Leave	-	-	-	5	0

*Vacation payout utilized under two DAS HR Policies

Unclassified Executive Service, Unclassified Excluded and Management Service

Months Worked	Accrual Rate
First month through 60th month	10.00 hours per month
61st month through 120th month	11.34 hours per month
121st month through 180th month	13.34 hours per month
181st month through 240th month	15.34 hours per month
241st month through 300th month	17.34 hours per month
After 300th month	19.34 hours per month

Annual Travel Summary July 1, 2021 – June 30, 2022

Total In State Travel Expenses:	$0.00
Total Out of State Travel Expenses:	$0.00
Total – Agency Head Travel Expenses Reimbursed to Employee:	**$0.00**

Spots Card Purchases (Agency credit card paid directly by state)

	Total
Registrations/Memberships	$ 7502.00
Office Equipment/Supplies	$ 14690.07
Publications/Subscriptions	$ 842.89
Board Meeting/Staff Training Food	$ 3244.27
Transportation	$ 35.00
Misc. (Mariott Rental, FEDEX, Background checks)	$ 4407.45
	$ 30,721.68

Agency Head Financial Transactions
Spots Card and Travel Reimbursement
Fiscal Year 2022 by Quarter

SPOTS Card Purchases: (Agency credit card paid directly by state)	**sub-total**	**Total**
July – September		**$3548.42**
ADOBE ID Creative	$62.97	
AT&T	$402.46	
Clear Training	$535.00	
Board Meeting Food	$521.85	
FedEx	$7.00	
Fieldprint - Vendor	$12.50	
Mailfinance	$1,073.58	
NPDB	$404.00	
Office Depot	$486.07	
Target (Office Supplies)	$7.99	
Zipcar (annual membership fee)	$35.00	
October – December		**$10,634.54**
ADOBE ID Creative	$62.97	
AT&T	$1,234.76	
Best Buy	$99.99	
Board Meeting Food	$715.58	
Clear Training	$480.00	
Costco.com	$279.99	
Fieldprint - Staff	$12.50	
Mailfinance	$1,073.58	
Mariott – Strategic Planning	$4,079.75	
Natural Market	$10.98	
Office Depot	$1,137.62	
Professional Licensing Report Subscription	$228.00	
Quadient	$734.82	
Survey Monkey	$384.00	
Workday Learning	$100.00	
January – March		**$7673.99**
AADB	$950.00	
ADOBE ID Creative	$62.97	
AT&T	$1,796.31	
FedEx	$18.99	
Fieldprint - Staff	$12.50	
Mailfinance		

NIC	$1,073.58	
Board Meeting Food	$464.00	
Office Depot	$256.00	
Pearl Buck (Nameplates)	$2,250.02	
Quadient	$54.80	
	$734.82	
April – June		**$8864.73**
ADOBE ID Creative	$41.98	
AADB Membership Renewal	$3,635.00	
AT&T	$866.76	
Boli Poster	$17.00	
Board Meeting Food	$1750.84	
FedEx (Mission Signs)	$209.41	
NIC	$934.00	
Office Depot	$674.92	
Quadient	$734.82	

TRI-COUNTY METROPOLITAN TRANSPORTATION DISTRICT OF OREGON

EMPLOYER CONTRACT FOR

TRIMET UNIVERSAL ANNUAL PASS FARE PROGRAM

This Contract is entered into **September 1, 2022** by and between the Tri-County Metropolitan Transportation District of Oregon ("TriMet") and **OREGON BOARD OF DENTISTRY** ("Employer") located at **1500 SW 1st Avenue, Suite 770**, **Portland, OR 97201**.

1. Universal Annual Pass Program
Employer shall implement the Universal Annual Pass Program at Employer's work site(s) in accordance with the attached and incorporated Exhibit A, Universal Annual Pass Administrative Program Requirements (Program Requirements) as may be amended by TriMet. By signature hereto, Employer certifies that it has read and agrees to be bound by all of the Program Requirements, including but not limited to the Requirements initialed by Employer and those applicable to the Institutional Web Portal ("Services").

2. Term
This Contract shall be in effect from the date listed above through August 31, 2023, unless terminated sooner by TriMet as provided in the Program Requirements. TriMet also may terminate this Contract upon 30 days advance written notice to Employer, and in such event where Employer is in compliance with this Contract, TriMet will reimburse Employer for all returned Universal Annual Passes based on the number of days remaining in the Contract term.

3. Employer Payment
Employer's total payment due under this Contract is **$1,043.70**. Refer to the Exhibit C Schedule for calculation of Universal Annual Pass price. Employer's Universal Annual Pass price per employee per year under this Contract is **$173.95**. Additional fare instruments purchased during the contract year will be prorated based on this price, as set forth in section E.2) of Exhibit A of this Contract.

4. Universal Annual Pass Qualified Employees
The total number of Employer's qualified employees, as defined in Exhibit A, Paragraph B, is **6**. The Employee Commute Options survey was performed **June 1, 2022**, the results of which are contained in the attached and incorporated Exhibit B.

5. Correspondence/Communications
(a) TriMet's Representative and Employer's Transportation Coordinator shall be responsible for routine, day-to-day correspondence and communications regarding Employer's implementation of the Pass Program. Upon commencement of this Contract, TriMet and Employer shall provide written notice to each other of the name and address of their respective designated Representative and Transportation Coordinator, and shall provide prompt written notice of any change thereto.

(b) All notices required to be given by the terms of this Contract shall be provided in writing and signed by the person serving the notice, and shall be sufficient if given in person, mailed postage pre-paid certified return receipt or telefaxed (with confirmation record) to the persons at the signature addresses below, or to such other address as either Party may notify the other of in writing. Any notice given personally shall be deemed to have been given on the day that it is personally delivered or telefaxed (with confirmation record), and if mailed three days after the date of the postmark of such mailing.

6. Limitation of Liability

TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, TRIMET, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SERVICES PROVIDERS AND LICENSORS SHALL NOT BE LIABLE TO EMPLOYER OR ANYONE FOR ANY INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING BUT NOT LIMITED TO DAMAGES FOR LOST PROFITS, GOODWILL, USE, DATA OR OTHER INTANGIBLE LOSSES (REGARDLESS OF WHETHER WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES), HOWEVER CAUSED, WHETHER BASED UPON CONTRACT, NEGLIGENCE, STRICT LIABILITY IN TORT, WARRANTY OR ANY OTHER LEGAL THEORY. IN NO EVENT SHALL TRIMET'S TOTAL LIABILITY TO EMPLOYER IN CONNECTION WITH THE PASS PROGRAM AND THE SERVICES FOR ALL DAMAGES, LOSSES AND CAUSES OF ACTION EXCEED AMOUNTS PAID TO TRIMET UNDER THIS AGREEMENT DURING THE PRIOR 12 MONTHS.

7. Indemnity

EMPLOYER AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS TRIMET AND ITS OFFICERS, DIRECTORS, EMPLOYEES, CONTRACTORS, AGENTS, LICENSORS, SUPPLIERS, SUCCESSORS AND ASSIGNS FROM AND AGAINST ANY CLAIMS, LIABILITIES, DAMAGES, JUDGMENTS, AWARDS, LOSSES, COSTS, EXPENSES OR FEES (INCLUDING REASONABLE ATTORNEYS' FEES) ARISING OUT OF OR RELATING TO VIOLATION OF THIS CONTRACT, INCLUDING WITHOUT LIMITATION EMPLOYER'S USE OF THE SERVICES OTHER THAN AS EXPRESSLY AUTHORIZED IN THIS CONTRACT.

8. No Third Party Beneficiary

Employer and TriMet are the only Parties to this Contract and as such are the only Parties entitled to enforce its terms. Nothing in this Agreement gives or shall be construed to create or provide any legal right or benefit, direct, indirect or otherwise to any other Party unless that Party is individually identified by name herein with the express and stated designation as an intended beneficiary of the terms of this Contract.

9. Authority

Each Party represents that the individual signing below is duly authorized by that Party to enter into this Contract and bind that Party to its terms.

10. Entire Agreement

This Contract and any attached exhibits constitute the entire agreement between the Parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, regarding this Contract not specified herein. No waiver, consent, modification or change of terms of this Contract shall bind either Party unless in writing and signed by both Parties and all necessary approvals have been

obtained. Such waiver, consent, modification or change, if made shall be effective only in the specific instance and for the specific purpose given.

11. Execution of Contract

This Contract and any written modifications thereto, may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a "pdf" format date file, such signature shall create a valid and binding obligation of the Party executing (or on whose behalf such signature is made) with the same force and effect as if such facsimile or "pdf" signature page were an original thereof.

OREGON BOARD OF DENTISTRY	**THE TRI-COUNTY METROPOLITAN TRANSPORTATION DISTRICT OF OREGON**
By: _____ *signature*	By: _____ *signature*
Date: _____	Date: _____
Name: _____ *please print*	Name: JC Vannatta
Title: _____	Title: Executive Director of Public Affairs
Address: _____	Address: 1800 SW 1st Avenue, Suite 300 Portland, Oregon 97201
Telephone Number: _____	

TriMet Universal Annual Pass Fare Program
ADMINISTRATIVE PROGRAM REQUIREMENTS
Effective September 1, 2022

The TriMet Universal Annual Pass Program ("Program") is available to employers within TriMet's service district who purchase annual passes for their employees. Participating employers are required to implement the Program in accordance with the terms of these Administrative Program Requirements ("Requirements") and as otherwise determined by TriMet.

A. Definition of a Worksite
   1) A "worksite" is a building or group of buildings located at one physical location within the TriMet service district and under the control of an employer.
   2) An employer with multiple worksites in the district may include out-of-district worksites, provided that the out-of-district worksite represents less than 25% of the employer's total number of enrolled employees within the TriMet district.

B. Definition of a Qualified Employee
   1) Participating employers must purchase a Universal Annual Pass (Pass) for each qualified employee (100% participation) at each participating worksite regardless of whether the employee uses transit at the time of purchase.
   2) For the purposes of the Program, a "qualified" employee is defined as any person on, or expected to be on, the employer's payroll, full or part-time, for at least six consecutive months, including business owners, associates, partners, and partners classified as professional corporations. Part-time is defined as 80 or more hours per 28-day period.
   3) An employee who works at multiple worksites is considered a qualified employee at the worksite of his/her cost center. A cost center is the department through which the employee's salary is paid.
   4) Contract employees, per-diem employees, and/or temporary employees are considered qualified employees only if they are covered under the employer's benefits package and have been included in the employee commute options survey.
   5) Exempted from the Program are:
      - Part-time volunteers (defined as less than 80 hours per 28-day period);
      - Full-time volunteers (defined as 80 or more hours per 28-day period);
      - Employees working less than part-time (less than 80 hours per 28-day period);
      - Field personnel required to use their personal vehicle as a condition of their job;
      - Employees whose regular work commute has either a start or an end time outside of TriMet's service hours (service hours are 5:00 A.M through 1:00 A.M.);
      - Residents of the State of Washington;
      - Independent contractors;
      - Temporary or seasonal employees hired for a term of less than six (6) months;
      - Employees exempted by the Department of Environmental Quality (DEQ) for Employee Commute Option (ECO) rule purposes;
      - Regularly sworn officers of local law enforcement agencies within the TriMet boundaries, including the Oregon State Police; and
      - Employees who have an annual transit pass from another source (i.e., employee is a TriMet dependent or works for two employers and has received a pass through the other employer).
   6) Subject to the following subparagraph (7), categories of employees and volunteers who are exempted from the Program, as defined in B.5) above, also must be excluded from the employee commute options survey. The total number of employee exemptions shall not exceed 50% of the employer's total employee population.
   7) If an employer wishes to include categories of exempted employees and/or volunteers in the Program, as defined in B.5) above, the exempted personnel to be included must have a TriMet approved fare instrument and must be included in the employee commute options survey.
      - An employer must purchase a Pass for 100% of the category(s) of exempted personnel.

- The exempted personnel must be surveyed prior to receiving a fare instrument.

C. Definition of Transit Mode Split
   1) The transit mode split is defined as follows:
      (Total number of transit trips to the worksite by qualified employees) divided by (Total number of trips to the worksite by qualified employees).
   2) If more than one commute mode is used to travel to a worksite, the commute mode for the longest portion of the trip constitutes the commute mode for the purposes of the Program.

D. Survey Requirements
   1) The Program's pricing structure is dependent on an accurate determination of the employer's transit mode split. To determine the transit mode split, employers must survey their qualified employees (and categories of exempted employees, if included in the Program) at each worksite separately using an employee commute options survey or similar survey approved by TriMet (hereinafter "survey").
   2) Surveys must be conducted for each participating worksite on the following schedule:
      a. For the first year of participation:
         i. A pre-program survey, within twelve months prior to the start date of the first year contract, of all qualified employees to determine transit mode split and first year contract pricing; and
         ii. A follow-up survey before the date on which the next year's contract will take effect, to determine the next year's contract pricing and the effectiveness of the program; and
      b. For all subsequent years:
         i. A follow-up survey at least every other year after the first follow-up survey. Each subsequent follow-up survey must be conducted within twelve months prior to the date on which the next contract will take effect.
         ii. The most recent survey data available will be used to determine the Pass price, even if the survey conducted is for reasons other than to meet the minimum survey requirements for the Program, provided that it is performed in accordance with these Program Requirements.
      c. Surveys shall not be conducted more than once within the period of three months, without prior approval from TriMet.
   3) The survey instrument must be approved by TriMet; and
      a. The survey must be distributed to all qualified employees and achieve a return rate of a minimum of 75%; or
      b. Companies with 400 or more employees at a worksite may use a statistically valid sampling methodology approved by TriMet with the prior approval of DEQ or TriMet and achieve a return rate of a minimum of 75%.
      c. Companies with 15 employees or less must survey 100% of their eligible employees.
   4) Surveys must be distributed during the week following a typical workweek for the worksite and not bordering on a holiday.
   5) If an employer moves a worksite to a different location during a contract year, the original contract price remains valid until the expiration of the contract. In the event that the new location results in a significant change in transit service from the previous location, the employer must re-survey its qualified employees before the date on which the next contract will take effect to identify the transit mode split at the new worksite. The next contract price will be calculated according to the transit mode split at the new worksite location. The survey schedule for subsequent contract years will be determined as set forth above in D.2)b. Employers that move to a new location with a significant decrease in transit service shall not be subject to a limit to a maximum annual price decrease.
   6) An employer may participate at individual worksites, or all worksites. If an employer wishes to participate in the Program at more than one worksite, the employer must survey qualified employees at each worksite separately to determine the transit mode split at each worksite. Each worksite's price per Pass is based on the transit mode split at that site.
      a. If an employer adds a worksite(s) during the term of a contract, additional Passes may be purchased for all qualifying employees at the new worksite(s) at the existing price per Pass dictated by this contract for the term of this contract. After the first full contract term, a survey must be performed at the new worksite(s) to determine the transit mode split to be used for the calculation of the following contract

year's price per Pass, after which the survey schedule for the new worksite(s) will follow according to the schedule established by the contract that is in effect.

b. If an employer wishes to purchase the Program for employees at an out-of-district worksite, it is not necessary to survey those employees and if they are surveyed, the resulting information cannot be used to determine overall transit mode split. The out-of-district worksite(s)'s price per Pass shall be that dictated by this contract.

E. Program Requirements; General

1) The Program shall be based on an annual contract term of September 1 through August 31 in accordance with Paragraph F below. For employers joining the Program mid-year, the Program cost shall be prorated based on the number of months remaining in the contract term (September 1 through August 31).
2) TriMet will issue Universal Annual Pass fare instruments (contactless fare cards containing a Universal Annual Pass, as determined by TriMet) for all qualified employees at the employer's contract price. If the employer hires additional qualified employees during the contract term, the employer shall purchase additional fare instruments, at a prorated cost based on the number of months remaining in the contract term (September 1 through August 31) for these additional new hires.
3) TriMet does not prohibit employers from re-selling the Passes to their employees; however, the selling price shall not exceed the per employee Pass price paid by Employer under this contract.
4) TriMet will not provide refunds for terminated employees. Replacement fare instruments will be provided for replacement employees only in accordance with paragraph G.2) below.
5) Employer shall designate and authorize a Program Administrator(s) to assist in implementation of these Requirements, including authorizations necessary for the Program Administrator to access and utlize TriMet's Institutional Website on behalf of Employer. Employer assumes sole responsibility for ensuring that Program Administrator(s) are duly authorized to administer the Program on behalf of Employer.

F. Program Contract Pricing

Employer's per Pass pricing calculation formula is shown on the Exhibit C Schedule, attached hereto.

G. Program Fare Instrument; Use of Fare Instrument; Remedies

1) Employer shall be responsible for distributing to each participating employee, a TriMet approved fare instrument, which shall be a contactless fare card. The Employer shall verify participating employee eligibility before a fare instrument is provided to an employee. Only the Employer's Program Administrator(s) may provide participating employees with a fare instrument, including distributing contactless fare cards. Only one fare instrument may be distributed per employee.
2) Employers using contactless Hop Fastpass® cards (fare cards) as the fare instrument:
   a. TriMet approved contactless fare cards containing a Universal Annual Pass fare may also be used as the valid fare instrument. Fare cards shall include the Employer's name and employee's name, and may also include a photo.
   b. If the approved fare card does not include a photo, the employee may be asked to display other valid photo identification as proof of their identity.
   c. TriMet may produce fare cards for participating Employers, and may charge a reasonable administrative fee for this service. Fare cards produced by TriMet remain the property of TriMet, the use of which is subject to the terms of the contract between Employer and TriMet.
   d. Employers may produce their own personalized fare cards, if approved by TriMet, which must include the Employer's name, employee's name, and may include a photo of the employee. In this case, blank white plastic card stock developed to interact with a contactless card reader will be provided by TriMet to the Employer, to be used solely for the purpose of creating a fare card for use on TriMet service.
   e. Fare cards are intended to be reused by the employee, and may be used for the subsequent contract year when containing a Universal Annual Pass fare valid for that period.
   f. Prior to providing the employee with a fare card containing an Annual Pass, Employer shall obtain the employee's written agreement to the Program guidelines and participant responsibilities as set out in the Employee Agreement Form provided by TriMet, which will include the employee's acceptance and agreement to the Privacy Policy located at https://myhopcard.com/home/privacy and the Terms of

Service located at https://myhopcard.com/home/terms. TriMet may update the Privacy Policy and Terms of Service from time to time as provided in the Privacy Policy and Terms of Service.

g. Employers shall be required to maintain a record associating card ID number with a unique employee identifier. Employers shall be required to upload a list including employee's first name, last name, and email address via CSV file to the Institutional Web Portal, as further described in Section 3.
h. Employees are required to tap their contactless card prior to each vehicle boarding and upon occupying any TriMet district areas requiring proof of fare payment. Employees must sign a written statement accepting these proof of fare payment provisions.
i. A valid fare instrument shall allow travel on TriMet vehicles within the TriMet service district during the contract term, including LIFT paratransit vehicles, as well as Portland Streetcar.
j. TriMet may replace lost, stolen, or damaged Hop Fastpass® fare instruments for Employer's participating employees, and may charge the Employer a reasonable administrative fee for this service. To be eligible for replacement, the employee's fare instrument must first be disabled by Employer's Program Administrator. Employer may also request that TriMet disable the fare instrument, and in this case, TriMet reserves the right to require Employer to provide additional information about the lost, stolen or damaged fare instrument, such as card ID number. If the fare instrument cannot be disabled, the Employer may purchase additional fare instruments based on the number of months remaining in the contract year (September 1 through August 31).
k. TriMet may provide replacement fare instruments for replacement employees. To be eligible, the Employer must have disabled the fare instrument issued to the separated employee. Employer may also request that TriMet disable the fare instrument, and in this case, TriMet reserves the right to require Employer to provide additional information about the replaced fare instrument, such as card ID number. Replacement fare instruments shall be provided only in accordance with the requirements set forth in this paragraph G.2).

3) The fare instrument is non-transferable and is a valid fare instrument only for the participating employee to whom it is issued. The fare instrument may not be provided to, sold to, or used by anyone other than the participating employee to whom it is issued. Use of the fare instrument is subject to all provisions in the TriMet Code, violation of which may result in fines and/or exclusion.
4) Any alteration of the fare instrument shall render the fare instrument invalid.
5) In the event that TriMet reasonably believes that any of an Employer's employees has duplicated, altered, or otherwise used the fare instrument in a manner not authorized by this Contract, upon notice from TriMet, Employer shall conduct a reasonable investigation of the matter, including notice to the employee and an opportunity for the employee to respond. Employer shall submit written findings of its investigation to TriMet. TriMet reserves the right to make its own independent investigation and determinations as to whether the misuse occurred. If, based on the results of an investigation, TriMet determines that the misuse occurred, TriMet reserves the right to require the Employer to return the employee's fare instrument or provide written assurance to TriMet that Employer has disabled the effectiveness of the employee's fare instrument. Employer shall not forward any Employer-generated photo ID cards to TriMet. In addition, TriMet reserves all rights and remedies available under law.
6) If TriMet reasonably believes that Employer has provided falsified information, intentionally provided fare instruments to non-participating employees or other ineligible persons, or that Employer is otherwise in breach of the contract including but not limited to failure to make a contract payment when due, TriMet reserves the right in its sole discretion to demand within the timelines specified by TriMet, that Employer return any or all fare instruments or that Employer provide other assurance that Employer has disabled the effectiveness of any fare instruments, and may also immediately terminate the Contract. In addition, TriMet reserves all rights and remedies available under law. In the event of contract termination by TriMet, Employer's sole remedy shall be reimbursement for the remainder of the contract term, so long as fare instruments are disabled, employer's failure to distribute the fare instruments does not constitute a breach of the contract, and employer is otherwise not in default of the contract terms. Any reimbursement to employer may be prorated by TriMet based on the number of days remaining in the contract term.
7) In the event a lawsuit is filed to obtain performance of any kind under this Contract, each Party shall be responsible for its own attorney fees, costs and disbursements, at trial and on appeal.
8) In no event shall either Party be liable for any consequential, special, incidental or punitive damages, whether under theory of tort, contract, statute or otherwise.

H. Use of Institutional Web Portal; Website Terms of Service

1) The Employer's Program Administrator shall use an Institutional Web Portal ("Services") as a tool to administer and manage the Employer's Program.
2) Program Administrators, pending approval by TriMet, shall be given secure login credentials to access their Employer's Program account using the Services. Program Administrators shall use the Services for the sole purpose of managing their Employer's Program, and only as provided in these Requirements. Program Administrators are responsible for any activity that occurs under their account. Program Administrators shall keep usernames and passwords secure and shall not allow anyone else to use them to access the Services. TriMet is not responsible for any loss that results from the unauthorized use of Program Administrator's username and password, with or without Program Administrator's knowledge.
3) Using the Services, Program Administrators shall be able to perform certain tasks including, but not limited to:
    a. Order fare instruments.
    b. Order fare products.
    c. Manage and edit their Employer's account profile, such as maintaining contact information and shipping information.
    d. Manage their employee participant's fare cards, including blocking cards (deactivate) in case of loss or theft, and unblocking cards (reactivate).
4) Employer's use of the Services is subject to TriMet's Privacy Policy, located at: https://myhopcard.com/home/privacy.
5) All content included in or through the Services, such as text (including blog posts, schedules, arrival information, fare information), graphics (including maps), designs, logos, presentations, videos, data, instructions, photos, and software (the "Materials"), is the property of TriMet or its licensors. The Materials are protected by copyright, trademark and other intellectual property laws. TRIMET®, WES®, TRANSITTRACKER™, Hop Fastpass® and other trademarks, service marks and logos that we use, are trademarks of TriMet. Third-Party trademarks that appear in connection with the Services are the property of their respective owners. The trademarks displayed in connection with the Services may not be used without express written permission.
6) TriMet grants Employer a personal, United States, royalty-free, non-assignable and non-exclusive license to use the Materials available as part of the Services. This license is for the sole purpose of using the Services for TriMet's intended purposes and is subject to the license restrictions below.
7) Unless laws prohibit these restrictions or you have our written permission, Employer may not:
    a. Copy, modify, distribute, sell, or lease any part of our Services or included software;
    b. Reverse engineer or attempt to extract the source code of our software or copy the scripts of the website;
    c. Download, print, copy, distribute or otherwise use Materials for commercial purposes, including commercial publication, sale or personal gain;
    d. Use any manual process or robot, spider, scraper, or other automated means to collect information or Materials from the Services or from users of the Services;
    e. Circumvent any of the technical limitations of the Services or interfere with the Services, including by preventing access to or use of the Services by our other users;
    f. Change or remove any copyright, trademark, or other proprietary notices, including without limitation attribution information, credits, and copyright notices that have been placed on or near the Materials;
    g. Impersonate any person or entity or misrepresent yourself or your entity in connection with the Services, or attempt to use another user's account without the user's permission; or
    h. Post or transmit through the Services any material that reasonably could be considered obscene, lewd, lascivious, excessively violent, harassing, or otherwise objectionable to some or all users.

8) With respect to any content submitted or made available to TriMet (including through our "Contact Us" pages), Employer grants to TriMet a non-exclusive, perpetual, worldwide, fully paid and royalty-free, transferable license to use, copy, distribute, publicly display, modify, and create derivative works from such content, for the limited purpose of operating, promoting, and improving the Services, and to develop new Services. In the event that Employer submits or posts any creative suggestions, proposals, or ideas about TriMet products and services, Employer agrees that such submissions will be automatically treated as non-confidential and non-proprietary. TriMet may use Employer's feedback without any obligation or credit to Employer.
9) THE SERVICES AND MATERIALS ARE PROVIDED "AS IS," "AS AVAILABLE," AND WITHOUT WARRANTIES OF ANY KIND. ALL USE OF THE SERVICES AND MATERIALS IS AT EMPLOYER'S SOLE RISK. TO THE FULLEST EXTENT PERMITTED BY LAW, TRIMET DISCLAIMS ALL WARRANTIES OF ANY KIND, WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING WITHOUT LIMITATION IMPLIED WARRANTIES OF TITLE, QUALITY, PERFORMANCE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, ACCURACY, AND NON-INFRINGEMENT, AS WELL AS WARRANTIES IMPLIED FROM A COURSE OF DEALING OR COURSE OF PERFORMANCE. TRIMET DOES NOT WARRANT THAT THE SERVICES WILL BE CONTINUOUS, PROMPT, SECURE, OR ERROR-FREE. TRIMET ASSUMES NO LIABILITY FOR ANY ERRORS OR OMISSIONS, INCLUDING THE INACCURACY OF CONTENT, OR FOR ANY DAMAGES OR LOSSES THAT EMPLOYER OR ANY THIRD PARTY MAY INCUR AS A RESULT OF THE UNAVAILABILITY OF THE SERVICES. TRIMET ASSUMES NO RESPONSIBILITY, AND SHALL NOT BE LIABLE FOR, ANY DAMAGES TO EMPLOYER'S EQUIPMENT, DEVICES OR OTHER PROPERTY CAUSED FROM USE OF THE SERVICES.

I. Payment Options; Issuance of Fare Instruments; and Contract Remedies
1) The employer shall be required to enter into a written contract based on the annual term of September 1 through August 31, in a minimum annual amount of the Annual Adult pass price. The contract amount may be prorated for less than one year, as provided for in these program requirements. An Employer signed contract must be received by TriMet before the contract start date.
2) Subject to (a) and (b) below, Employers with a total contract amount of $6,050 or greater may elect to submit the total payment amount in full, or shall pay the total payment in equal quarterly installments. Employers with a total contract amount of less than $6,050 must submit payment in full.
   a. Payment in Full: All Employers new to the Program must submit full payment prior to receiving fare instruments, in which case a discount of 3% off the entire contract balance may be taken. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced with payment due net 30 days from the invoice date or the contract start date, whichever is later, in which case a discount of 3% off the entire contract balance may be taken. If full payment is not received by TriMet within the time allotted by this contract, the 3% discount will be void.
   b. Quarterly Payments: Employers new to the Program that are eligible to elect to make quarterly payments are required to submit payment for the first quarter prior to receiving fare instruments, with subsequent quarterly payments due net 30 days from the invoice date. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced for the first quarter with payment due net 30 days from the invoice date or the contract start date, whichever is later. Employers who elect to make quarterly payments are ineligible for the 3% discount.
3) Payment for additional fare instruments purchased throughout the contract year must be paid in one lump sum, and will not be calculated into remaining quarterly payments. Payment for additional fare instruments is due net 30 days from the date of the invoice. If employer is an entity for which applicable law specifies a maximum time period for payment, that maximum time period shall apply.
4) If approved by TriMet, Employer may also purchase limited use disposable tickets, including 1-Day Passes and 2½-Hour Tickets. Employers new to the Program must submit payment in full before fare products will be shipped. Employers with prior credit approval from TriMet will be invoiced for fare products with payment due net 30 days from the invoice date.
5) Payments not received by the due date will accrue interest at an annual rate of 18%. If employer is an entity

for which applicable law specifies a maximum interest rate that the entity may pay, that maximum interest rate shall apply.

6) In the event an employer fails to make a payment as scheduled in the contract, TriMet reserves all its rights and remedies under law, including but not limited to the right to suspend future issuance of fare instruments and as otherwise provided in Paragraph G above.
7) Invoices past due over 90 days will be forwarded to TriMet's Legal Department for further action.
8) Payment(s) shall be made by either ACH or submitted to TriMet's Finance Department, Attn: TriMet #43002 P.O. Box 35146 Seattle, WA 98124-9828.
9) Fare instruments will be provided to the employer, normally within ten (10) business days of TriMet's receipt of an employer's total payment or first quarterly installment due as described above. For employers renewing their participation in the Program by executing a new contract, and with prior credit approval from TriMet, fare instruments will be provided normally within ten (10) business days of receipt of an employer's signed contract. TriMet is not responsible for late deliveries. A designated representative of the employer must sign for receipt of the fare instruments. TriMet reserves the right to limit the number of fare instruments provided at any one time, or to determine the distribution schedule thereof.

J. Employer Designated Agents

1) Employer may elect to participate in the Program through their designated agent ("Employer Designated Agent"). Employer Designated Agent will enter into a contract with TriMet for implementation of the Program in accordance with these Program requirements, including the purchase of and payment for fare instruments.
2) Employer Designated Agent must be an incorporated entity, established for the purpose of providing administrative services to facilitate employer transportation options or other employer related services, including commercial or industrial property management and/or other transportation related services.
3) Upon TriMet's request, Employer Designated Agent shall provide TriMet with written authorization from employer on employer's official letterhead evidencing employer's designation of Employer Designated Agent.

K. Information Required of Employers

1) Prior to contract approval, TriMet must receive the survey data form, or an equivalent document with the following information:
   a. the total number of employees, in all work groups;
   b. the total number of qualified employees, according to these Program Requirements;
   c. the total number of employees in other employee work groups to also include in the Program; and a copy of the employer's survey results and data. A participating employer must conduct follow-up surveys as defined above, with results and data provided to TriMet. The survey instruments must be in conformance with the survey requirements as described in these Program Requirements.
   d. TriMet shall not be bound and assumes no obligation in any respect with regard to the Program until TriMet's authorized signator executes the contract.
2) TriMet, at its sole discretion, may require an employer to verify the number of qualified employees and to confirm employee status at any time during the term of the contract. TriMet may also require an employer to demonstrate that fare instruments are kept in secure locked storage, accessible only to the employer's designated program administrator(s).
3) Employees must sign a statement (Employee Agreement Form) verifying receipt of a fare instrument. The statement includes a signed acknowledgement by the employee that the fare instrument is non-transferable and may only be used by the employee to whom it was issued, and that the fare instrument must be returned to the employer upon separation from employment. Employees determined to knowingly violate these terms may face criminal prosecution for theft of services.
4) Each fare instrument includes a unique serial number for the purposes of tracking and control. For each employee that receives a fare instrument, the employer's designated program administrator, or the program administrator's designee, shall record the fare instrument's ID serial number on the Employee Agreement Form, along with the employees' signed statement agreeing to the terms and conditions of receiving the fare instrument.
5) All fields of the Employee Agreement Form must be completed in full. The employer must return a copy of the Employee Agreement Form to TriMet by October 1st, and make the form available for TriMet's

review upon request by TriMet. The employer shall retain a copy of the Employee Agreement Form through the end of the contract period.

6) Employer shall provide TriMet an IRS (EIN) Employer Identification Number, or if Employer does not have an IRS EIN Employer shall supply a Social Security Number for purposes of compliance with IRS Section 6109. Employer shall submit a completed Federal IRS Form W-9 to TriMet, Attn: Revenue Accountant, 1800 SW 1st Avenue, Suite 300, Portland, Oregon, 97201, or by email to AccountsReceivable@trimet.org.

TRIMET

EMPLOYEE COMMUTE OPTIONS - Seventh Follow-up Survey Results
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR. 97201

Employee population (Eco-affected)	**6**
Questionnaires returned (Out of 6)	**6**
Response rate	**100%**

Survey	Date	Auto Trip Rate
Baseline	**Jun-07**	**42%**
First Follow-up	**May-08**	**20%**
Second Follow-up	**May-10**	**43%**
Third Follow-up	**Jun-12**	**61%**
Fourth Follow-up	**Jun-14**	**50%**
Fifth Follow-up	**Jun-16**	**47%**
Sixth Follow-up	**Jun-18**	**48%**
Seventh Follow-up	**Jun-22**	**63%**

Three year ECO goal (10% reduction in Baseline auto trip rate)

Auto trip rate goal	**38%**
Weekly auto trips to reduce	**10**

This report summarizes your employees' responses to the Employee Commute Options survey. The results identify the modes of transportation your employees use to commute to your worksite and the number of weekly auto trips their choices generate. This report assumes that your company will need to comply with the Department of Environmental Quality's Employee Commute Options (ECO) Rule that targets a 10% reduction in auto trips taken to the worksite.

Weekly Employee Trips

The table below shows the number of employee trips TO this worksite during the week prior to the survey.

Number of trips	Total Weekly Trips	Drove alone	Carpool/Vanpool (by # of people in Carpool)						**Bus/ Max**	Bike	Walk	Bike+ Walk	Tele-Commute	Com-pressed Work Wk.
			2	3	4	5	6+	Total						
Reported	38	24	0	0	0	0	0	0	**6**	0	4	4	4	0
Total*	38	24	0	0	0	0	0	0	**6**	0	4	4	4	0
Total Auto Trips*	24	24	0	0	0	0	0	0	**0**	0	0	0	0	0
Percentage of Total Trips														
Baseline		42%	0%	0%	0%	0%	0%	0%	**58.3%**	0%	0%	0%	0%	0%
First Follow-up		15%	10%	0%	0%	0%	0%	10%	**75.0%**	0%	0%	0%	0%	0%
Second Follow-up		30%	25%	0%	0%	0%	0%	25%	**45.0%**	0%	0%	0%	0%	0%
Third Follow-up		61%	0%	0%	0%	0%	0%	0%	**38.9%**	0%	0%	0%	0%	0%
Fourth Follow-up		42%	17%	0%	0%	0%	0%	17%	**41.7%**	0%	0%	0%	0%	0%
Fifth Follow-up		43%	7%	0%	0%	0%	0%	7%	**40.0%**	0%	10%	10%	0%	0%
Sixth Follow-up		48%	0%	0%	0%	0%	0%	0%	**51.7%**	0%	0%	0%	0%	0%
Seventh Follow-up		63%	0%	0%	0%	0%	0%	0%	**15.8%**	0%	11%	11%	11%	0%
Change from baseline**		21%	0%	0%	0%	0%	0%	0%	**42.5%**	0%	11%	11%	11%	0%

*Adjusted to ECO-affected employees, N= 6.

**In percentage points, (Current Survey - Baseline). Figures may not add up due to rounding.

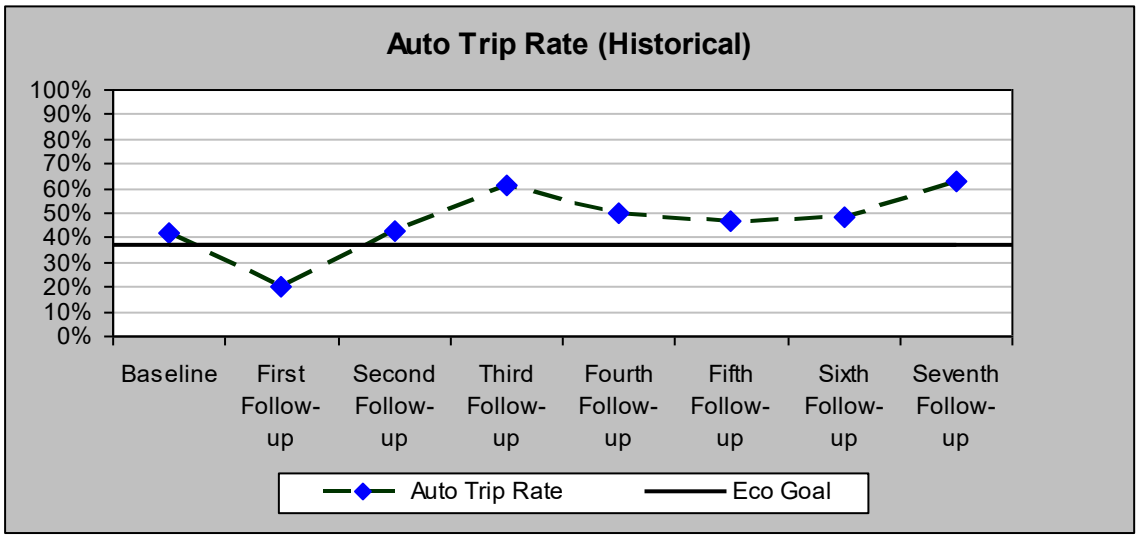
Note: Your company's baseline survey establishes a 10% auto trip reduction target as a three year goal. This report shows the status of your company's progress towards meeting its auto trip reduction goal for ECO. Subsequent surveys are required by the ECO rule.

Additional details regarding survey results can be found on the pages to follow. Specific information regarding trips are provided as well as responses to supplemental questions that may have been included in the survey.

For ways to reduce your auto trip rate, please see the attached TRIPS!! sheet. Consult your TriMet marketing representative for additional information on reducing your auto trip rate.

Auto Trip Rate

The chart below tracks the auto trip rate for your company. The ECO Goal indicates the auto trip rate needed to achieve ECO compliance.



Number of Employees Riding Bus/Max

The table below shows the number of employees* who commuted using Bus/MAX and the number of days they commuted on bus/MAX during the week prior to the survey.

Employees Riding Bus/Max, (N=3)	Number of Days							Total
	One	Two	Three	Four	Five	Six	Seven	
Number	1	1	1	0	0	0	0	3
Percent	33%	33%	33%	0%	0%	0%	0%	100%

*Adjusted to ECO-affected employees, N= 6.

Reasons for Alternative Commute Choices

The table below gives reasons why employees* bus, MAX, carpool, vanpool, walk, or telecommute to work.

Reasons	Percentage
Better use of my time	33%
Saves Money	17%
Have more flexibility	17%
Less stress than driving alone	17%
Saves time	0%
Reduces air pollution	0%
Reduces traffic congestion	0%
Exercise	0%
Special parking available for carpools	0%
Parking is costly	0%
Parking is hard to find	0%
Enjoy commuting with other people	0%
Employer pays all or part of the cost of a TriMet pass	0%
My employer offers incentives	0%
Bus or MAX stops near my work	0%
Do not have a car to use	0%
Other	0%

*Only those employees who used an alternative commute option are captured in this table. N=6

Technical Notes

Definitions

1. "Trips" are generated by people in their movement from one point to another. The trips that are recorded in this survey are trips people take to work (one way). For example, an employee working five days per week generates 5 trips. Any of those 5 trips that consist of auto usage are the trips that are targeted for a 10-percent reduction by the ECO Rule.

2. "Carpool or vanpool" - Two or more persons in a car or van traveling to work.

3. "Telecommute" - Work done at home during regular work hours, rather than at the usual worksite. (Represents a trip not taken to the workplace.)

4. "Compressed work week" - A day off work because a full-time schedule is worked in less than 5 days per week, e.g., four 10-hour days. (Represents a trip not taken to the work place.)

Assumption

The trip-reduction calculations in this report assume employees who did not complete the survey have the same commuting patterns as those who did complete the survey.

Fluctuations between Baseline and current survey

Change in number of employees:	
Change in ECO eligible employees	1
Change in number of respondents	1
Percentage point change in rate of return	0%

Calculations

1. "Baseline auto trip rate" was calculated your baseline year's data:

Total auto trips	/ Total trips	= Auto trip rate
10	*/ 24*	*= 42%*

2. "Three year goal" (10% reduction in autotrip rate):

Baseline auto trip rate	* 90%	= Target auto trip rate
42%	** 0.90*	*= 38%*

3. "Weekly auto trips to reduce":

Current auto trips -	(Target auto trip rate	* Current total trips)	= Weekly auto trips to reduce
24	*- (38%*	** 38*	*) = 10*

TRIMET

Universal Pass Program Quote Estimate, "Fresh Start"

Organization: Oregon Board of Dentistry
Quote Date: 7/11/2022

Co. ID	5197
Survey Date	6/1/2022
Contract Start	9/1/2022
Contract End	8/31/2023

Work Site	Program Year	Total Qualified Employees	Transit Mode Split	Previous Surveyed Price Per Employee	2022-2023 Surveyed Price/ Employee (Min $50)	2022-2023 Final Adjusted Price Per Employee	Price Per Site
1500 SW 1st Avenue, Suite 770	1	6	15.8%	$398.09	$173.80	$173.80	$1,042.80
TOTALS		6					$1,042.80

The prices shown on this quote sheet are estimates only and are subject to change. The final contract will represent the final program terms. A discount of 3% of the total contract balance is applicable if full payment is received by TriMet within 30 days of either the contract start date or invoice date, whichever is later. Please wait to pay until after you receive your invoice.

2022-2023 Surveyed Price Per Pass	$173.80
Estimated Replacement Hop Cards	0
Estimated Hop Card Fee	$0.15
Final 2022-2023 Price Per Employee	$173.95

Number of months remaining	12
Prorated Cost Per Employee	$173.95
Final Pass Program Price	$1,043.70

B — Employer Initials — 7/12/2022 — Date

AB — TriMet Rep Initials — 7/12/2022 — Date

Employer to Complete:	$	%
Subsidy Level ($ or %):		100%
Payment Plan: _X_ Annual		____ Quarterly
Hop Card Printed By: ____ Employer		_X_ TriMet

Attachment #6

Exhibit C

Best Practices Self-Assessment Guide:
Information in Support of Best Practices

Best Practices Criteria
1. Executive Director's performance expectations are current. • Goals and expectations for the Executive Director are reviewed annually.
2. Executive Director receives annual performance feedback. • The Administrative Workgroup reviews the Executive Director's performance annually and makes recommendations to the Board.
3. The agency's mission and high-level goals are current and applicable. • The OBD's 2022 -2025 Strategic Plan was ratified in Feb 2022. • Agency performance measures, as well as short and long term goals, are reviewed annually.
4. The Board reviews the Annual Performance Progress Report. • Performance measures are reviewed as a part of the budget.
5. The Board is appropriately involved in review of agency's key communications. • Board members are informed of relevant news and information. • Board members are updated on articles and ideas for inclusion in the newsletter.
6. The Board is appropriately involved in policy-making activities. • The Board's committees review rules and policy making issues. • The Board reviews legislative proposals that could impact the Board.
7. The agency's policy option budget packages are aligned with their mission and goals. • The Board reviews agency's proposed policy option packages. • The Board reviews the Agency Request Budget.
8. The Board reviews all proposed budgets. • The Board reviews the Agency Request Budget.
9. The Board periodically reviews key financial information and audit findings. • The Board reviews agency head financial and payroll transactions annually at a Board Meeting. • The Board reviews agency performance audits.
10. The Board is appropriately accounting for resources. • All Board revenue and expenditures are reviewed by the Board. • All Board expenditures are reviewed and approved by the Executive Director and Office Manager. • Physical inventory of all agency property is conducted annually.
11. The agency adheres to accounting rules and other relevant financial controls. • Board staff prepares all transaction entries in accordance with Oregon Statute, Oregon Administrative Rules, Oregon Accounting Manual and Generally Accepted Accounting principles. • The Board has annually received the Department of Administrative Services Comprehensive Annual Financial Report Gold Star Award for timely and complete financial data.
12. Board members act in accordance with their roles as public representatives. • Board members appropriately recuse themselves from cases which create an actual or potential conflict of interest. • The Board follows public meetings and records laws. • The Board uses good judgment in upholding the Board's Mission Statement of Protecting the Citizens of Oregon.

13. The Board coordinates with others where responsibilities and interest overlap.
    - Board members and staff participate in appropriate professional associations.
    - The OBD works with the OHSU School of Dentistry on certain issues.
    - The OBD works with the ODA, ODHA, ODAA, TDIC and others that request it- to present important practice related issues to members and licensees.
    - The OBD is actively involved in the American Association of Dental Boards (AADB), American Association of Dental Administrators (AADA) and regional testing agencies.

14. The Board members attend/complete relevant training sessions.
    - New Board members attend new Board member orientation presented by OBD Staff and assigned attorney.
    - Board members utilize the Governor's Board Training.

15. The Board reviews its management practices to ensure best practices are utilized.
    - On an annual basis, in regular board meetings and as needed.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.		
2. Executive Director receives annual performance feedback.		
3. The agency's mission and high-level goals are current and applicable.		
4. The Board reviews the Annual Performance Progress Report.		
5. The Board is appropriately involved in review of agency's key communications.		
6. The Board is appropriately involved in policy-making activities.		
7. The agency's policy option budget packages are aligned with their mission and goals.		
8. The Board reviews all proposed budgets.		
9. The Board periodically reviews key financial information and audit findings.		
10. The Board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The Board coordinates with others where responsibilities and interest overlap.		
14. The Board members identify and attend appropriate training sessions.		
15. The Board reviews its management practices to ensure best practices are utilized.		
Total Number		
Percentage of total:		

Oregon Board of Dentistry Bylaws

Article I. Name

Sec. 1. The name of the agency shall be the Oregon State Board of Dentistry. The word "Board" or "OBD" wherever used shall mean the Oregon State Board of Dentistry unless otherwise specifically identified.

Article II. Mission

Sec. 1. The Mission of the Oregon Board of Dentistry (OBD) is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Article III. Officers and Duties

Sec. 1. The President of the OBD shall preside at all meetings of the Board and shall have a vote on motions, if they so choose.
In addition, he/she shall perform the following duties:

a. The President shall be elected annually at the April Board Meeting.
b. He/she shall cause his/her signature to be placed upon all disciplinary orders approved by the Board.
c. He/she shall sign the all monthly time sheet and expense forms as well as any out of state trip request forms related to the Executive Director.
d. He/she shall appoint all standing and special committees. He/she shall cause whatever business may require attention to be brought before the Board.
e. He/she shall be in communication with the Executive Director regarding the agenda for any regular or special Board Meetings.
f. He/she shall perform all other duties incumbent on his/her office.

Sec. 2. The Vice-President of the OBD shall preside at any meetings of the Board that the President is not able to attend and shall have a vote on motions. In the event of a permanent vacancy in the Office of the President, the Vice-President shall become the President of the OBD until the next organizational meeting of the Board.
In addition, he/she shall perform the following duties:

a. The Vice-President shall be elected annually at the April Board Meeting.
b. He/she shall cause his/her signature to be place upon all disciplinary orders approved by the Board, if the president is unable to sign for any reason.
c. If a professional member of the Board is elected Vice-president he/she shall become the Senior Evaluator of the Board and preside at all meetings of the Evaluators and shall present all completed investigative reports to the Board for review and action.

Sec. 3. The President of the OBD shall appoint all committee and workgroup chairs for any committees and workgroups of the OBD. Chairs shall preside at all meetings of their committees and workgroups.
In addition, he/she shall perform the following duties:

a. Committee and Workgroup Chairs shall work with the Executive Director to establish a meeting date when necessary.
b. He/she shall be in communication with the Executive Director regarding the agenda for any committee and workgroup meetings.
c. Committee and Workgroup Chairs will report to the Board on any committee and workgroup meetings and any recommendations from the committee and workgroup to the Board.

Article IV. Voting

Sec. 1. Each member of the Board, any committee or workgroup, and other subordinate units of the Board shall have one vote in the respective body, at their respective meetings.

Sec. 2. Questions under consideration shall be decided by majority vote of a quorum of the board, committee or workgroup meeting for business.

Sec. 3. Attendance and votes by conference call telephone may be authorized by the Board subject to notice requirements of Public Meeting Laws.

Article V. Quorum

Sec. 1. The Board has 10 members as prescribed by ORS 679.230. Six Board members present at any given meeting or gathering represents a quorum of the Board.

Article VI. Procedures and Rules

Sec. 1. Whenever these bylaws are in conflict with the Oregon Revised Statutes and Oregon Administrative Rules of the OBD, the statutes and then the rules shall take precedence.

Sec. 2. The Board will use at its discretion any Standard Code of Parliamentary Procedure for the transaction of Board's affairs and the transaction of the affairs of any of its subordinate's bodies.

Article VII. Amendments

Sec. 1. The Board may adopt bylaws, or amend or repeal existing bylaws, at any regular meeting of the Board by a three quarters majority vote of the members present and constituting a quorum. Unless otherwise specified, amendments or suspension of the bylaws shall become effective when approved by the Board.

Sec. 2. The text of any proposed bylaw adoption, amendment, or repeal shall be filed in writing with the President and the Executive Director at least 10 days prior to a regular scheduled Board meeting at which it is to be acted upon or considered. The Executive Director will include the proposal in the board packet and place the topic as part of the Board's agenda.

Sec. 3. A new bylaw, or an amendment or repeal of an existing bylaw, may be proposed by any of the following: a Board Member, a committee authorized for that purpose by the Board or the Executive Director of the Board. A majority vote of the members present at a scheduled Board meeting shall approve the proposal. Such proposed bylaw, amendment, or repeal shall be filed and presented for adoption in accordance with the preceding sections of this article.

OREGON BOARD OF DENTISTRY
2022-2023
MEETING DATES

EVALUATORS	BOARD
February 10, 2022	February 25, 2022
N/A	March 30, 2022
April 8, 2022	April 22, 2022
June 3, 2022	June 17, 2022
August 5, 2022	August 19, 2022
October 7, 2022	October 21, 2022
December 2, 2022	December 16, 2022
February 10, 2023	February 24, 2023
April 14, 2023	April 28, 2023
June 2, 2023	June 16, 2023
August 11, 2023	August 25, 2023
October 13, 2023	October 27, 2023
December 1, 2023	December 15, 2023

House Health Care - September Leg Days Presentation Request

Nieubuurt Brian <Brian.Nieubuurt@oregonlegislature.gov>

Tue 8/2/2022 12:19 PM

To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

Hi Director Prisby,

Chair Nosse is planning to schedule a discussion about health care provider workforce during September's Legislative Days meeting of the House Interim Committee on Health Care. He would specifically like to hear from the major health care boards to get their insights on workforce capacity in the state and potential ideas to address concerns/limitations. If possible, he would like both the Board Director and a Board member to be able to present.

The Committee is scheduled to meet on **Wednesday, September 21st from 2:30 – 5pm**. At this point we are thinking ~ 5-10 minutes per Board (including time for Q&A); I will be able to provide more concrete time information as we get closer to posting the agenda in early September.

Please do not hesitate to let me know if you have any questions or concerns.

Thank you,

Brian

BRIAN NIEUBUURT | Analyst
Legislative Policy and Research Office

Oregon State Capitol
900 Court St NE Rm. 453
Salem, OR 97301
503-986-1509

House Committee on Health Care
House Special Committee on COVID-19 Response
Senate Committee on Health Care
Joint Task Force on the Bridge Health Care Program
Task Force on Corrections Medical Care

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Oregon Board of Dentistry
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E-Mail: Stephen.Prisby@state.or.us

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E-Mail:
bridgett.anderson@state.mn.us

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AADA
American Association of Dental Administrators

38th ANNUAL CONFERENCE--REGISTRATION FORM
RENAISSANCE ASHEVILLE DOWNTOWN HOTEL
31 WOODFIN STREET ASHEVILLE, NORTH CAROLINA 28801
OCTOBER 6-7, 2022

ATTENDEES:_____

_____

_____

ORGANIZATION:_____

CONFERENCE REGISTRATION FEE: $425.00 PER PERSON

☐ Attending the conference and enclosing the conference registration fee of $425.00 per person.

☐ Attending the conference and will forward all conference registration fees by the following date:_____

TOTAL AMOUNT ENCLOSED:_____

Checks should be made payable to the **American Association of Dental Administrators**. **THE AADA DOES NOT ACCEPT CREDIT CARDS OR ELECTRONIC PAYMENTS.** Please provide the above-requested information, and mail a completed conference registration form and your organization's check on or before **September 15, 2022** to the following:

Ms. Rita M. Sommers, RDH, MBA
American Association of Dental Administrators
1418 Cook Drive
Minot, ND 58701

FEDERAL TAX IDENTIFICATION NUMBER: 43-1360405

10/06/2022 Program Outline

8:30 a.m. – 9:00 a.m.	Breakfast
9:00 a.m. – 9:15 a.m.	Welcome and Opening Remarks, Introductions
9:15 a.m. – 10:15 a.m.	Presentation

Dental Licensure Compact - Matthew Shafer
Council on State Governments

10:15 a.m. – 10:30 a.m.	Morning Break
10:30 a.m. – 12:00 p.m.	Presentations

- Prescription Monitoring Programs and Drug Diversion
- Scope of Practice Expansion
- Legislative Discussion on Criminal Justice Reforms

12:00 p.m. – 1:10 p.m.	Lunch
1:10 p.m. – 1:30 p.m.	DANB Update

1:30 p.m. – 2:30 p.m.	States Roundtable Discussion
2:30 p.m. – 2:45 p.m.	Afternoon Break
2:45 p.m. – 3:45 p.m.	States Roundtable *(Continued)*
3:45 p.m. – 4:30 p.m.	AADA Committee Updates - Overview

Mr. Stephen Prisby, Executive Director
Oregon Board of Dentistry

6:30 p.m. – 8:00 p.m.	DANB Network Reception

Sponsored by Dental Assisting National Board (DANB)

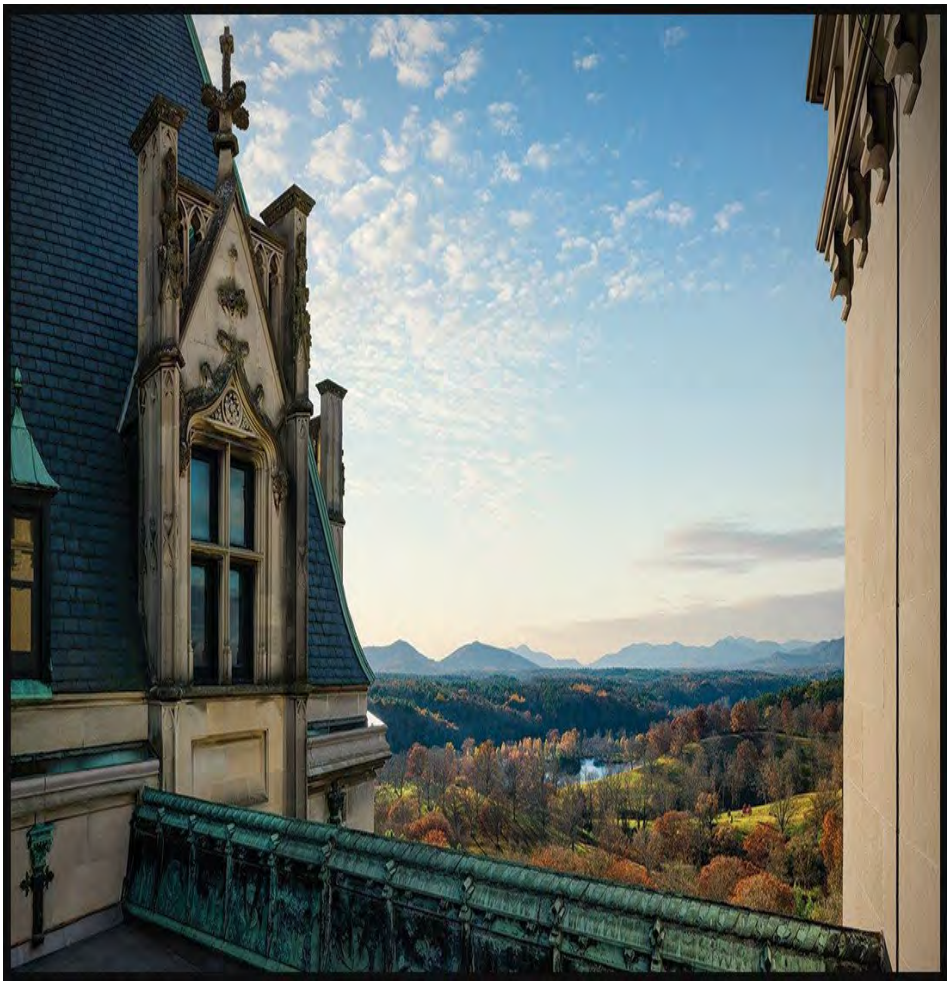
10/07/2022 Program Outline

8:30 a.m. – 9:00 a.m.	Breakfast
9:00 a.m. – 10:30 a.m.	Update from Testing Agencies and other parties
10:30 a.m.-10:45 a.m.	Break
10:45 a.m.-12:00 p.m.	Business Session
1:00 p.m.	Networking

AADB 139th Annual Meeting

Renaissance Asheville Hotel
31 Woodfin Street
Asheville, North Carolina 28801

October 7th – 9th, 2022



American Association of Dental Boards

President James A. Sparks, DDS

AADB Thanks Our Program Committee

Chair:
James A. Sparks, DDS (OK)

Vice Chair:
Dale Chamberlain, DDS (MT)

Yvonne Bach (KY)

Brian Barnett (MO)

Sherry Campbell, RDH, CDHC (AL)

Bobby Carmen, DDS (OK)

Cliff Feingold, DDS (NC)

Arthur Chen-Shu Jee, DMD (MD)

Frank Maggio, DDS (IL)

D. Kevin Moore, DDS (NV)

Laura Richoux, RDH (MS)

Tonia Socha-Mower, MBA, EdD (AADB)

Robert Zena, DMD (KY)

American Association of Dental Boards

1701 Pennsylvania Ave NW, Suite 200
Washington, DC 20006

200 East Randolph Street, Suite 5100
Chicago, IL 60601

Return to Asheville

AADB held its national meeting in Asheville, North Carolina in 1903.

Illustration from *Dental Cosmos* (1903).

After 119 years, we return to beautiful Asheville in the fall, a color-filled time to experience the wonderful autumn and attend an exciting meeting. The presentations will address issues that concern our state and territory boards.

Interestingly, some of the topics of the 1903 meeting were practice standards, educational requirements for dental schools, and the licensing of new graduates. Seems we still have these same issues in 2022. We, as board members, certainly understand that change is constant, and we must deal with these same issues as they evolve over time.

Our annual meeting in Asheville is the ideal venue for our members to network and collaborate. We look forward to seeing you in October when the AADB presents great speakers as well as in-person networking opportunities.

About AADB

The American Association of Dental Boards is a national association that encourages the highest standards of dental education. The AADB promotes higher and uniform standards of qualification for dental practitioners. Membership is composed of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, and oral health stakeholders.

Our Mission

To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their responsibility to protect the public.

About AADB's Annual Meeting

The AADB meeting provides an excellent forum for keeping up-to-date with state and territory dental board concerns. Programs are designed to allow opportunities for interaction among all participants, including board members, dentists, dental hygienists, dental assistants, educators, board attorneys, and dental specialty associations. Panels and small discussion groups exchange ideas and information. Participants take away valuable information on current issues and all aspects of dental and dental hygiene regulation.

Preliminary Meeting Agenda

Friday, October 7

Please note the times listed below are in Eastern Time

4:00 p.m. - 7:00 p.m.	**Registration**
6:00 p.m. - 8:00 p.m.	**AADB Board of Directors' Dinner** *By invitation only*

Saturday, October 8

Please note the times listed below are in Eastern Time

6:45 a.m. - 6:00 p.m.	**Registration**
7:00 a.m. - 9:00 a.m.	**The Urban Trail Tour** (Optional) A casual 2-hour walking tour of the city's history **https://www.exploreasheville.com/urban-trail/**
9:00 a.m. - 10:00 a.m.	**AADB Board of Directors Meeting**
10:15 a.m. - 10:45 a.m.	**New Member Orientation** Robert B. Zena, DMD, AADB Immediate Past-President
11:00 a.m. - 12:00 p.m.	**Hygienist Caucus Meeting** Laura Richoux, RDH, AADB Caucus Chair *This is a closed session for hygienists who serve or have served on a board of dentistry.*
11:00 a.m. - 12:00 p.m.	**AADB Attorney Round Table Meeting** Lori Lindley, Senior Assistant Attorney General Oregon Board of Dentistry Susan Rogers, Executive Director and General Counsel Oklahoma State Board of Dentistry *This closed session is for Attorneys who represent State/Territory Dental Boards.*

12:00 p.m. - 12:10 p.m.	**President's Opening Remarks** James A. Sparks, DDS, AADB President
12:10 p.m. - 12:15 p.m.	**Chief Executive Officer's Welcome & Report** Tonia Socha-Mower, MBA, EdD, AADB Chief Executive Officer
12:15 p.m. - 12:25 p.m.	**Opioid Regulatory Collaboration, Teledentistry Coalition & Other AADB Initiatives** Tonia Socha-Mower, MBA, EdD, AADB Chief Executive Officer
12:25 p.m. - 12:30 p.m.	**Treasurer's Report** Clifford Feingold, DDS, AADB Treasurer
12:30 p.m. - 1:30 p.m.	**Teledentistry** Michael Monopoli DMD, MPH, MS, FICD, Vice President CareQuest Institute for Oral Health
1:30 p.m. - 2:00 p.m.	**Exhibits & Networking Break**
2:00 p.m. - 3:00 p.m.	**Workforce Shortages and the Future of Dental Regulation** Rear Admiral Timothy Ricks, DMD, MPH, FICD, Chief Dental Officer *Tentative*
3:00 p.m. - 3:15 p.m.	**AADB Representative Reports:** **CDEL:** Barbara Mousel, DDS (NORTH) Donald P. Bennett, DDS (SOUTH) Maurice Miles, DDS (EAST) David Nielson, DDS (WEST) **CODA:** Frank Recker, DDS, JD (NORTH) Carolyn Brown, DMD (SOUTH) Maxine Feinberg, DDS (EAST) Burrell Tucker, DDS (WEST) **JCNDE:** Julie W. McKee, DMD (SOUTH) Jeetendra Patel, DDS (SOUTH) Mark Zajkowski, DDS, MD (EAST) Dr. Michael Sanders, DMD (WEST) **DANB:** Frank A. Maggio, DDS (NORTH)
3:15 p.m. - 3:30 p.m.	**American Dental Education Association (ADEA) Report** Karen West, DMD, MPH, President and CEO ADEA
3:30 p.m. - 4:30 p.m.	**Medical and Dental Integration of Care** Lisa Bozzetti, DDS, Dental Director Virginia Garcia Memorial Health Center
4:30 p.m. - 5:00 p.m.	**Exhibits & Networking Break**
5:00 p.m. - 5:30 p.m.	**Insights Garnered from Twelve Months with AADB's Remediate+ Program** MaryJane Hanlon, RDH, DMD, MBA, Project Manager

5:30 p.m. - 6:00 p.m.	**Sponsorship Recognition**
6:00 p.m. - 7:30 p.m.	**Presidential Reception** *Registered attendees are invited to join President James A. Sparks, DDS, the AADB Board of Directors, AADB staff, and invited speakers for light hors d' oeuvres and drinks. Guests of AADB meeting attendees are welcome to participate once registered at:* ***https://aadb.memberclicks.net/aadb-139th-annual-meeting***.

Sunday, October 9

Please note the times listed below are in Eastern Time

8:00 a.m. - 11:00 a.m.	**Registration**
8:00 a.m. - 9:00 a.m.	**Regional Caucus Meetings**
9:00 a.m. - 9:15 a.m.	**Exhibits & Networking Break**
9:15 a.m. - 9:30 a.m.	**Caucus Reports** **South**: Yvonne Maldonado, DDS, AADB Caucus Chair **North:** Frank Maggio, DDS, AADB Caucus Co-Chair and/or Susan Rogers, Esq., AADB Caucus Co-chair **East**: Jim Goldsmith, DMD, AADB Caucus Chair **West**: Stephen Prisby, AADB Caucus Chair
9:30 a.m. - 10:30 a.m.	**Attorney Round Table** Lori Lindley, Senior Assistant Attorney General Oregon Board of Dentistry Susan Rogers, Executive Director and General Counsel Oklahoma State Board of Dentistry
10:30 a.m. - 11:00 a.m.	**AADB Accredited Continuing Education (ACE) Program** Robert B. Zena, DMD, AADB Immediate Past-President
11:00 a.m. - 11:15 a.m.	**Exhibits & Networking Break**
11:15 a.m. - 12:30 p.m.	**Advances in Technology and Challenges for Regulators** Eric Thorn, Esq., Chief Staff Executive National Association of Dental Laboratories

12:30 p.m. - 1:30 p.m.	**Members' Luncheon** *Registered attendees are invited to join President James A. Sparks, DDS, the AADB Board of Directors, AADB staff, and for a farewell celebration to honor our Citizen of the Year awardee and our members. Guests of AADB meeting attendees are welcome to participate once registered at:* ***https://aadb.memberclicks.net/aadb-139th-annual-meeting.***
1:30 p.m. - 2:30 p.m.	**AADB Forum: State/Territory Board Issues** Frank Maggio, DDS, AADB Member and Moderator *This closed session is for individual voting members who have seats (or had seats) on their Board of Dentistry.*
2:30 p.m.	**Adjournment**

The registration fee for the AADB 139th Annual Meeting is **$695** for AADB members; **$895** for non-members and can be processed online at:

https://aadb.memberclicks.net/aadb-139th-annual-meeting

Register by July 15th for early bird pricing to save $100!

Refund Policy:

Notification of cancellation must be submitted in writing to srojas@dentalboards.org. Cancellations are subject to a $75 cancellation charge. No refunds will be given after August 15, 2022. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status.

Continuing Education:

The ACE Program is a service of the AADB to assist dental boards in identifying quality continuing education courses to help protect the public. ACE accreditation may not be accepted by particular boards of dentistry. Questions or comments can be directed to the AADB at info@dentalboards.org.

ADA C·E·R·P® | Continuing Education Recognition Program

The American Association of Dental Boards is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The American Association of Dental Boards designates this activity for 8.25 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

Covid Precautions:

Health and Safety

The health and safety of meeting attendees is our top priority. Attendees are encouraged to familiarize themselves with COVID-19 guidelines provided by the CDC and the appropriate state and local public health authorities in areas they are traveling. Please note that the AADB is following all state and local public health requirements related to COVID-19. **At this time, the AADB is encouraging vaccinations, social distancing, and the use of masks; and will continue to evaluate the circumstances as we get closer to the event.**

Please monitor your health when you reach Asheville and while attending the meeting. If you develop symptoms of sickness, please do not attend the sessions and email srojas@dentalboards.org or text: 312-718-0843. **If state and local health orders change prior to the meeting, we will communicate with all meeting attendees through email.**

Unauthorized recording policy

The American Association of Dental Boards is committed to providing a professional environment that is open to the free expression of views and ideas and cultivating a learning community. Recording conversations, phone calls, images, or organizational meetings with any recording device (including but not limited to a cellular telephone, PDA, digital recording device, digital camera, etc.) unless all parties to the conversation give their consent in advance is hereby prohibited. A violation of this policy will result in corrective action which can include being removed from the conference.

Caucuses by State

East	West	North	South
Connecticut	Alaska	Illinois	Alabama
Delaware	Arizona	Indiana	Arkansas
District of Columbia	California	Iowa	Florida
Maine	Colorado	Kansas	Georgia
Maryland	Hawaii	Michigan	Kentucky
Massachusetts	Idaho	Minnesota	Louisiana
New Hampshire	Montana	Missouri	Mississippi
New Jersey	Nevada	Nebraska	North Carolina
New York	New Mexico	North Dakota	Puerto Rico
Pennsylvania	Oregon	Ohio	South Carolina
Rhode Island	Utah	Oklahoma	Tennessee
Vermont	Washington	South Dakota	Texas
West Virginia	Wyoming	Wisconsin	Virginia
			Virgin Island

AADB Board of Directors

James A. Sparks, DDS, President
5804 Northwest Expressway Street
Warr Acres, OK 73132

Dale Chamberlain, DDS, President-Elect
1240 Lariat Road
Helena, MT 59602

Arthur Chen-Shu Jee, DMD, Vice President
13934 Baltimore Avenue
Laurel, Maryland 20707

Clifford Feingold, DDS, Treasurer
4 Stuart Circle
Asheville, NC 2880

Bobby J. Carmen, DDS, MAGD, Secretary
1141 Sonoma Park Drive
Norman, OK 73072

Yvonne Bach, Public Member
312 Whittington Pkwy, Suite 101
Louisville, KY 40222

Brian Barnett, Administrator Member
3605 MO Blvd
Jefferson City, MO 65102

Laura Richoux, RDH, Dental Hygiene Member
600 East Amite Street, Suite 100
Jackson, MS 39201

Frank Recker, DDS, JD, Board Attorney
The Queens Tower
810 Matson Place Suite 1101
Cincinnati, Ohio 45204

Tonia Socha-Mower, MBA, EdD,
Chief Executive Officer
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200 East Randolph Street, Suite 5100
Chicago, IL 60601

OREGON BOARD OF DENTISTRY

NEWS

Vol. 37 August 2022

President's Message

Jose Javier, D.D.S.

I hope this article finds you well and enjoying the summer. Most importantly, I want to thank the dental community for all you have done to continue providing services amidst multiple challenges. We have all been through many changes, including the Board of Dentistry, and I would like to share a few.

The Board staff was able to transition to a hybrid work model, while still providing services to our licensees and the general community. This allowed us to stay current with the workload, which has never slowed.

We welcomed three new Board members recently. This is the most new members in a single year we've had in recent memory. I am excited to have them join us. The Board of Dentistry appreciates their service and expertise in helping us fulfill our mission.

There have been multiple changes to our rules recently. This rule making process may take longer than many realize - from drafting proposed language, seeking public feedback, providing clarification, and finally agreeing upon final language before the rules are published. Thanks to everyone who took the time to communicate with us with questions and ideas via emails, phone calls, and participating in the public comments hearings.

We will soon have dental therapists as our newest licensed dental professional. As many of you know, this involved an extensive effort from many in our community. This has been a challenging process and has taken several years to finalize. The Board is now tasked with the required rule making process to properly regulate these licensees. We may be welcoming an additional Board member to represent dental therapists in the future. Many of you reached out to express interest to serve in one of our committees representing the dental therapists. Thank you for your interest. The response was positively overwhelming and we were not able to accommodate everyone who was interested. However, please consider joining future committees as opportunities arise.

Remember, we have plenty of information available on our website such as:

- Recent rule changes
- Upcoming meeting dates
- Topics of interest to the dental community
- Information regarding licensing, renewals requirements,and fees
- The most current version of the Oregon Dental Practice Act ■

Board Staff

Stephen Prisby, *Executive Director*
Stephen.Prisby@obd.oregon.gov

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Dental Director/ Chief Investigator
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Kathleen McNeal
Office Specialist
Kathleen.McNeal@obd.oregon.gov

What's Inside

A Word From the Executive Director

Stephen Prisby

Brevity, Courtesy, Equity, Fairness & Focus - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). Summer is in full swing and we hope this Newsletter gets you caught up with a lot of news and important updates from the OBD. While this article will not be brief, I do wish to bring your focus to a number of important updates on the OBD's work.

Earlier in the year, Governor Kate Brown sent a number of names forward for consideration for open board and commission seats. The Senate Interim Committee On Rules and Executive Appointments met on June 1, 2022 and the Senate convened on June 3, 2022 to approve the board and commission members for appointment.

Three new OBD Board Members' terms began on June 10, 2022 and have an ending date of April 3, 2026. They are replacing Dr. Amy B. Fine, Dr. Gary Underhill and Yadira Martinez, RDH: all three served two terms on the OBD with great distinction as past Presidents and Chairs of various committees.

We are pleased to introduce our newest Board Members:

Sharity Ludwig is an Expanded Practice Dental Hygienist and the Director of Alternative Care Models for Advantage Dental. She completed her dental hygiene education at Oregon Institute of Technology in Klamath Falls and then went on to receive a master's degree in Healthcare Administration and Interprofessional Leadership from the University of California, San Francisco. Much of her career has been developing innovative strategies and processes for community based dental care, in addition to the development and implementation of models of care that incorporate oral health with a focus on the ever-changing needs of the healthcare industry to achieve the quadruple aim.

Terrence A. Clark, DMD, FAGD did his undergraduate work at Portland State University, then after graduating from OHSU, completed his residency at the OHSU Hospital and VA. He has been in private practice in Wilsonville, Oregon since 1987, with an emphasis on comprehensive dentistry for medically compromised patients. He has been a lecturer for the ADA on Ethics and Professionalism, and has presented at many dental schools and dental societies. He is an avid skier, hiker, and loves boating. His wife of 45 years is a native Oregonian, Registered Nurse, and they are the proud parents of three children and ten grandchildren.

Michelle Aldrich, DMD, BSDH, D.ABDSM, was born and raised in La Grande and Union, Oregon, and graduated from OHSU dental hygiene program in 1992. It was at that time she decided to eventually return to dental school after her children were grown. She graduated from OHSU's dental program in 2008, and started a practice in Salem, OR. Dr. Aldrich has taken advanced training in dental sleep medicine, earning her diplomate from the American Board of Dental Sleep Medicine and started an additional business with the primary focus of the dental treatment of obstructive sleep apnea. She has lectured on that topic, including the published standards of care, to both dentists and dental hygienists in Marion and Polk Counties.

The OBD's Dental Therapy Rules Oversight Committee met for five meetings wrapping up its work in February 2022. That Committee made final recommendations to the Board for updating the Dental Practice Act with new and amended rules for Dental Therapy. Effective July 1, 2022 applicants could start applying for licensure when the new rules went into effect. The Board will be reviewing these applicants and collaborative agreements for compliance with statute and rules. We appreciate a lot of interest and your patience as we implement new rules and license Dental Therapists. The OBD last added a new licensee and profession to regulate back in the 1940s with Dental Hygiene.

The OBD also reviewed and discussed the implementation of dental implant rules earlier in the year. At its June 17, 2022 Board Meeting the Board voted to delay the effective date on those rules to January 1, 2024 in order for dentists to meet the 56-hour training requirement and seven hour CE requirement for those that place dental implants. The OBD is focused on patient safety and the Board believes these dental implant rules will help assure that our dentists have up to date knowledge and training to complete these surgical procedures more safely than in the past. The Board updated a FAQ guidance document and communication document on this topic. It is on the OBD website to assist with the understanding of the rules and address questions on it.

At its February 25, 2022 Board Meeting, the Board ratified its new strategic plan. The OBD's 2022 - 2025 Strategic Plan came out of planning, surveys and in person meetings in 2021. This is the second strategic plan implemented during my ten years with the Board. The process in planning and implementing a plan with all our other responsibilities speaks highly of the Board's commitment to long-term goals and our mission. Five of the Board's ten members have less than two years of experience on the Board and I look forward to their direction and plans as we focus on the Board's priorities defined in the strategic plan. The 13-page strategic plan document is on the OBD Website. I encourage you to review it, if you want to be aware of priorities the Board will be focusing on in the future.

Every even numbered year state agencies like the OBD start the budget preparation and planning process for the next budget biennium. At this time, it appears the OBD will be reviewing closely the need for a fee increase in 2024 or 2025. The OBD last raised fees in 2015 at that time to support the need for a second full time dental investigator. The investigator was needed due to caseload and that investigations on average were taking approximately 12 months to complete. The new investigator made a significant impact on cases in reducing the backlog. The average disposition of a case is down to six or seven months, which is a good thing. The fee increase requested would be to support the OBD due to the systematic increase in costs for pay equity, inflation, statute changes, technology upgrades, regulating dental therapists and new reporting requirements. The number of OBD Licensees has essentially remained flat over the last 6 years, and that trend is forecasted to continue even with the addition of dental therapists. Therefore, an increase in costs steadily over the years, and a flat revenue source, with no meaningful way to cut costs; all this points to a future fee increase.

The OBD Staff have worked very hard to ensure our highest work priorities are being carried out accurately and timely with our eyes on the main goal of protection of the public and fulfilling our mission. If you have any questions or comments, I look forward to hearing from you.
Stephen.Prisby@obd.oregon.gov; 971-673-3200 ■

Farewell & Thank You For 8 Years of Service

The OBD said farewell & thank you to three Board Members whose second terms of service concluded in June 2022. All three of these Board Members' second terms of service were scheduled to end in April, but all three graciously agreed to stay on until their replacements were in place, which occurred on June 10, 2022.

Dr. Amy B. Fine served on the OBD from 2014 to 2022. As a resident of southern Oregon, the Dental Director at a FQHC and a person who loves spending time with her children and the great outdoors, she brought an invaluable viewpoint, passion, and scrutiny to Board actions and proceedings. She has served as the Board's Dental Liaison to several dental organizations including the Western Regional Examining Board – Dental Exam Review Committee, the Commission on Dental Competency and Assessment Steering Committee, the American Association of Dental Boards, and the Oregon Dental Association.

Dr. Gary Underhill served on the OBD from 2014 to 2022. As a private practitioner from eastern Oregon, a volunteer at a FQHC and a well-travelled person, he brought an important viewpoint, experience and perspective to Board actions and proceedings. During his time on the Board Dr. Underhill had dedicated himself to researching topics (Botulinum Toxin Type A, dermal fillers, implants) brought to the Board for consideration so that the Board could make informed decisions. He has served as the Board's Dental Liaison to a couple of dental organizations including the American Association of Dental Boards, and the Oregon Dental Assistants Association,

Yadira Martinez served on the OBD from 2014 to 2022. As a dental hygienist working at a FQHC in the Hillsboro community, and a person who is involved in many other aspects of her community, she brought an excellent perspective and lens to Board actions and proceedings. She has served as the Board's Dental Hygiene Liaison to several dental and dental hygiene organizations including American Association of Dental Boards, Western Regional Examining Board – Dental Hygiene Exam Review Committee, the Commission on Dental Competency and Assessment Steering Committee and the Oregon Dental Hygienists' Association.

Throughout the past eight years they all served as OBD President at one time and Chaired various OBD Committees. They committed their time and attention to approximately 50 regular Board Meetings, committee meetings, rulemaking hearings, workgroups, two Strategic Planning Sessions and helped steer the OBD through the 2020-2022 worldwide pandemic. ■

Board Members

Jose Javier, D.D.S.
President
Bend
Second term expires 2024

Charles "Chip" Dunn
Vice President
Happy Valley
Second term expires 2025

Reza Sharifi, D.M.D.
Portland
First term expires 2023

Alicia Riedman, R.D.H.
Eugene
Second term expires 2024

Jennifer Brixey
Portland
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

Scheduled Board Meetings

2022 -23

- October 21, 2022
- December 16, 2022
- February 24, 2023
- April 28, 2023
- June 16, 2023
- August 25, 2023
- October 27, 2023
- December 15, 2023

New Staff Introduction

Kathleen McNeal came onboard the staff at the end of November, 2021 as Office Specialist. She currently resides in Milwaukie with her partner, Jason, and some fun, furry house pets. Her hobbies include biking, golf, gardening, travel, games and reading. A graduate in Asian Studies from the University of Oregon (Go Ducks), she is a big fan of the Fighting Ducks. Kathleen's goal is to have a positive effect on the local community and make the best of each day. She looks forward to supporting the Board and our licensees in providing excellent oral health care to the communities of Oregon.

(Pictured in the ancient tombs of Schloss Goebelsburg)

OBD Rule Changes Dental Therapy

The Oregon Board of Dentistry (OBD) 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.

The Board set about the task of promulgating new dental therapy rules due to the passage of HB 2528 (2021). The Board convened a new standing Committee named the Dental Therapy Rules Oversight Committee, which met five times and made recommendations to the Board. The Board held a special Board Meeting on March 30, 2022 dedicated to reviewing the Committee's recommendations and to hear from the dental therapy community on the proposed rules.

The Board held two public rulemaking hearings on April 22, 2022 and May 18, 2022. Public comment on the proposed rule changes was accepted from March 31, 2022 until June 3, 2022.

At the June 17, 2022 Board Meeting, the Board adopted 10 new dental therapy rules, and amended 18 other rules. These rule changes were effective July 1, 2022.

Official Notice of rulemaking is provided in the Oregon Secretary of State's Bulletin. In addition, you can email information@obd.oregon.gov to be put on the list to receive important OBD notices. Due to space constraints in this newsletter, the full text of the OARs and all rules can be found on our website: http://www.oregon.gov/dentistry

The important news on Dental Therapy:

• Dental Therapists have been able to apply for licensure since July 1, 2022.

• Oregon Health Authority (OHA) Dental Pilot Projects #100 and #300 are currently providing the applicant pool for individuals to become licensed as Oregon dental therapists.

• Graduates of CODA accredited Dental Therapy programs are also eligible to apply for licensure in Oregon., Currently, the only dental therapy program that is CODA accredited is Ilisagvik College Alaska Dental Therapy Education Program (ADTEP).

• Oregon dental hygienists who have completed the OHA's dental pilot project #300 will be eligible to become dually licensed as both a dental hygienist and dental therapist.

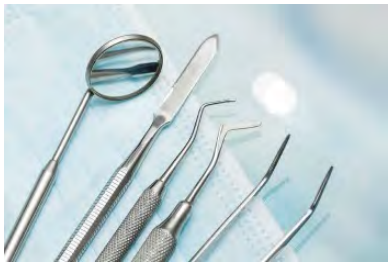
• Beginning January 1, 2025, OHA Dental Pilot Projects #100 and #300 will sunset, and applicants will have to graduate from a CODA accredited dental therapy program to be eligible for an Oregon License.

• Dental Therapists must practice under the supervision of an Oregon licensed Dentist, or a dentist legally able to practice in Oregon under ORS 679.025. An Oregon licensed dentist, or a dentist legally able to practice in Oregon under ORS 679.025 may supervise and enter into no more than three collaborative agreements at any one time.

• Dental Therapists must dedicate at least 51 percent of their dental therapist's practice to patients who represent underserved populations, as defined by OHA by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

• Dental Therapists must submit a signed copy of their verification of collaborative agreement at least annually to the OBD. The annual submission on the collaborative agreement shall be submitted between August 1 and September 30 each year. If the collaborative agreement is revised between the annual submission, the dental therapist must submit to the OBD the signed revision within 14 days.

• The OBD's Dental Therapy Rules Oversight Committee will continue as a standing committee. It will meet as needed to update rules, and address issues, as the practice of Dental Therapy evolves in Oregon. ■



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.

Captain of the Ship
Angela Smorra, D.M.D.

It is my pleasure to announce acceptance of the Dental Director/ Chief Investigator position at the Oregon Board of Dentistry. After graduation from the University of Arizona (GO CATS!) I attended dental school at Oregon Health and Sciences University. My education was rounded out with completion of a GPR residency at the Portland VA Hospital, working as a volunteer adjunct faculty member with OHSU dental students, and 17 years of general practice dentistry in the Portland area. I bring to the Board a passion for education, and compassion for all.

I have fallen in love with the Pacific Northwest, and my family has set down permanent roots in Portland, OR. When not at the OBD office, you are likely to find me outdoors with my family. We enjoy hiking, camping, stand up paddleboard, or walking a rambunctious puppy. I look forward to continuing to serve the State of Oregon and prioritize Oregonians' access to quality oral health care. I am enthusiastic about all things dentistry and live each day with the intent to make the world a better place.

One of the more interesting, and best parts of my position has been learning more about regulatory law and working with lawyers. Attendance at the Biennial Attorney General's Public Law Conference, working with our Sr. Assistant Attorney General, and collaborating with our amazing Board staff have been priceless experiences. As a general dentist, I always maintained a general working knowledge of the impact that the Oregon Revised Statutes and Oregon Administrative Rules that comprise the Oregon Dental Practice Act (DPA) had on my practice of dentistry. Working as a Dental Investigator for the Board this last year has given me an in-depth understanding of prior Board actions.

Much of the DPA is geared towards Licensees being "Captain of the Ship." For those unfamiliar with this concept, this is a general legal doctrine originally applied to medical malpractice cases assigning responsibility to a surgeon over negligent acts of staff when the surgeon could have to discovered and prevented negligence. Being an employee of an organization as a dentist, dental hygienist, dental therapist, or dental assistant, does not absolve you of responsibility for ensuring that you follow all rules and regulations of the DPA. The DPA is constantly evolving along with the dental professions. Please take an opportunity to review the current version of the DPA and interpret it through the lens that you are "Captain of the Ship." You are in control, and should exert autonomy over your license when practicing your dental profession. Every moment you spend with patients, please remember that the patient is sitting in your chair, to be provided your quality oral health care, that aligns with your abilities, skills, training, and your professional judgement.

Finally, remember the Board is a resource available for all. I appreciate the opportunity to assist you with concerns, questions, and other feedback. With Warm Regards, Angela M. Smorra D.M.D. ■

SERV - OR

Oregon is facing a public health care crisis due to COVID-19. As a health care professional in Oregon, the State Emergency Registry of Volunteers in Oregon (SERV-OR) needs your help today.

What is SERV-OR?
The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a statewide pool of licensed physicians, nurses, pharmacists, Emergency Medical Technicians (EMTs), behavioral health providers, respiratory therapists and other health professionals who are willing to volunteer in response to Federal, State, and/or local emergencies.

Right now, health care resources are strained and we need more health professionals to volunteer. Register with SERV-OR today to support your fellow health professionals and communities in this time of crisis.

How can you help?
There are several ways to help, depending on the need. You may be asked to:

- Staff an alternate care site to decrease pressure on hospitals
- Operate a health information hotline
- Help with contact investigation around known COVID-19 cases
- Support administrative or logistical needs within the OHA Agency Operations Center
- Lend your skills in a wide variety of other volunteer roles

To find out more, visit SERV-OR.org and register today.

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!

Safe Sedation

Winthrop "Bernie" Carter, D.D.S.

The Board believes there is value in providing the following information to all dentist, dental hygienist, and dental therapist Licensees. As of June 28, 2022, about 73% of all dental hygienists currently have nitrous oxide permits; and about 84% of all dentists have either nitrous oxide, minimal, enteral, or parenteral sedation permits. Of the total number of licensed dentists with these permits, about 74% of all licensed dentists have nitrous oxide and minimal sedation permits. Please refer to the Dental Practice Act rules for review of deep sedation and general anesthesia.

Licensees are required to comply with Dental Practice Act (DPA) rules, including thorough compliance with documentation requirements when providing acceptable dental care for their patients.

Compliance with the DPA regarding procedures performed as sedation and implant placement surgery are significant since they involve "risk" for more severe adverse outcomes than other dental procedures for patients when performed.

The number of cases involving these procedures appear to be trending upward in cases being investigated by the Board. The information provided below is sent to all sedation and implant placement surgeon Licensees in the hope of decreasing adverse risks to our patients, and to provide "best practices" acceptable care to our patient populations in Oregon. Board staff comments in blue are provided after each rule cited.

The rules are:

818-012-0070
Patient Records
(4) When a dental implant is placed the following information must be given to the patient in writing 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;
(g) Product labeling containing the above information may be used in satisfying this requirement.

Comment: Make sure a note is documented in the patient treatment record notes that all of the above information has been documented per the DPA, and document in the patient treatment record notes that the patient has been given all of the above information in writing.

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits:
Nitrous Oxide Permit
(Nitrous Oxide Sedation)
(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(b) The patient can talk and respond coherently to verbal questioning;
(c) The patient can sit up unaided or without assistance;
(d) The patient can ambulate with minimal assistance; and
(e) The patient does not have nausea, vomiting or dizziness.
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

Comment: All DPA discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been met prior to discharging the patient.

818-026-0050
Minimal Sedation Permit
(Minimal sedation and nitrous oxide sedation)
(8) The patient shall be monitored as follows:
(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.
(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(c) The patient can talk and respond coherently to verbal questioning;
(d) The patient can sit up unaided;
(e) The patient can ambulate with minimal assistance; and
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

Comment: Document that an escort was provided. Document the name of escort. All discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been met prior to discharge. Pulse oximetry values are not respiratory rate (respirations/minute) values.

818-026-0060
Moderate Sedation Permit
(Moderate sedation, minimal sedation, and nitrous oxide sedation)
(8) The patient shall be monitored as follows:
(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate

sedation shall be continuously monitored and shall not be left alone while under sedation;
(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.
(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.
(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.
(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;
(c) The patient can talk and respond coherently to verbal questioning;
(d) The patient can sit up unaided;
(e) The patient can ambulate with minimal assistance; and
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.
(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

Comment: Pulse oximetry and End-tidal CO2 monitors do not record respirations. Make sure you are monitoring respirations (chest rise or precordial stethoscope). Document that an escort was provided. Document the name of escort. All discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been met prior to discharge.

818-026-0080
Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.
(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Comment: Document that an escort was provided. Document the name of escort. All discharge criteria are required to be met for discharge; preoperative values are required to determine stable discharge criteria. Document in patient treatment record notes that all discharge criteria, per DPA, have been achieved prior to discharge.

The Board wishes all Licensees a successful year ahead "doing good work" for all of your patients! ■

NEW CE REQUIREMENT– PAIN MANAGEMENT

OAR 818-021-0060
Continuing Education — Dentists
(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

All dentists who hold an active dental license in Oregon including faculty and specialists (even if not practicing in Oregon) must complete every renewal cycle forty hours of CE. Effective July 1, 2022 licensees must complete a one-hour online pain management education course (every renewal cycle) taken through the Oregon Health Authority, Oregon Pain Management Commission. This one-hour pain management education course can count towards the 40-hour CE requirement. To assist our licensees in complying with this new requirement the Oregon Board of Dentistry has added the following link to the online dental renewal so licensees can make sure to meet this requirement prior to renewing their dental license: (https://www.oregon.gov/oha/hpa/dsi-pmc/pages/module.aspx).

Licensees do not have to wait until they renew their dental license to take the course, they can take it anytime during their renewal cycles.

In addition, all dental license applicants must also complete this requirement before being licensed in Oregon.

FREQUENTLY ASKED QUESTIONS

Q: I have an Expanded Practice Permit. Do I need a Collaborative Agreement?

A: The EPP only allows an EPDH to work without supervision at certain locations and/or on certain populations as outlined in the DPA. It does not "expand" the duties dental hygienists are permitted to perform. The Collaborative Agreement is an approved agreement between an Oregon licensed dentist and an EPDH. This agreement which allows that EPDH to perform some, or all, of the following services while practicing under their EPP; (1) administering local anesthesia (if the EPDH also has a local anesthesia endorsement), (2) administering temporary restorations without excavation, (3) prescribing prophylactic antibiotics, and prescribing nonsteroidal anti-inflammatory drugs and (4) Referral parameters. EPDHs do not need to have a Collaborative Agreement to practice under their EPP, however, the EPDH may not provide any of the previously listed services while working under the EPP if they do not have a current Collaborative Agreement. ORS 680.205(1), and OARs 818-035-0065, 818-035-0066 and 818-035-0100 can provide further guidance.

SCAMMERS ABOUND!
Be Vigilant!

The dental community has landed squarely in the crosshairs of hackers and scammers. You may have heard that in April 2022, the ADA was the victim of a massive ransomware attack which disrupted the organization's access to their own servers for several days. It may take months or even years before the true scale of the data breach is known. The ADA is far from the only large organization to be successfully targeted in the last few years; hospital systems and healthcare management organizations have also been hit by headline-grabbing attacks.

Scammers and hackers do not limit themselves to targeting large organizations; they can and will target small clinics or even individual licensees. Unfortunately, the OBD continues to regularly field calls from worried licensees who report that they have been personally targeted by scammers posing as Board Staff. These scammers attempt to bilk licensees into handing over money and/or confidential information. The targeted licensees have described the laser-focused techniques the scammers have used to try and trick their targets, such as calling from a line that reads "Oregon Board of Dentistry" on the caller ID, claiming to be a "Board Investigator", and readily providing their name and a phony "badge number". Often, they know their victim's full name, license number, and other specific data, lending them a false impression of legitimacy. Once on the line, they harass and threaten their victims, in an attempt to coerce them into handing over funds or confidential information. The most reported scam involved the scammer demanding a quick payment of a large amount of money, which the scammer claimed would stop a case being opened against their victim's license, avoid their victim's license being suspended or revoked, or even avert an imminent arrest!

The scammers of today are sophisticated, manipulative, often US-based, and may be armed with specific data they have purchased from data breaches. Their skills and their access to sensitive data makes them far more devious and successful than that "deposed Nigerian prince" who still sends misspelled emails to our old email accounts!

FIGHTING BACK STARTS WITH NOT
BECOMING A VICTIM YOURSELF!

Here are five common sense tips to avoid being tricked by scams:

1. CONSTANT VIGILENCE: The ADA ransomware attack, and other data breaches, may have exposed other vulnerable systems. Remind your colleagues/staff to exercise extreme caution when opening any attachment, or clicking any link, that arrives by email. You may want to treat emails from organizations that may have been exposed by the ADA ransomware attack with extra scrutiny. If you receive a suspicious email from the OBD, call 971-673-3200 to confirm its legitimacy.

2. HANG UP ON THEM : No legitimate organization would demand that you stay on the line with them. If someone calls claiming to be from a particular organization or agency, find the main number for that organization (visit their website) and call the main line to check on the legitimacy of the call you received. OBD Staff will never insist you stay on the line; you can always hang up and call us back at 971-673-3200.

3. DON'T GIVE THEM YOUR MONEY: No legitimate government agency would call and demand to be paid money over the phone, or demand payment via gift cards, wire transfer to an individual's bank account, cryptocurrency, cash wrapped in foil, loose diamonds, etc. The OBD never demands payment by phone, and OBD Staff would never threaten to immediately suspend/revoke your license unless you made a payment.

4. DON'T GIVE THEM YOUR DATA: If you receive an email prompting you to provider personal information, such as your email login name/password, your date of birth, social security number, or other personal data, do not provide that information. The OBD would never email you asking for your username/password.

5. POWERFUL PASSWORDS: When creating passwords, use multi-factor authentication, use strong passwords that include many characters, don't reuse the same password across multiple accounts, and ensure you regularly update your passwords. When communicating with the OBD, handle the matter personally, rather than sharing your personal information with another individual. ■

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.

Agency Overview and Strategic Plan Priorities

The Oregon Board of Dentistry (OBD) was created by an Act of the Legislature in 1887. The authority and responsibilities of the Board are contained in the Oregon Revised Statutes. It is the oldest health regulatory licensing board in Oregon.

The statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy, and dental hygiene by enforcing the standards of practice established in statute and rule. The statutes define the practice of dentistry, dental therapy, and dental hygiene and require that any person practicing any of those professions do so only while holding a license duly issued by the Board. The statutes require that the Board examine and license dentists, dental therapists, dental instructors and dental hygienists; establish and enforce regulations regarding sedation in dental offices; investigate complaints regarding the practice of dentistry, dental therapy, and dental hygiene; discipline Licensees found to have violated the provisions of the Dental Practice Act; regulate and monitor continuing education requirements for Licensees; and establish training, examination and certification standards for dental auxiliaries.

The OBD has eight full-time staff members and 10 volunteer Board Members. The Mission of the OBD is to promote quality oral health care and protect all communities in the state of Oregon by equitably and ethically regulating

dental professionals. There are approximately 3800 dentists, 4200 dental hygienists and the first dental therapist licenses should be issued in the summer of 2022. The Board does not license dental assistants but certifies them for certain specific functions and they work under the supervision of dentists.

The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by Licensees and applicants for new licenses, license renewals and various permits. A small portion (generally less than six percent) of the Board's revenue is from miscellaneous revenues generated from civil penalties, the sale of documents, late fees and interest. The 2021-2023 Budget was approximately $3.5 million.

The Board's work is broken down into three main functions:

Administration
Administrative activities include support of Board and committee meetings, implementation of Board policy; assuring that agency operations are conducted in compliance with all State laws and regulations, program evaluation, coordination and supervision of agency operations, and personnel recruitment and supervision. It also includes coordination with the Department of Justice on various Board legal issues, development and implementation of administrative rules, policies and procedures; development of legislative concepts, tracking of legislation that impacts agency operations and preparation and presentation of testimony at Legislative hearings. Administrative staff are responsible for budget planning, development, and monitoring; management of agency equipment, supplies and information systems. On behalf of the Board, the Executive Director provides public information, outreach and education (production of the Newsletter, maintenance of website, public appearances and presentations, etc.); responds to inquiries by the media, represents the Board on various statewide taskforces. The Executive Director acts a liaison for the Board and maintains effective relationships with all communities of interest whether local, statewide or national.

Licensing and Examination
This activity includes licensure of dentists, dental specialists, dental instructors, dental hygienists, dental therapists, biennial renewal of licenses, and issuance and renewal of various permits and certificates (anesthesia permits, Expanded Practice Dental Hygiene Permits, and certification of dental assistants to take radiographs and to perform expanded functions). The Board receives and reviews license applications to assure that applicants have the required education, have passed the National Board written examinations and have passed a clinical examination recognized by the Board. A thorough background check is conducted on each applicant for a new license and, where a past history is revealed, an investigation is conducted and results are presented to the Board for determination. Staff also administers a Jurisprudence Examination for each new applicant and conducts random audits of 15% of license renewals annually for compliance with continuing education requirements.

Enforcement and Monitoring
The Dental Practice Act (ORS 679 and 680.010 through 680.205) and the Board's Administrative Rules (OAR 818) establish the grounds and methods of discipline that may be imposed on licensees who violate the act. The statutes and rules of the Board define unprofessional conduct, unacceptable patient care, establish standards for record keeping and infection control guidelines, and define appropriate management and record keeping for controlled substances. The Board is required by ORS 676.165 to conduct investigations of any complaint received regarding licensees or applicants. In addition, the Dental Practice Act allows the Board to open investigations on its own motion. Cases opened by the Board might be based on information the Board receives ancillary to another case, from reports submitted by insurance companies regarding malpractice claims, criminal convictions, or based on disciplinary actions taken by other state dental boards or by other licensing boards since several of the Boards licensees have dual licenses; i.e. physician/dentist or dental hygienist/denturist.

The Board's 2022 – 2025 Strategic Plan identified five priorities. The complete 13-page strategic plan can be reviewed on the OBD Website.

I. Licensure Evolution
  a. Develop and implement rules based on legislative changes
  b. Successfully implement Dental Therapy Rules
II. Dental Practice Accountability
  a. Ensure Licensees dictates clinical care provided to patients
  b. Asset OBD jurisdiction over dental practices regardless of owner ship model
III. Community Interaction and Equity
  a. Increase ease of access to OBD services and information
  b. Ensure equity exists in investigation outcomes
IV. Workplace Environment
  a. Increase workplace flexibility through hybrid work models
  b. Increase workplace satisfaction
V. Technology & Processes
  a. Improve investigation management and archived files
  b. Improve resource efficiencies ■

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/#/

Frequently Asked Questions

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH's can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist's responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

Dental Implant Rule Changes

New CE Requirements Now Effective in 2024

At its June 17, 2022 meeting, the Board voted to change the effective date of the rules from July 1, 2022 to January 1, 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. ■

Finding "Normal" During and After the Pandemic

"Normal" is the buzz word of the day. Our country is eager for a "return to normal," but that won't be so easy after all that we have experienced.

Signs of Stress

Physical Reactions*

- Insomnia, recurrent dreams, difficulty falling or staying asleep
- Fatigue
- Hyperactivity
- Pain in the back or neck
- Headaches
- Heart palpitations*
- Dizzy spells*
- Appetite changes
- Stomachaches or diarrhea
- Sweating or chills
- Tremors or muscle twitches

*If symptoms persist, see a physician.

Emotional Reactions

- Flashbacks or reliving the event
- Excessive jumpiness or tendency to be startled
- An increase in irritability, with outbursts of anger and frequent arguing
- Feelings of anxiety, helplessness or vulnerability
- Feelings of guilt
- Feeling depressed or crying frequently
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything

Behavioral Reactions

- An increase or decrease in energy and activity levels
- A change in alcohol, tobacco or other drug use
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- An inability to feel pleasure or have fun

Effects on Productivity

- Inability to concentrate
- Increased incidence of errors
- Lapses of memory
- Increased absenteeism
- Tendency to overwork
- Feeling confused
- Having trouble thinking clearly and concentrating
- Having difficulty making decisions

The pandemic represents a chronic, long-term and on-going tragedy. When any tragedy strikes, normal human reactions follow a pattern called "crisis response." This happens naturally in all of us and encompasses a range of both physical and emotional responses. Initially, our instincts take over and we experience "Fight, Flight or Freeze" reactions to threats or danger. In these moments, physical reactions include increased adrenaline, heightened senses, increased heart rate, hyperventilation, sweating, etc. We experience a variety of emotional reactions as well. These may include shock, disbelief, denial, anger, fear, sorrow, confusion, frustration, and guilt.

Looking at the pandemic through this lens, as a nation we have found ourselves in and out of crisis response for more than a year and a half. For health care providers on the front line, this is even more true. To put it mildly, this has been exhausting, both physically and emotionally. It is helpful to discuss what is happening in a supportive and safe environment. Validation of your experiences and acknowledgement of your emotional and physical reactions is helpful.

Most people show signs of stress to crisis. These symptoms are typically a normal reaction to an abnormal situation. Some of the predictable reactions that may persist as we continue to face the pandemic, and even after it abates, are listed at left.

In addition, there are some pandemic-specific crisis response reactions people may experience: It can feel like there is an expectation to return quickly to pre-pandemic activities and responsibilities. This may be a welcome change, but there may also be difficulties and challenges during this process. After more than 18 months of being encouraged to stay home and avoid contact with those outside of your family or "pod," you may feel uneasy about resuming activities like eating in a restaurant, attending a movie or performance, going to an outdoor festival or parade, traveling, or many other activities that have not been a part of "normal" life since early 2020. You may be ready to jump back into pre-pandemic life with both feet, but you may also feel anxious about doing so (or likely, somewhere in the middle).

It may take time to feel like you've regained control over your life. Be patient with yourself. Sometimes things become so overwhelming that you need help from a professional. If you are concerned about the changes you are experiencing, reach out to your Employee Assistance Program or a local behavioral health counselor. As a licensed health professional, if you are concerned about your own mental health and/or substance use, you may also be eligible for Oregon's Health Professionals' Services Program. Visit hpspmonitoring.com for more information.

If you are having thoughts of harming yourself or someone else, please call the National Suicide Prevention Hotline at 1-800-273-TALK (8255), contact a member of your care team, or talk to a trusted friend.

As the pandemic continues to rage: Be patient with yourself, take extra self-care measures and reach out for help when you need it! ■

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UNFINISHED BUSINESS & RULES

From: Jill Lomax <jill.lomax@chemeketa.edu>
Sent: Tuesday, August 2, 2022 12:03 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Peggy Lewelling <peggy.lewelling15@pcc.edu>; Ginny Jorgensen <ginjorge53@gmail.com>
Subject: Local Anesthesia Functions of Dental Assistants Proposal

Greetings Mr. Prisby,

I am **Jill Lomax**, Program Chair of the Dental Assisting Program at Chemeketa Community College. My colleagues, **Peggy Lewelling and Ginny Jorgenson,** are instructors with the dental assisting programs at Portland Community College.

We are submitting to the Oregon Board of Dentistry a proposal that would allow dentists in Oregon to delegate administration of **local anesthesia** to their dental assistants. We hope that you will place this proposal on the agenda for the next OBD meeting on August 19th, 2022.

The following documents are attached for the Board's consideration:

Proposed Rule & Current Rules – This document outlines a proposed administrative rule 818-042-00XX Local Anesthesia Functions of Dental Assistants. For comparison purposes, this document also includes the current administrative rules for dental hygienists to perform local anesthesia and for dental assistants to perform restorative functions.

Frequently Asked Questions (FAQs) – This document provides additional information about this proposed administrative rule.

Dental Assistant Questionnaire – This document shows the results of a survey conducted by the Oregon Board of Dentistry in 2019 that asked dentists about the expanded functions they allow their dental assistants to do. Local anesthesia was the top answer on the list of duties that dentists would like to see added as an expanded function for dental assistants.

Both myself and Ginny Jorgenson will be able to attend the August 19th Board meeting to answer any questions.

Thank you in advance to the Oregon Board of Dentistry for considering this proposal.

Sincerely,

Jill Lomax, EdM, CDA, EFDA-RF, FADAA

Peggy Lewelling, EFDA, CDA, RDH, BSDH, MEd

Ginny Jorgenson, CDA, EFDA, EFODA, AAS

Jill Lomax, EdM, CDA, EFDA-RF, FADAA | Dental Assisting Program Chair

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Local Anesthesia Functions of Dental Assistants
Proposed Oregon Administrative Rule (OAR)

Proposed Rule & Current Rules

Proposed Rule

818-042-00?? Local Anesthesia Functions of Dental Assistants

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Current Rules

818-035-0040 Expanded Functions of Dental Hygienists

(1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents and local anesthetic reversal agents under the general supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

818-042-0095 Restorative Functions of Dental Assistants

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of

DRAFT

successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

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Local Anesthesia Functions of Dental Assistants
Proposed Oregon Administrative Rule (OAR)

Frequently Asked Questions (FAQs)
Revised August 1, 2022

EDUCATION

- **Could a dental assistant be trained on-the-job to administer local anesthesia?**
  No, the dental assistant would need to successfully complete a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board. The Board approved program would be consistent with the course of instruction approved by the Board that is required for a dental hygienist to administer local anesthesia.

- **Would administration of local anesthesia be added to our dental assisting education programs?**
  No, at this time we anticipate that this training would be offered as a continuing education course to dental assistants who hold an EFDA Certificate and are working in a dental setting. This would be similar to the restorative functions training that is currently being provided for dental assistants who hold an EFDA Certificate.

- **Would the continuing education program be comparable to those that are offered for dental hygienists?**
  Yes, the continuing education program would need to be Board approved and would need to be comparable to the training that are offered for dental hygienists. The training program would include a review of dental anatomy, head & neck anatomy, pharmacology & management of medical emergencies.

CLINICAL PRACTICE

- **Do dentists want their dental assistants to be able to administer local anesthesia?**
  Yes, in 2019 the Oregon Board of Dentistry conducted a Dental Assistant Questionnaire that asked dentists about the expanded functions that they allow their dental assistants to do. The last question was “What duties would you like to see added to the expanded functions list?” Local anesthesia was the top answer on the list of duties that dentists would like to see added as an expanded function for dental assistants.

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- **Why would a dentist want their dental assistants to be able to administer local anesthesia?**

  Dental assistants help their dentists to provide restorative treatment for their patients. For a typical restorative appointment, the dental assistant seats the patient and places topical anesthetic on the soft tissue where the local anesthesia will be administered. After 1-2 minutes the dentist enters the treatment room and administers local anesthesia to the patient and then leaves the room for 5-10 minutes to allow the local anesthesia to take effect while the dental assistant places a rubber dam to isolate the teeth to be treated. Then the dentist returns to the room to begin the dental treatment. If the dental assistant could administer the local anesthesia, this would save time and make the process more efficient for both the dentist and the patient.

- **Would a dentist be required to allow a dental assistant to administer local anesthesia?**
  No, as with all dental assisting procedures the dentist would need to authorize a dental assistant to administer local anesthesia under indirect supervision.

- **Could a dental assistant administer local anesthesia without the dentist?**
  No, the dental assistant would only be able to administer local anesthesia under the indirect supervision of a dentist. The dentist would need to authorize the procedure and be on the premises when it is performed.

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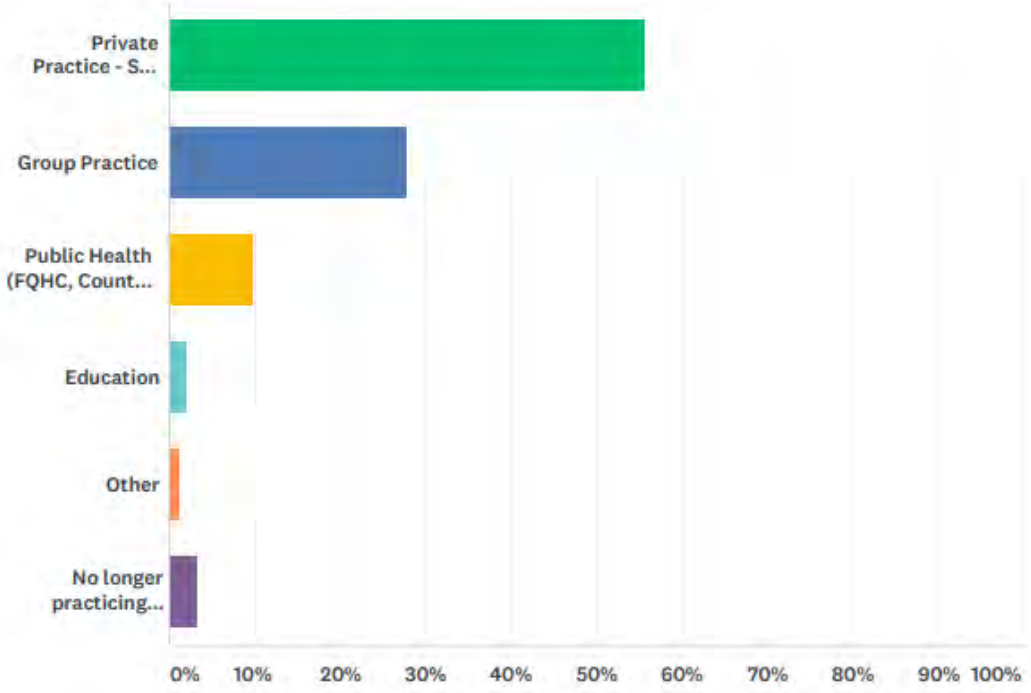
Q1 What type of setting do you primarily practice dentistry?

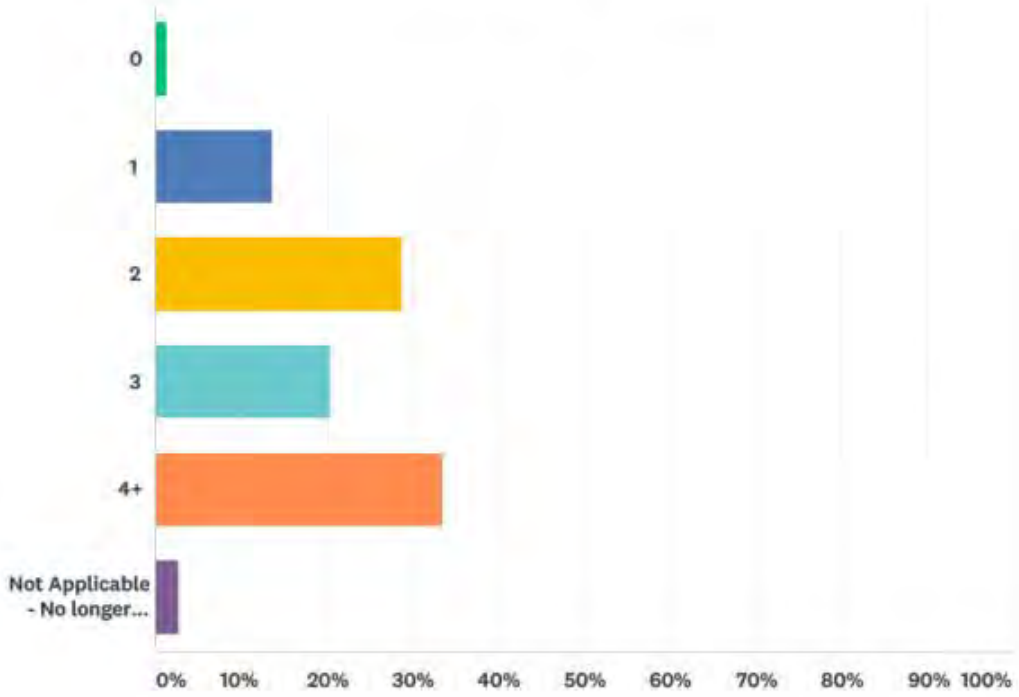
Answered: 472 Skipped: 0



ANSWER CHOICES	RESPONSES	
Private Practice - Sole Practitioner	55.72%	263
Group Practice	27.75%	131
Public Health (FQHC, County, Corrections, Community etc.)	9.75%	46
Education	2.12%	10
Other	1.27%	6
No longer practicing (Retired, Disabled etc.)	3.39%	16
TOTAL		472

Q2 How many dental assistants do you employ or work at your primary location?

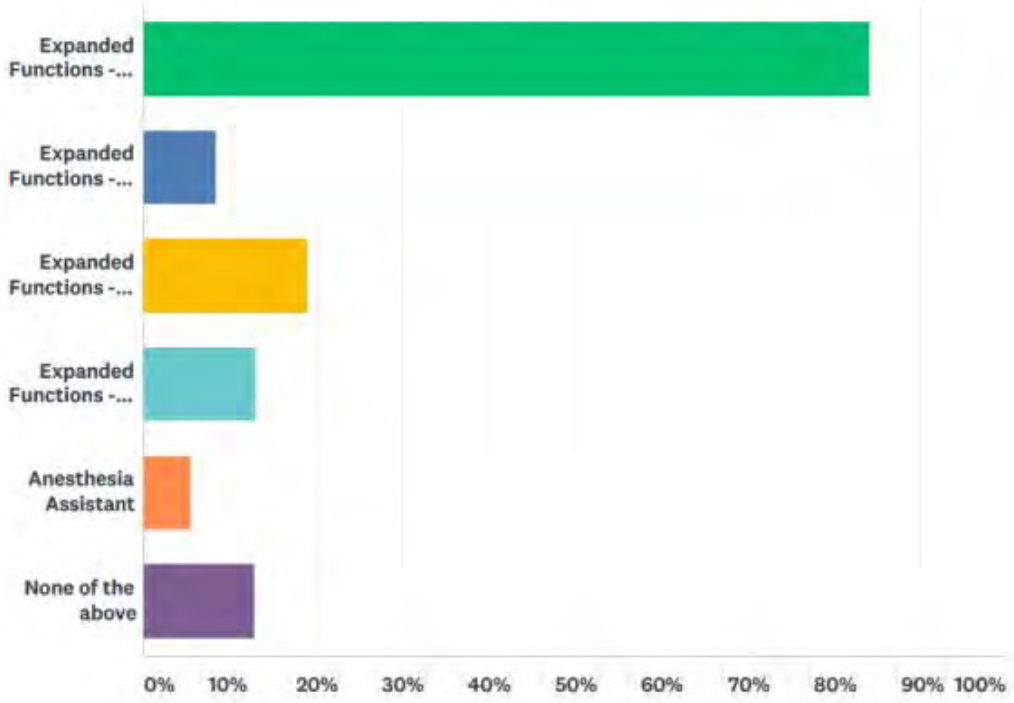
Answered: 469 Sk pped: 3



ANSWER CHOICES	RESPONSES	
0	1.28%	6
1	13.65%	64
2	28.57%	134
3	20.26%	95
4+	33.48%	157
Not App cab e - No onger pract c ng	2.77%	13
TOTAL		469

Q3 Which of the following Oregon certifications does your dental assistant(s) hold? (Check all that apply)

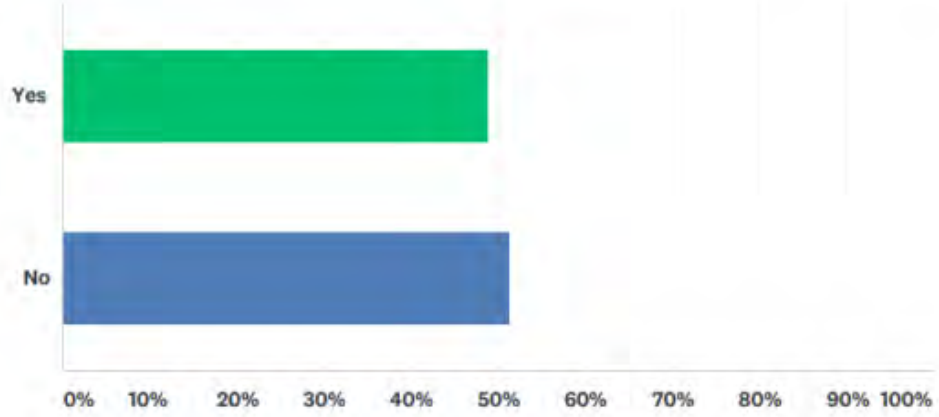
Answered: 461 Sk pped: 11



ANSWER CHOICES	RESPONSES	
Expanded Funct ons - Genera	84.16%	388
Expanded Funct ons - Genera w th Restorat ve Endorsement	8.46%	39
Expanded Funct ons - Orthodont c	19.09%	88
Expanded Funct ons - Prevent ve	13.02%	60
Anesthes a Ass stant	5.42%	25
None of the above	12.80%	59
Tota Respondents: 461		

Q4 Within your practice do you utilize the Dental Assisting National Board's (DANB) signoff sheet to train your dental assistant(s) to perform EFDA duties to obtain certification in Oregon?

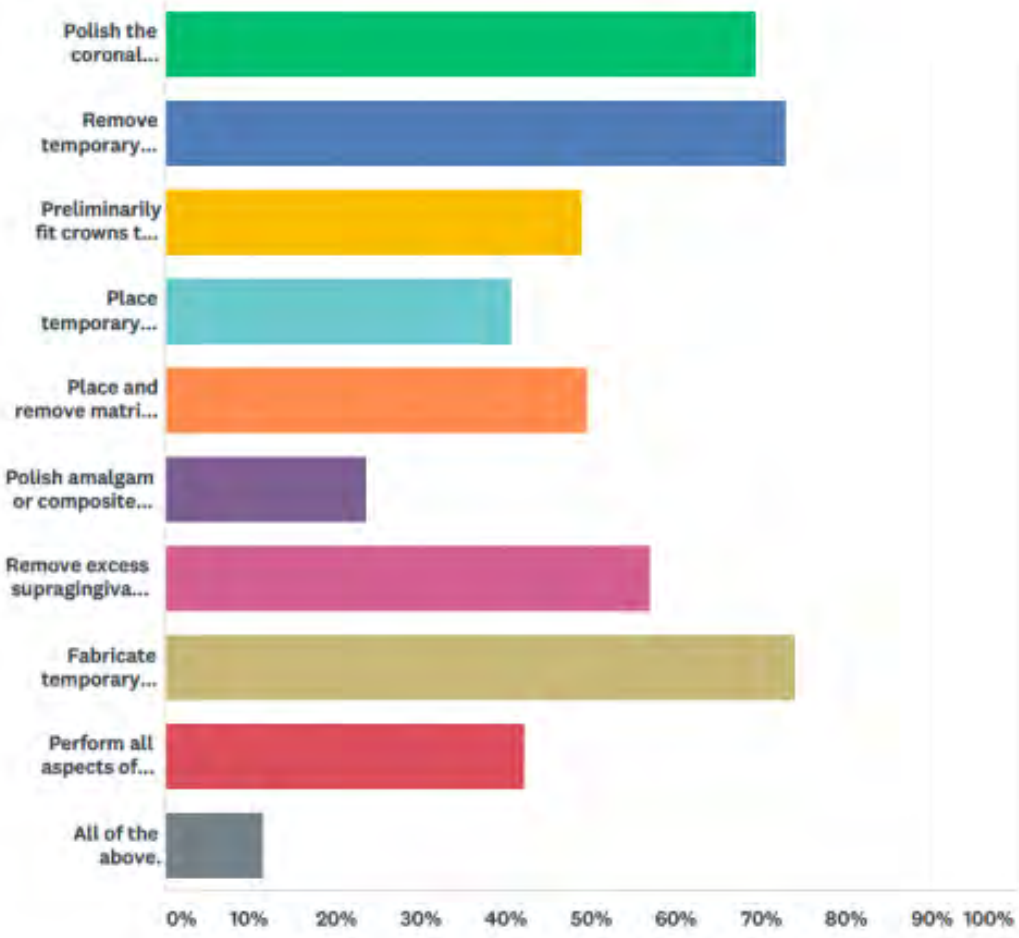
Answered: 462 Sk pped: 10



ANSWER CHOICES	RESPONSES	
Yes	48.70%	225
No	51.30%	237
TOTAL		462

Q5 Which expanded function duties do you allow your assistant(s) to perform once certified in Oregon? (Check all that apply)

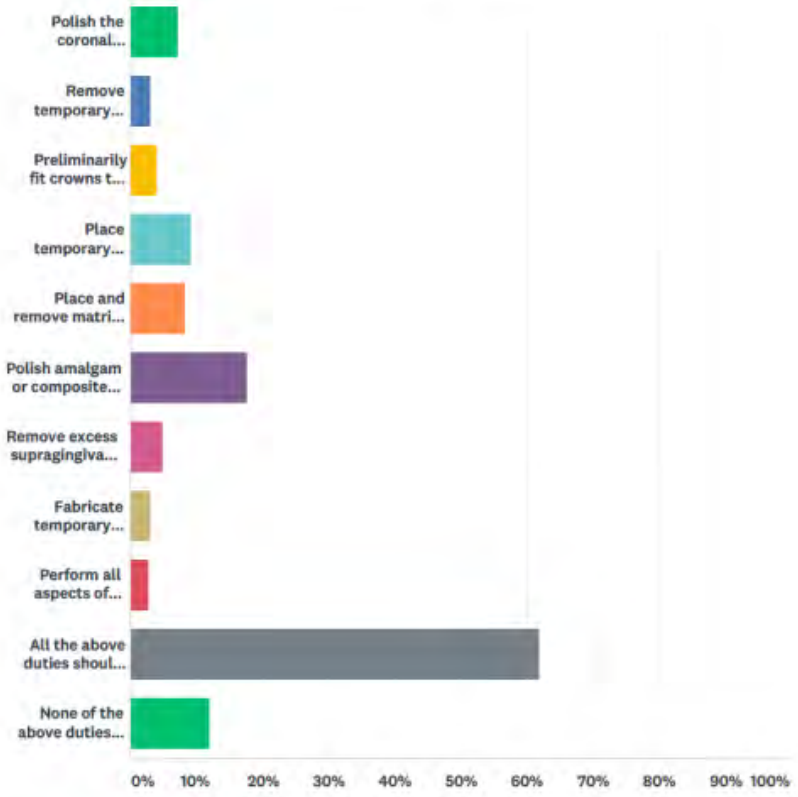
Answered: 409 Sk pped: 63



ANSWER CHOICES	RESPONSES	
Po sh the corona surfaces of teeth w th a brush or rubber cup as part of ora prophy ax s to remove sta ns.	69.44%	284
Remove temporary crowns for f na cementat on and c ean teeth for f na cementat on.	73.11%	299
Pre m nar y f t crowns to check contacts or to adjust occ us on outs de the mouth.	48.90%	200
P ace temporary restorat ve mater a (.e., z nc ox de eugeno based mater a).	40.59%	166
P ace and remove matr x reta ners for a oy and compos te restorat ons.	49.63%	203
Po sh ama gam or compos te surfaces w th a s ow speed hand p ece.	23.72%	97
Remove excess suprag ng va cement from crowns, br dges, bands or brackets w th hand nstrument.	56.97%	233
Fabr cate temporary crowns, and temporar y cement the temporary crown.	74.08%	303
Perform a aspects of teeth wh ten ng procedures.	42.30%	173
A of the above.	11.49%	47

Q6 Which EFDA duties, if any, do you consider obsolete? (Check all that apply)

Answered: 376 Sk pped: 96



ANSWER CHOICES	RESPONSES	
Po sh the corona surfaces of teeth w th a brush or rubber cup as part of ora prophy ax s to remove sta ns.	7.18%	27
Remove temporary crowns for f na cementat on and c ean teeth for f na cementat on.	2.93%	11
Pre m nar y f t crowns to check contacts or to adjust occ us on outs de the mouth.	3.99%	15
P ace temporary restorat ve mater a (.e., z nc ox de eugeno based mater a).	9.31%	35
P ace and remove matr x reta ners for a oy and compos te restorat ons.	8.24%	31
Po sh ama gam or compos te surfaces w th a s ow speed hand p ece.	17.55%	66
Remove excess suprag ng va cement from crowns, br dges, bands or brackets w th hand nstruments.	4.79%	18
Fabr cate temporary crowns, and temporar y cement the temporary crown.	2.93%	11
Perform a aspects of teeth wh ten ng procedures.	2.66%	10
A the above dut es shou d rema n as expanded funct on dut es.	61.97%	233
None of the above dut es shou d rema n expanded funct on dut es.	11.97%	45
Tota Respondents: 376		

Q7 What duties would you like to see added to the expanded functions list?

Answered: 181 Sk pped: 291

The majority of the answers showed that the dentists would like EFDA dental assistants to perform the following duties:

- Local Anesthesia
- Final Impressions
- Pack retraction cord (Already allowed)
- Soft relines (Already allowed)
- Start nitrous oxide
- Periodontal probing

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OBD 1-2022
CHAPTER 818
OREGON BOARD OF DENTISTRY

FILING CAPTION: The Board approved the new dental therapy rules at its 6/17/2022 Board Meeting.

EFFECTIVE DATE: 07/01/2022

AGENCY APPROVED DATE: 06/17/2022

CONTACT: Stephen Prisby
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Filed By:
Stephen Prisby
Rules Coordinator

RULES:
818-001-0002, 818-001-0082, 818-001-0087, 818-012-0020, 818-012-0030, 818-021-0026, 818-021-0052, 818-021-0054, 818-021-0076, 818-021-0080, 818-021-0085, 818-021-0090, 818-021-0095, 818-021-0110, 818-026-0055, 818-038-0001, 818-038-0005, 818-038-0010, 818-038-0020, 818-038-0025, 818-038-0030, 818-038-0035, 818-042-0010, 818-042-0020, 818-042-0050, 818-042-0060, 818-042-0090, 818-042-0114

AMEND: 818-001-0002

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy and dental therapist references are being added to the rule.

CHANGES TO RULE:

818-001-0002
Definitions ¶

As used in OAR chapter 818:¶
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.¶
(5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621. ¶
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(~~6~~8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(~~7~~9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist

be on the premises while the procedures are performed.¶
(~~8~~)10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶
(~~9~~11) "Licensee" means a dentist ~~or,~~ hygienist or dental therapist.¶
(1~~0~~2) "Volunteer Licensee" is a dentist, hygienist or dental ~~hygien~~therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶
(1~~1~~3) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶
(1~~2~~)4) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.¶
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.¶
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶
(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.¶
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. ¶
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its-supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.¶
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.¶
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.¶
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.¶

(13~~3~~5) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry ~~or,~~ dental hygiene or dental therapy.¶
(14~~)~~6) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).¶
(15~~7~~) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.¶
(16~~8~~) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.¶
(17~~9~~) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.¶
(18~~20~~) "BLS for Healthcare Providers or its Equivalent" the BLS/CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS/CPR course must be a hands-on course; online BLS/CPR courses will not be approved by the Board for initial BLS/CPR certification: After the initial BLS/CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS/CPR certification card with an expiration date must be received from the BLS/CPR provider as documentation of BLS/CPR certification. The Board considers the BLS/CPR expiration date to be the last day of the month that the BLS/CPR instructor indicates that the certification expires.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-001-0082

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapist reference is being added to the rule.

CHANGES TO RULE:

818-001-0082
Access to Public Records ¶

(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.¶
(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.¶
(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:¶
(a) $0.10 per name and address for computer-generated lists on paper; $0.20 per name and address for computer-generated lists on paper sorted by specific zip code;¶
(b) Data files submitted electronically or on a device:¶
(A) All Licensed Dentists - $50;¶
(B) All Licensed Dental Hygienists and Dental Therapists - $50;¶
(C) All Licensees - $100.¶
(c) Written verification of licensure - $2.50 per name; and¶
(d) Certificate of Standing - $20.
Statutory/Other Authority: ORS 183, 192, 670, 679
Statutes/Other Implemented: ORS 192.420, 192.430, 192.440

AMEND: 818-001-0087

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapist fees are being added to the rule.

CHANGES TO RULE:

818-001-0087
Fees ¶

(1) The Board adopts the following fees:¶
(a) Biennial License Fees:¶
(A) Dental -$390;¶
(B) Dental - retired - $0;¶
(C) Dental Faculty - $335;¶
(D) Volunteer Dentist - $0;¶
(E) Dental Hygiene -$230;¶
(F) Dental Hygiene - retired - $0;¶
(G) Volunteer Dental Hygienist - $0.;¶
(H) Dental Therapy - $230;¶
(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 - $345;¶
(B) Dental Faculty - $305;¶
(C) Dental Hygiene - $180;¶
(D) Dental Therapy - $180;¶
(E) Licensure Without Further Examination - Dental and, Dental Hygiene and Dental Therapy - $790.¶
(d) Examinations:¶
(Ae) Jurisprudence - $0;¶
(ef) 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.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200, 680.205, 679.615

AMEND: 818-012-0020

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-012-0020
Additional Methods of Discipline for Unacceptable Patient Care ¶

~~[Reserved]~~In addition to other discipline, the Board may order a licensee who engaged in or permitted unacceptable patient care to:¶
(1) Make restitution to the patient in an amount to cover actual costs in correcting the unacceptable care.¶
(2) Refund fees paid by the patient with interest.¶
(3) Complete a Board-approved course of remedial education.¶
(4) Discontinue practicing in specific areas of dentistry, dental therapy or hygiene.¶
(5) Practice under the supervision of another licensee.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.140(5)(h), 680.100

AMEND: 818-012-0030

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-012-0030
Unprofessional Conduct ¶

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:¶
(1) Attempt to obtain a fee by fraud, or misrepresentation.¶
(2) Obtain a fee by fraud, or misrepresentation.¶
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.¶
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.¶
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.¶
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.¶
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.¶
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.¶
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.¶
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.¶
(8) Misrepresent any facts to a patient concerning treatment or fees.¶
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:¶
(A) Legible copies of records; and¶
(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.¶
(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.¶
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.¶
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.¶
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.¶
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.¶
(14) Violate any Federal or State law regarding controlled substances.¶
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry ~~or,~~ dental hygiene~~.~~ or dental therapy. ¶
(16) Practice dentistry ~~or,~~ dental hygiene or dental therapy in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant

to ORS 680.205(1)(2).¶
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.¶
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. ¶
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.¶
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.¶
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry ~~or,~~ dental hygiene~~.~~ or dental therapy. ¶
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.¶
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal D~~EA registration. ¶~~
~~[Publications: Publications referenced are available from the agency.]~~rug Enforcement Administration (DEA) registration
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-021-0026

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0026
State and Nationwide Criminal Background Checks, Fitness Determinations ¶

(1) The Board requires fingerprints of all applicants for a dental, dental therapy or dental hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for the reasonable screening of dental and dental hygiene applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.¶
(2) These rules are to be applied when evaluating the criminal history of all licensees and applicants for a dental, dental therapy or dental hygiene license and for conducting fitness determinations consistent with the outcomes provided in OAR 125-007-0260.¶
(3) Criminal records checks and fitness determinations are conducted according to ORS 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.¶
(a) The Board will request the Oregon Department of State Police to conduct a state and nationwide criminal records check. Any original fingerprint cards will subsequently destroyed.¶
(b) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.¶
(c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of the outcome or date of occurrence.-Disclosure includes but is not limited to military, dismissed or set aside criminal records.-¶
(4) If the applicant or licensee has potentially disqualifying criminal offender information, the Board will consider the following factors in making a fitness determination:¶
(a) The nature of the crime;¶
(b) The facts that support the conviction or pending indictment or that indicates the making of the false statement;¶
(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, services, employment, license, or permit; and¶
(d) Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, or permit. Intervening circumstances include but are not limited to:¶
(A) The passage of time since the commission of the crime;¶
(B) The age of the subject individual at the time of the crime;¶
(C) The likelihood of a repetition of offenses or of the commission of another crime:¶
(D) The subsequent commission of another relevant crime;¶
(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and¶
(F) A recommendation of an employer.¶
(e) Any false statements or omissions made by the applicant or licensee; and¶
(f) Any other pertinent information obtained as part of an investigation.¶
(5) The Board will make a fitness determination consistent with the outcomes provided in OAR 125-007-0260.¶
(a) A fitness determination approval does not guarantee the granting or renewal of a license.¶
(b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason.-Incomplete fitness determinations may not be appealed.¶
(6) The Board may require fingerprints of any licensed Oregon dentist, dental therapist or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.¶
(7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.¶
(8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.¶
(9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).¶

(10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.¶
(11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.¶
(12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 181, 183, 670.280, 679.060, 679.115, 679.140, 679.160, 680.050, 680.082, 680.100

ADOPT: 818-021-0052

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapy license rule is being added to the DPA.

CHANGES TO RULE:

818-021-0052
Application for License to Practice Dental Therapy
(1) An applicant to practice dental therapy, in addition to the requirements set forth in ORS 679.603 and 679.606, shall submit to the Board satisfactory evidence of: ¶
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or ¶
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice.¶
(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate. ¶
(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years. ¶
(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.606
Statutes/Other Implemented: ORS 679.603, ORS 679.606

ADOPT: 818-021-0054

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapy license rule is being added to the DPA.

CHANGES TO RULE:

818-021-0054
Application for License to Practice Dental Therapy Without Further Examination
(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679.603 and 679.606 and submits to the Board satisfactory evidence of:¶
(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶
(b) Having successfully completed or graduated from a Board-approved dental therapy education program that includes the procedures outlined in OAR 818-038-0020, and includes at least 500 hours of didactic and hands-on clinical dental therapy practice; and¶
(c) Having passed the clinical dental therapy examination conducted by a regional testing agency, by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and¶
(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and¶
(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and¶
(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶
(2) Applicants must pass the Board's Jurisprudence Examination.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.606
Statutes/Other Implemented: ORS 679.603, ORS 679.606

ADOPT: 818-021-0076

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapist continuing education rule is being added to the DPA.

CHANGES TO RULE:

818-021-0076
Continuing Education - Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶
(3) Continuing education includes:¶
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.¶
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.¶
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶
(5) At least two (2) hours of continuing education must be related to infection control. ¶
(6) At least two (2) hours of continuing education must be related to cultural competency.¶
(7) At least one (1) hour of continuing education must be related to pain management.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.609
Statutes/Other Implemented: ORS 679.603, ORS 679.609

AMEND: 818-021-0080

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0080
Renewal of License ¶

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every licensee holding a current license. The licensee must complete the online renewal application and pay the current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry, dental therapy or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085, "Reinstatement of Expired Licenses."¶
(1) Each dentist shall submit the renewal fee and completed online renewal application by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.¶
(2) Each dental hygienist must submit the renewal fee and completed online renewal application ~~form~~ by September 30 every other year. Dental hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years.¶
(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.¶
(4) The renewal application shall contain:¶
(a) Licensee's full name;¶
(b) Licensee's mailing address;¶
(c) Licensees business address including street and number or if the licensee has no business address, licensee's home address including street and number;¶
(d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;¶
(e) Licensee's employer or person with whom the licensee is on contract;¶
(f) Licensee's assumed business name;¶
(g) Licensee's type of practice or employment;¶
(h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021-0070 or OAR 818-021-0076;¶
(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and¶
(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0085

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0085
Renewal or Reinstatement of Expired License ¶

Any ~~person~~licensee whose license to practice as a dentist ~~or,~~ dental hygienist or dental therapist has expired, may apply for reinstatement under the following circumstances:¶
(1) If the license has been expired 30 days or less, the applicant shall:¶
(a) Pay a penalty fee of $50;¶
(b) Pay the biennial renewal fee; and¶
(c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.¶
(2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:¶
(a) Pay a penalty fee of $100;¶
(b) Pay the biennial renewal fee; and¶
(c) Submit a completed renewal application and certification of having completed the continuing education requirements.¶
(3) If the license has been expired more than 60 days, but less than one year, the applicant shall:¶
(a) Pay a penalty fee of $150;¶
(b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;¶
(c) Pay a reinstatement fee of $500; and¶
(d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.¶
(4) If the license has been expired for more than one year but less than four years, the applicant shall:¶
(a) Pay a penalty fee of $250;¶
(b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;¶
(c) Pay a reinstatement fee of $500;¶
(d) Pass the Board's Jurisprudence Examination;¶
(e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;¶
(f) Submit evidence of good standing from all states in which the applicant is currently licensed; and¶
(g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.¶
(5) If a ~~dentist or dental hygienist~~Licensee fails to renew or reinstate ~~his or he~~their license within four years from expiration, the ~~dentist or dental hygienist~~Licensee must apply for licensure under the current statute and rules of the Board.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0090

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0090
Retirement of License ¶

(1) A ~~dentist or dental hygienist~~Licensee who no longer practices in any jurisdiction may retire their ~~or his~~ license by submitting a request to retire such license on a form provided by the Board.¶
(2) A license that has been retired may be reinstated if the applicant:¶
(a) Pays a reinstatement fee of $500;¶
(b) Passes the Board's Jurisprudence Examination;¶
(c) Passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;¶
(d) Submits evidence of good standing from all states in which the applicant is currently licensed; and¶
(e) Submits a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.¶
(3) If the ~~dentist or dental hygienist~~Licensee fails to reinstate their ~~or his~~ license within four years from retiring the license, the ~~dentist or dental hygienist~~Licensee must apply for licensure under the current statute and rules of the Board.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0095

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0095
Resignation of License ¶

(1) The Board may allow a ~~dentist or dental hygienist~~licensee who no longer practices in Oregon to resign their ~~or his~~ license, unless the Board determines the license should be revoked.¶
(2) Licenses that are resigned under this rule may not be reinstated.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0110

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-021-0110
Reinstatement Following Revocation ¶

~~[Reserved]~~(1) Any person whose license has been revoked for a reason other than failure to pay the renewal fee may petition the Board for reinstatement after five years from the date of revocation.¶
(2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that reinstatement of the license will not be detrimental to the health or welfare of the public, the Board may allow the petitioner to retake the Board examination.¶
(3) If the license was revoked for unacceptable patient care, the petitioner shall provide the Board with satisfactory evidence that the petitioner has completed a course of study sufficient to remedy the petitioner's deficiencies in the practice of dentistry, dental therapy or dental hygiene.¶
(4) If the petitioner passes the Board examination, the Board may reinstate the license, place the petitioner on probation for not less than two years, and impose appropriate conditions of probation.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.140, ORS 679.600

AMEND: 818-026-0055

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-026-0055
Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation ¶

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:¶
(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;¶
(b) The permit holder, or an anesthesia monitor, monitors the patient; or¶
(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.¶
(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~Board rules.¶
(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:¶
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;¶
(b) The permit holder, or an anesthesia monitor, monitors the patient; and¶
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8).~~Board rules.¶
(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:¶
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;¶
(b) The permit holder, or an anesthesia monitor, monitors the patient; and¶
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.250(7), 679.250(10), ORS 679.600

ADOPT: 818-038-0001

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0001
Definitions
(1) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶
(2) "Dental Therapy" means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621. ¶
(3) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(4) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(6) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶
(7) "Collaborative Agreement" means a written and signed agreement entered into between a dentist and a dental therapist under ORS 679.618.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.600, ORS 679.603, ORS 679.618, ORS 679.621

ADOPT: 818-038-0005

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new dental therapy education program definition rule is being added to the DPA.

CHANGES TO RULE:

818-038-0005
Dental Therapy Education Program
The Board defines "Dental Therapy Education Program" as:¶
(1) A program accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the Board by rule;¶
(2) A dental pilot project as defined in ORS 679.600 and includes at least 500 hours of combined didactic and hands-on clinical dental therapy practice.¶
(3) Beginning January 1, 2025, no new applicants may qualify for licensure under section 2, unless they completed training within a fully approved OHA dental therapy pilot project prior to January 1, 2025.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.621, ORS 679.600, ORS 679.603

ADOPT: 818-038-0010

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0010
Authorization to Practice
(1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice.¶
(2) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.¶
(3) A dental therapist may perform the procedures listed in OAR 818-038-0020 so long as the procedures were included in the dental therapist's education program or the dental therapist has received additional training in the procedure through a Board approved course.
Statutory/Other Authority: ORS 679, ORS 679.621
Statutes/Other Implemented: ORS 679.621, ORS 679.600

ADOPT: 818-038-0020

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0020
Scope of Practice
(1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:¶
(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;¶
(b) Comprehensive charting of the oral cavity;¶
(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;¶
(d) Exposing and evaluation of radiographic images;¶
(e) Dental prophylaxis, including subgingival scaling and polishing procedures;¶
(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;¶
(g) Administering local anesthetic;¶
(h) Pulp vitality testing;¶
(i) Application of desensitizing medication or resin;¶
(j) Fabrication of athletic mouth guards;¶
(k) Changing of periodontal dressings;¶
(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;¶
(m) Emergency palliative treatment of dental pain;¶
(n) Preparation and placement of direct restoration in primary and permanent teeth;¶
(o) Fabrication and placement of single-tooth temporary crowns;¶
(p) Preparation and placement of preformed crowns on primary teeth;¶
(q) Indirect pulp capping on permanent teeth;¶
(r) Indirect pulp capping on primary teeth;¶
(s) Suture removal;¶
(t) Minor adjustments and repairs of removable prosthetic devices;¶
(u) Atraumatic restorative therapy and interim restorative therapy;¶
(v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;¶
(w) Removal of space maintainers;¶
(x) The dispensation and oral or topical administration of:¶
(A) Nonnarcotic analgesics;¶
(B) Anti-inflammatories; and¶
(C) Antibiotics; and¶
(y) Other services as specified by the Oregon Board of Dentistry by rule.¶
(2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:¶
(a) Placement of temporary restorations; ¶
(b) Fabrication of soft occlusal guards;¶
(c) Tissue reconditioning and soft reline;¶
(d) Tooth reimplantation and stabilization;¶
(e) Recementing of permanent crowns;¶
(f) Pulpotomies on primary teeth;¶
(g) Simple extractions of:¶
(A) Erupted posterior primary teeth; and¶
(B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;¶
(h) Brush biopsies; and¶
(i) Direct pulp capping on permanent teeth.¶
(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of

this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.¶
(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.¶
(b) A dental therapist may supervise up to two individuals under this subsection.
Statutory/Other Authority: ORS 679, ORS 679.600
Statutes/Other Implemented: ORS 679.600, ORS 679.603, ORS 679.618

ADOPT: 818-038-0025

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0025
Prohibited Acts
A dental therapist may not:¶
(1) Place or Restore Dental Implants or any other soft tissue surgery except as described in 818-038-0020.¶
(2) Prescribe any drugs, unless permitted by ORS 679.010.¶
(3) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(4) Perform any dental therapy procedure unless it is documented in the collaborative agreement and rendered under appropriate Oregon Licensed Dentist supervision.¶
(5) Operate a hard or soft tissue Laser.¶
(6) Treat a patient under moderate, deep or general anesthesia. ¶
(7) Order a computerized tomography scan.
Statutory/Other Authority: ORS 679, ORS 679.603, ORS 679.010
Statutes/Other Implemented: ORS 679.603, ORS 679.010

ADOPT: 818-038-0030

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0030
Collaborative Agreements
(1) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.¶
(2) A dental therapist may enter into a collaborative agreement with more than one dentist if each collaborative agreement includes the same supervision and requirements of scope of practice.¶
(3) The collaborative agreement must include at least the following information: ¶
(a) The level of supervision required for each procedure performed by the dental therapist; ¶
(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure; ¶
(c) The practice settings in which the dental therapist may provide care; ¶
(d) Any limitation on the care the dental therapist may provide; ¶
(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;¶
(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist; ¶
(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care; ¶
(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;¶
(i) Protocols for the dispensation and administration of drugs by the dental therapist, (as described in ORS 679.621) including circumstances under which the dental therapist may dispense and administer drugs; ¶
(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and¶
(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice (in accordance with ORS 679.618), including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider. ¶
(4) In addition to the information described in subsection (3) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III.
Statutory/Other Authority: ORS 679, ORS 679.618
Statutes/Other Implemented: ORS 679.618, ORS 679.621

ADOPT: 818-038-0035

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: A new rule referencing dental therapy is being added to the DPA.

CHANGES TO RULE:

818-038-0035
Record Keeping
(1) A dental therapist shall annually submit a signed copy of their collaborative agreement (s) to the Oregon Board of Dentistry. If the collaborative agreement(s) are revised in between annual submissions, a signed and dated copy of the revised collaborative agreement(s) must be submitted to the board as soon as practicable after the revision is made.¶
(2) The annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.¶
(3) A dental therapist shall purchase and maintain liability insurance.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.618, ORS 679.624

AMEND: 818-042-0010

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference is being added to the rule.

CHANGES TO RULE:

818-042-0010
Definitions ¶

(1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental technician or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.¶
(2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.¶
(3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.¶
(4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0020

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference and clarification changes made to the rule.

CHANGES TO RULE:

818-042-0020
Dentist, Dental Therapist and Dental Hygienist Responsibility ¶

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.¶
(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.¶
(3) ~~The supervising dentist or dental hygienist~~A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services. ¶
(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.¶
(45) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0050

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0050
Taking of X-Rays - Exposing of Radiographic Images ¶

(1) A ~~dentist~~Licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:¶
(a) A dental assistant certified by the Board in radiologic proficiency; or¶
(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.¶
(2) A ~~dentist or dental hygienist~~licensee may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental therapist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist, dental therapist or dental hygienist that the assistant is proficient to take radiographic images. ¶
(3) A dental therapist may not order a computerized tomography scan
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.603

AMEND: 818-042-0060

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0060
Certification - Radiologic Proficiency ¶

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:¶
(2) Submits an application on a form approved by the Board, pays the application fee and:¶
(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;¶
(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and¶
(c) Certification by an Oregon license~~d dentist or dental hygienist~~e that the assistant is proficient to take radiographs.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.020, 679.025, 679.250, ORS 679.600

AMEND: 818-042-0090

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0090
Additional Functions of EFDAs ¶

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a ~~dentist or dental hygienist~~licensee providing that the procedure is checked by the ~~dentist or dental hygienist~~licensee prior to the patient being dismissed:¶
(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a ~~dentist or dental hygienist~~licensee.¶
(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.¶
(3) Place ~~cord~~ retraction material subgingivally.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0114

NOTICE FILED DATE: 03/31/2022

RULE SUMMARY: Dental therapy reference being added to the rule.

CHANGES TO RULE:

818-042-0114
Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)
(1) Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant may perform the following functions under the indirect supervision of a ~~dentist or dental hygienist~~licensee providing that the procedure is checked by the ~~dentist or dental hygienist~~licensee prior to the patient being dismissed:¶
(2) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a ~~dentist or dental hygienist~~licensee.
Statutory/Other Authority: ORS 676
Statutes/Other Implemented: ORS 676, ORS 679.600

CORRESPONDENCE

Nothing to report under this tab

OTHER ISSUES

Oregon
Kate Brown, Governor

Board of Dentistry
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TO: OBD Board Members

FROM: Stephen Prisby, Executive Director

DATE: August 6, 2022

SUBJECT: Strategic Plan Priorities & Work

I will update the Board on work that is fulfilling our strategic objectives and hope to discuss the priorities and direction for OBD Staff over the next few months on our strategic plan initiatives. At this board meeting you will be taking positive and meaningful steps toward Strategic Priorities A, C, D & E.

- STRATEGIC PRIORITY A Licensure Evolution
- STRATEGIC PRIORITY C Community Interaction and Equity
- STRATEGIC PRIORITY D Workplace Environment
- STRATEGIC PRIORITY E Technology & Processes

OBD 2022-2025 Strategic Plan Attached

Oregon Board of Dentistry

Strategic Plan 2022-2025

Adopted February 25, 2022

Table of Contents

Oregon Board of Dentistry

2022-2025 Strategic Plan

Board members and staff of the Oregon Board of Dentistry who participated in the development of this strategic plan at the October 22-23, 2021 Planning Session:

Alicia Riedman, RDH - President
Jose Javier, DDS - Vice President
Amy B. Fine, DMD
Gary Underhill, DMD
Reza J. Sharifi, DMD
Charles "Chip" Dunn
Yadira Martinez, RDH
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Stephen Prisby - Executive Director
Haley Robinson - Office Manager
Winthrop "Bernie" Carter, DDS - Dental Director/Chief Investigator
Angela M. Smorra, DMD - Dental Investigator
Ingrid Nye - Investigator
Lori Lindley - Sr. Assistant Attorney General

Facilitators:
Jennifer Coyne - CEO, The PEAK Fleet
Theresa Trelstad - Contractor Consultant, The PEAK Fleet

Oregon Board of Dentistry
Strategic Plan Overview

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 to 680.205 (Dental Hygienists), Oregon Administrative Rules Chapter 818. In addition, direction for Dental Therapists is guided by HB 2528 (2021) and the addition of Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists. These new statutes task the OBD with regulation and oversight of the practice of dentistry and dental hygiene by enforcing standards of practice established in the Oregon Legislature statutes and rule.

At the end of the previous 2017-2020 planning cycle and after hardships of the COVID 19 pandemic (which has persisted from 2020 into 2022), OBD had established transformative ways of addressing critical issues. Strong relationships with the Governor's office, Oregon Legislature, Oregon Health Authority, peer professional organizations, and national associations gave context and direction, and kept a finger on the pulse of rapid changes in the dental profession, business practices, and operating models.

In mid-2021 the Board and staff of OBD agreed to secure professional, external strategy and facilitation services in the creation of their next multi-year strategic plan, building upon the efforts of the 2017-2020 Plan.

During the planning process, the OBD Board and Staff agreed to update the mission statement to reflect a focus on access to care as well as on integrity. The OBD will implement the strategic plan, adaptively to rapidly changing circumstances, in support of its Mission: *to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.*

Through external market research, initial discussions with the Board and Staff, and tabulation of the licensee surveys, a set of priorities emerged. Through the facilitated process between August and October 2021, five key strategic priorities were defined and goals established. Actions needed to meet the strategic goals were drafted and prioritized.

Covered in more detail in the subsequent pages, focus for the next 3-5 years will be on Licensure Evolution (including Dental Therapy legislation implementation),

Dental Practice Accountability, Workplace Environment, Technology & Processes, and Community Interaction & Equity.

This multi-year strategic plan outlines OBD's path and efforts to engage constituents on many levels to upscale practices and processes reflecting the changing environment and statutory responsibilities.

The new strategic plan is built upon a foundation of strength in Staff and Board expertise and experience, as well as positive Licensee sentiment, expressed as 78% positive, following a very tough year with the pandemic and other social impacts (especially on the healthcare industry). In addition, the Board and Staff defined and approved organizational core values of ***integrity***, ***fairness***, ***responsibility***, and ***community.*** Combined with a focus on mission, the newly defined core values are a visible lens through which to make decisions and set direction.

Oregon Board of Dentistry
Mission Statement & Core Values

Mission of the Oregon Board of Dentistry:

To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Oregon Board of Dentistry Core Values:

- Integrity
- Fairness
- Responsibility
- Community

Oregon Board of Dentistry

Organizational & External Influences Analysis

This organizational and external analysis covers the internal factors that will influence the ability to respond to operational needs as well as the external factors that may drive change. The Oregon Board of Dentistry analyzed the social, technological, economic, legal/regulatory, and environmental factors that might affect the practice of dentistry and the OBD's oversight. In addition, the current organizational status was analyzed primarily through staff interviews.

The most significant Strengths, Weaknesses, Opportunities, and Threats that affect the OBD are:

STRENGTHS	WEAKNESSES
• Foundation of known, common values: Integrity, Fairness, Responsibility, Community and commitment to the mission • Skilled, experienced, and dedicated staff • Successful migration and knowledge transfer as new Board and Staff onboarded during previous strategic period • Foresight and proactive succession and onboarding planning • Board composition provides a breadth of perspectives • Member survey shows support in OBD remains high at 78% after problematic pandemic year	• Lack of clear understanding for OBD scope and jurisdiction by public, patients and Licensees • Limited control over budget/funding impact ability to adjust staffing plans to meet overall strategic plan needs • Legislature changes can create significant increases in staff work that are not in alignment with staffing capacity • Low levels of Licensee participation in inputs/surveys. 2020 strategic priorities member survey had 265 responses • Board member turnover creates loss of continuity and historical knowledge
OPPORTUNITIES	**THREATS**
• Ability to implement Dental Therapy licensure process • Migration of technology to improve licensee experience, overall processes & efficiency, and provide workplace flexibility • Collaboration with Oregon Health Authority (OHA) to manage public engagement and expectations for language, cultural diversity, equity, and inclusion across OHA partners. (With guidance from the State Racial Justice Council.)	• Continued lagging technology infrastructure • Shifts in business operations and managed care pose challenges to dentistry practices and regulation • Insurance maximums dating to the 1960's influence patient care recommendations

In addition to the SWOT items called out above it is important to note that ability to address Opportunities, Threats, and Weaknesses will come from the areas of Strength. For instance, the Engaged Board and Staff expertise coupled with the learnings from the migration and knowledge transfer of the previous period is the key to implementing needed technology infrastructure which in turn drives the hybrid work environment. In a similar fashion, collaboration with OHA and the State Racial Justice Council recommendations will set standards for community engagement, helping clarify OBD scope and public expectations for interaction with the OBD.

STRATEGIC PRIORITY A

Licensure Evolution

In support of providing quality oral care equitably to all, the dental profession must address the issue of communities having access to dental care services. This access may be limited by lack of dental care professionals in certain community areas such as rural areas, lower socio-economic areas, or tribal communities. Solving this problem requires creativity and the evolution of types of licenses granted. As new legislation is created, the OBD must implement rules and standards to govern dental professionals in Oregon.

Goals

⇒ Develop and implement rules based on legislation changes

⇒ Successfully implement Dental Therapy license

Action Items

- Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license
- Develop and implement communication strategies with communities most impacted by Dental Therapy license implementation
- Engage interested parties to learn more and gather feedback about implementing Dental Therapy practice in Oregon

STRATEGIC PRIORITY B

Dental Practice Accountability

The landscape of dental practices continues to evolve further toward group dentistry practice including ownership by national corporate entities. This in turn, creates challenges and complexity in ensuring the public safety and high standards of practice are upheld. In addition, when complaints are made, establishing appropriate accountability and encouraging improvements to happen is more challenging than in the past.

Goals

⇒ Ensure Licensees dictate clinical care provided to patients (in contrast to corporate non-Licensees driving care decisions)

⇒ Increase OBD visibility into practice ownership models

⇒ OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model

⇒ Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice

Action Items

- Implement changes to Licensee Renewal form to capture multiple office/group affiliation
- Gather dental practice ownership and training information
- Analyze complaints by ownership types
- Receive OHSU updated curriculum and include in Board Book
- Evaluate options for strengthening statute related to accountability, ownership, and standards of care

STRATEGIC PRIORITY C

Community Interaction and Equity

The Oregon Board of Dentistry recognizes that systemic inequities exist in our society which have resulted in practices that have not always provided equitable access to dental care across our community.

Protecting the Community has always been at the center of the Oregon Board of Dentistry Mission. Fairness and equity are imbedded in the OBD Values. The OBD believes it can do more to address the systemic inequities that have existed and ensure more fully that our mission and values apply to everyone.

Goals

⇒ Communicate and market to reach the diverse communities within Oregon

⇒ Increase ease of access to OBD services

⇒ Ensure equity exists in Investigation outcomes

⇒ Increase OBD Licensee, patient, and community understanding of OBD roles, responsibilities, and services

Action Items

- Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council
- Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations
- Enable OBD to take complaints in complainant's first language
- Create analysis of prior investigations, findings, and actions across Licensee demographics to frame equity-related data

STRATEGIC PRIORITY D

Workplace Environment

The COVID-19 pandemic, technology advances, talent supply/demand issues as well as numerous factors affecting employee expectations of the work environment are driving the need for changes to work environments worldwide. OBD has previously been limited in ability to offer more flexible work location options due to technological limitations. Those limitations are easing, allowing for secure and effective ways to access needed information while employees work from home or other remote locations. Offering this flexibility will likely increase employee satisfaction while at the same time enabling increased efficiency.

In addition to flexible work arrangements, employees also desire clear expectations and recognition for their work as well as fair and equitable processes for advancing their careers. OBD investments in these areas should result in increased employee retention.

Board succession planning is also critical. Several Board members have terms ending in this next plan horizon. The strategic resource plans extend to the Board as well as employees.

Goals

⟹ Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition

⟹ Increase workplace flexibility through a hybrid workplace guideline

⟹ Increase workplace satisfaction and career development conversations

Action Items

- Define and implement hybrid workplace guidelines
- Evaluate overall workload and staff workload balance, consider adjustments for upcoming fiscal cycles
- Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement

STRATEGIC PRIORITY E

Technology & Processes

All organizations are affected by technology developments, and Oregon Board of Dentistry and the dental profession is no exception. The OBD has the strategic opportunity to implement processes and tools that will improve efficiency, employee and Board member experience as well as improve the effectiveness of processes for dental professional engaged with OBD. In addition, growing advances in data collection and analysis will enable the ability to continue to ensure fair and equitable outcomes for applicants and Licensees.

Goals

⇒ Improve efficiency and resource utilization through online record keeping

⇒ Increase ability to complete analytics related to licensees and investigations

⇒ Improve investigation case management with archived files

Action Items

- Complete digitization and modernization process for Board Books
- Complete implementation of InLumon system
- Build working digital database of Licensee records
- Create digital archive of investigation files
- Pilot data analysis capabilities

Oregon Board of Dentistry Strategic Plan 2022-2025

Mission: *To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.*

MISSION-CRITICAL PRIORITIES				
A. Licensure Evolution	B. Dental Practice Accountability	C. Community Interaction & Equity	D. Workplace Environment	E. Technology and Processes
GOALS				
• Develop and implement rules based on legislation changes	• Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions)	• Communicate and market to reach the all communities within Oregon	• Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition	• Improve efficiency and resource utilization through on-line records keeping
• Successfully implement Dental Therapy license	• Increase OBD visibility into practice ownership models	• Increase ease of access to OBD services	• Increase workplace flexibility through a hybrid workplace guideline	• Increase ability to complete analytics related to licensees and investigations
	• OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model	• Ensure equity exists in investigation outcomes	• Increase workplace satisfaction and career development conversations	• Improve investigation case management with archived files
	• Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice	• Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services		
ACTION ITEMS				
• Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license	• Implement changes to Licensee Renewal form to capture multiple office/group affiliation	• Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council	• Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement	• Complete digitization and modernization process for Board Books
• Develop and implement communication strategies with communities impacted by Dental Therapy license implementation	• Gather dental practice ownership and training information	• Enable OBD to take complaints in complaintant's first language	• Define and implement hybrid workplace guidelines	• Complete implementation of InLumon system
• Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon	• Receive OHSU updated curriculum and include in Board Book	• Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations	• Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles	• Build working digital database of Licensee records
	• Analyze complaints by ownership types	• Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data		• Pilot data analysis capabilities
	• Evaluate options for strengthening statute related to accountability, ownership, and standards of care	• Additional prioritized actions taken from recomendations and resources proivided by State Racial Justice Council		• Create digital archive of investigation files
	• Potential for proposed legislative changes			

Oregon Board of Dentistry 2022-2025 Strategic Plan

Roadmap and Goals

Strategic Priorities	2022-2023	2023 - 2024	2024-2025	Goals
Licensure Evolution	• Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license	• Engage interested parties to learn more and gather feedback about implementing Dental Therapy Practice in Oregon		• Develop and implement rules based on legislation changes
	• Develop and implement communication strategies with communities impacted by Dental Therapy license implementation			• Successfully implement Dental Therapy license
Dental Practice Accountability	• Implement changes to Licensee Renewal form to capture multiple office/group affiliation • Gather dental practice ownership and training information • Receive OHSU updated curriculum and include in Board Book	• Analyze complaints by ownership types • Evaluate options for strengthening statute related to accountability, ownership, and standards of care	• Potential for proposed legislative changes	• Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions) • Increase OBD visibility into practice ownership models • OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model • Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice
Community Interaction and Equity	• Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council	• Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations	• Additional prioritized actions taken from recomendations and resources proivided by State Racial Justice Council	• Communicate and market to reach the all communities within Oregon
	• Enable OBD to take complaints in complaintant's first language	• Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data		• Increase ease of access to OBD services
				• Ensure equity exists in investigation outcomes
				• Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services
Workplace Environment	• Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement • Develop and implement hybrid workplace guidelines	• Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles		• Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition • Increase workplace flexibility through a hybrid workplace guideline • Increase workplace satisfaction and career development conversations
Technology and Processes	• Complete digitization and modernization process for Board Books	• Build working digital database of Licensee records	• Create digital archive of investigation files	• Improve efficiency and resource utilization through on-line records keeping
	• Complete implementation of InLumon system	• Pilot data analysis capabilities		• Increase ability to complete analytics related to licensees and investigations
				• Improve investigation case management with archived files

Juliet Valdez Bio

Juliet Valdez is the Affirmative Action Manager with the Office of Cultural Change after her role as Senior Talent Acquisition Partner at Oregon Lottery. She is a first generation Filipino American. Prior to state government, she spent over a decade in higher education as a recruitment professional for universities, including Willamette University, University of California Irvine and San Diego. Throughout her robust career, her mission remains: “Our job has a direct connection to our livelihood. It allows us to live the life we want to live. As a recruiter my job was to create pathways for job-seekers to careers, no matter where they were in life." She currently serves as governing board member at the Pentacle Theatre and Willamette University where she advocates for historically marginalized communities to be given better access to the arts and education. Juliet earned a BA in Public Relations from California State University Fullerton and an MBA from Willamette University. She enjoys singing, playing her ukulele and hiking with her dog Stevie.

State of Oregon

Diversity, Equity, and Inclusion Action Plan

A Roadmap to Racial Equity and Belonging







LAND RECOGNITION

We would like to acknowledge the many tribes and bands who call Oregon their ancestral territory, including: Burns Paiute, Confederated Tribes of Coos, Lower Umpqua and Siuslaw, Confederated Tribes of Cow Creek Lower Band of Umpqua, Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians, Confederated Tribes of Warm Springs, Confederated Tribes of Umatilla Indian Reservation, Coquille Tribe, and Klamath Tribes; and honor the ongoing relationship between the land, plants, animals, and people indigenous to this place we now call Oregon. We recognize the continued sovereignty of the nine federally recognized tribes who have ties to this place and thank them for continuing to teach us how we might all be here together.

Reflect on the intention and purpose of the use of land recognition or acknowledgements within your agency.

Legislative Commission on Indian Services, Oregon Department of Transportation, and partners are working to provide further guidance on land acknowledgement. For additional information, visit OSU Land Acknowledgement *and* OSU DEI Land Acknowledgement.

A Message From Governor Kate Brown

To all state employees,

Thank you for your tireless commitment and dedicated service. I am proud of how we are responding to these challenging times when Oregonians are relying on us.

Every state employee has a higher calling to public service, and now is the exact time to reevaluate and reexamine how to serve everyone in the state to the very best of our abilities.

Over the past year, our most vital needs – health, safety, education, housing, and economic security – have been challenged to the core. Because of systemic racism, racial disparities impact every part of our culture and economy, and the effects of our current struggles are more severe for communities of color and Tribal communities. As Oregon continues to recover from the historic year of a global pandemic, worst-in-a-century wildfires, unprecedented ice storms, and racial reckoning across our nation, we must put racial equity at the forefront of all of our recovery efforts and strategies. Racism is insidious, and racist policies and practices have undergirded the nature of our economy. Getting at these deep roots requires specific attention to ensure we are being proactive to embed anti-racism in all that we do and to minimize the negative, disproportionate outcomes experienced by communities of color.

There is a wide spectrum of understanding about what anti-racism really is. We, as state employees, must do the work of unlearning our internal bias and actively changing the way institutions work. That means acknowledging the history, the root cause, learning, growing, and making a concerted effort to upset and uproot racism wherever it exists.

As state employees, counteracting racial injustice is our job. The fight for racial justice is a collective effort that will take more work than what we say or put on display. So, let's continue to focus on concrete actions.

Oregon is evolving, out of necessity and out of hope. Our policies and practices are changing as we do more listening and decision-making with communities who have been most harmed.

There is much more that has happened, and much more coming up. We will continue to take meaningful steps to incorporate anti-racism into state government structures, policies, budget processes, and workforce recruitment and development.

You are a critical part of how anti-racism work will come to life in state government. Your skills and expertise are needed in the conversation in order to effectively change the status quo. This is your invitation to consider new approaches to the decisions and tasks for which you are responsible. This plan seeks to provide you with the racial equity roadmap and diversity, equity, and inclusion strategies to incorporate across all aspects of state government. Take a breath and reflect on what actions you can take to advance equity and racial justice to benefit the whole state. You are not alone in this effort — we are doing this together.

I value your perspectives very much and I know we can all do more to create the circumstances for racial justice as part of a safer, stronger, and more equitable Oregon.

Sincerely,

Governor Kate Brown

ACKNOWLEDGEMENTS

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And a special thank you to many state agency partners and community leaders who have made this action plan possible to advance diversity, equity and inclusion in Oregon.

Contents

Introduction

Changing Demographics in Oregon

Over the past decade, Oregon has become increasingly diverse. In fact, one in three children under the age of 18 is a person of color.[1] The 2019 Census estimates found that people of color make up just 10% of Oregonians 65 or older. But they are 37% of those under the age of 15. Oregon's largest population of color is the 13.3% of people who describe themselves as Latino/a/x or Hispanic. When compared to the state's total population, Oregon's Native American population is ranked as 10th in the U.S. and tops the national average.[2] Oregon's Asian and Pacific Islander population is the fastest growing population and has grown significantly from 2.4% in 1990 to 7% in the 2019 Census estimates. The Black population rose from 1.6% in 1990 to 3% in the 2019 Census estimates. Oregon is also diverse in terms of gender, sexual orientation, and disability status.[3]

Population Growth by race and ethnicty, Oregon

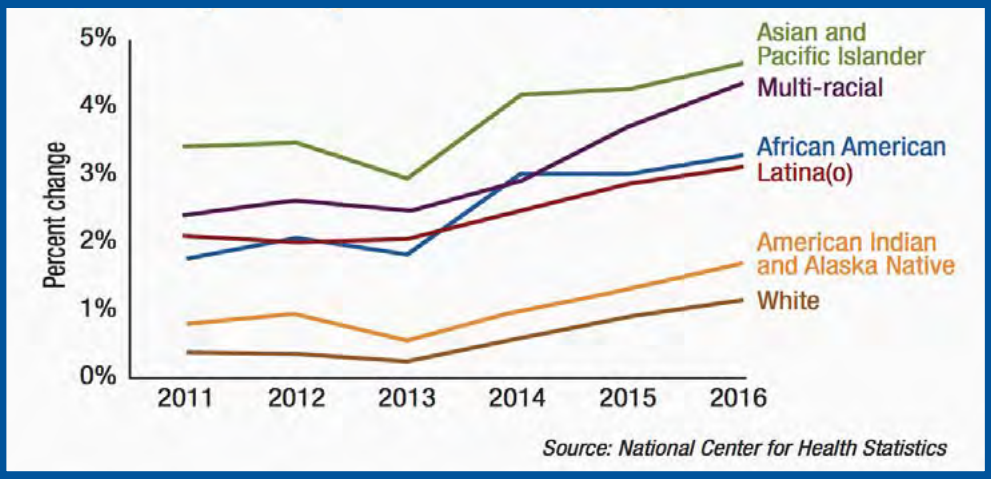


Figure 1: Oregon's State Health Assessment | Oregon's Population, OHA, 2020

1 https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-oregons-population.pdf
2 https://worldpopulationreview.com/states/oregon-population
3 https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-oregons-population.pdf

Population Percentages by Race/Ethnicity 2000-2019

HISPANIC OR LATINO AND RACE[4]	2000 Census	2010 Census	2019 ACS* Estimate
Hispanic or Latino (of any race)	8.0%	11.7%	13.4%
Not Hispanic or Latino	92.0%	88.3%	86.6%
White alone	83.5%	78.5%	74.9%
Black or African American alone	1.6%	1.7%	1.8%
American Indian and Alaska Native alone	1.2%	1.1%	1.0%
Asian alone	2.9%	3.6%	4.5%
Native Hawaiian and Other Pacific Islander alone	0.2%	0.3%	0.3%
Some other race alone	0.1%	0.1%	0.1%
Two or more races	2.4%	2.9%	3.9%

*American Community Survey[5]

4 The Governor's Office acknowledges that the lack of identification for Arab/Middle Eastern/North African people in the Census requires conversation.

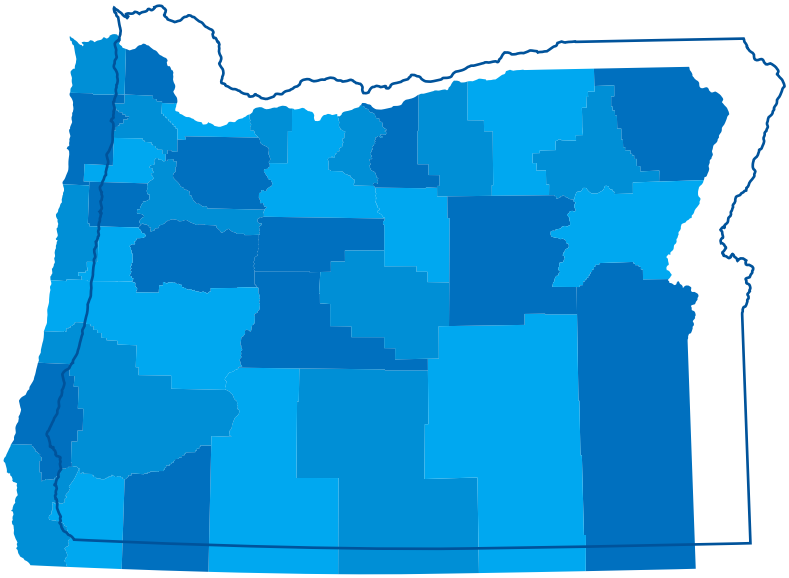
5 Data Analysis by Portland State University Population Research Center. Source: *U.S. Census Bureau, 2000 and 2010 Censuses, 2019 American Community Survey one-year estimates, Table DP05.*

For far too long, the longstanding systemic barriers built into government systems have left communities of color behind in accessing the programs and services that would offset the effects of history. Disparities in health, economics, education, and the criminal justice system are stark amongst communities of color compared to their white counterparts. Racial inequities exist across all community indicators of success. These inequities have been generated by bias and discrimination embedded in policies and practices, which have, and continue to unfairly criminalize people of color and block them from accessing opportunities.

Across the U.S., there is an uneven focus between rural communities versus more urban areas. Narratives vary and the reality is of course more complex than any single narrative. Some believe that major city centers drain resources from other parts of the state, or that rural parts of the country represent the "real" or "true" identity of the U.S. Some say that urban areas are thriving and rural areas are not, and that people in each place have completely opposing views of the world. Each of these narratives not only furthers a rural-urban divide, but also has real and immediate consequences by obscuring possibilities that exist in policy and solutions that we can address in state government.[6]

Crucially, there is a racial subtext to these narratives, one that perpetuates stereotypes and misunderstandings about race, class, education, culture, and more. For example, as part of this narrative, there is a notion that rural only means white, when in fact, there are rural counties with highly diverse populations such as Malheur, Morrow, Umatilla, and others. While there are very real differences when it comes to demographics, economics, access to services, and other parts of life throughout Oregon, we are one state. Our shared prosperity is determined by how well every community and every resident does. Dividing our state in a stark binary of rural versus urban precludes us from recognizing policy solutions that could benefit all of us, including rural Oregonians of color. It leaves affected people out of the conversation and lessens the depths of their experiences being acknowledged or accounted for. This can further racial tensions by perpetuating myths and stereotypes.

As Oregon's demographics shift over time, governmental policies and practices have both a historic and current role in alleviating racial and other inequities. Examples of racist policies can be obvious (explicit) or less obvious (implicit) yet just as intentional and harmful, and we need to be aware and vigilant in order to adjust for both:



6 https://www.brookings.edu/blog/the-avenue/2020/12/08/the-rural-urban-divide-furthers-myths-about-race-and-poverty-concealing-effective-policy-solutions/

Explicit Example: Internment of Japanese Americans during World War II

The U.S. government issued executive order 9066 which established Japanese internment camps and incarcerated people of Japanese descent in isolated camps from 1942 to 1945. The policy came about as a reaction to the bombing of Pearl Harbor and continued during World War II. Japanese Americans from Oregon were forced to give up everything and relocate to three internment camps in bordering states including Minidoka Camp in Idaho, Tule Lake Relocation Center in California, and Heart Mountain Facility in Wyoming.[7] Since then, the Japanese internment camps have been recognized as a morally reprehensible and violent abuse of American civil rights. During this period, Oregon played an active role in rounding up Japanese descendants, forcibly relocating them to detention camps, and creating a curfew law imposed on Japanese Americans. The law was found to be unconstitutional under Minori Yasui VS. United States 320 U.S. 115 (1943.)

Implicit Example: Measure 11 Mandatory Sentencing

Here in Oregon, voters passed Measure 11 in 1994 and reaffirmed it in 2000. Measure 11 is a suite of voter-approved mandatory-minimum sentences for crimes like robbery, rape, murder, and assault without possibilities of reduction for good behavior. It is responsible for more than half of the people who are in prison in Oregon. According to a 2011 report by the Campaign for Youth Justice (CFYJ), "Measure 11 has had significant costs for all Oregonians, but it has different impacts on communities of color."[8] For example, Black youth are three times as likely as white youth to face a Measure 11 indictment, with Latino and Native American youth also disproportionately affected. More broadly, disproportionate policing of communities of color causes disproportionate rates of people of color to be convicted under Measure 11.

Sometimes well-intended policies, when put into practice, result in severe impacts against people who are thought of as different because of their race, sex, gender identity, nationality, disability, or other parts of their identity. It is well known that in our schools, youth of color are disciplined more often and with more extreme "zero tolerance" consequences than white students. However, disability is also a major factor in discipline rates. While suspension and expulsion rates for students with disabilities have dropped over the years, students with disabilities are still two times more likely to be suspended or expelled than their classmates.[9]

Government and policymakers have played a key role in perpetuating racial disparities, and so government and policy must be part of the solution — immediately. Advancing racial equity is a high priority that needs to be fully embedded into Oregon's very governing structures so that the institutions cannot operate without it. It is the responsibility of the whole state government to examine innovative measures to create a more equitable Oregon for all.

7 https://sos.oregon.gov/archives/exhibits/ww2/Pages/threats-paradise.aspx
8 https://www.njjn.org/uploads/digital-library/Misguided_Measures_July_2011.pdf
9 https://www.disabilityscoop.com/2018/02/28/report-disciplined-twice/24783

Racial Equity at the Forefront

The United States has a long legacy of racial prejudice and animus; Oregon shares that reality. Oregon was granted statehood, making it the nation's 33rd state, on February 14, 1859. And while an opposition to slavery was written in our state's constitution, it was also written that:

> *"No free negro or mulatto, not residing in this State at the time of the adoption of this constitution, shall ever come, reside, or be within this State, or hold any real estate, or make any contract, or maintain any suit therein; and the Legislative Assembly shall provide by penal laws for the removal by public officers of all such free negroes and mulattoes, and for their effectual exclusion from the State, and for the punishment of persons who shall bring them into the State, or employ or harbor them therein."*

Oregon Constitution Section 35 of Article I, 1857

Oregon was the only "free" state admitted to the Union with a Black exclusion law within its constitution. That means Oregon was never a "free state" based on a rejection of slavery. Oregon was a "free state" that wanted to prevent Black people from living in the state at all. There's a big difference. While the clause was repealed in 1926, it set the tone for how non-white Oregonians were and are treated, under the law, in policy making, and within social constraints. This is what systemic racism looks like. The past cannot be rewritten, but we can and must do the work to create systemic changes for the future.

In addition to race, other areas of identity-based inequities, such as class and gender, are inextricably linked. While intrinsically interrelated, both research and lived experiences show that racial inequity persists beyond socio-economic factors.[10] This plan focuses on race, not to deemphasize these connections, but as a starting point that needs urgent care and attention. Silence and inaction create the circumstances for bigotry and hatred to gain ground. Our state cannot thrive without addressing past harm and this pressing issue.

As Oregon changes demographically, state agencies must formulate new approaches to ensure all residents can live and thrive in our state, across their identities. We intentionally place racial equity at the forefront in this plan to counterbalance racist policies and practices that should be dismantled. That's why this plan:

- Urgently addresses the most persistent disparities while shifting to a more permanent framework to benefit all Oregonians.
- Recognizes that there are other types of marginalization by gender, sexuality, age, disability status, immigration status, among other identities.
- Emphasizes that targeted strategies are necessary to eliminate racial disparities and other identity-based disparities.
- Centers racial equity that distinguishes between individual, interpersonal, institutional, and structural racism.
- Focuses on the institutional level where racism occurs. It is critical to address all areas of marginalization, while creating an institutional approach across the board.
- Acknowledges the history and current realities of inequities and how a DEI action plan can be applied to address other types of disparities that exist.

10 https://www.opportunityagenda.org/explore/resources-publications/lessons-talking-about-race-racism-and-racial-justice

This DEI Action Plan defines our historically and currently underserved and under-resourced communities, including Oregonians who identify as:

- Native American, members of Oregon's nine federally recognized tribes, American Indian, Alaska Natives
- Black, African, African American
- Latina, Latino, Latinx, Hispanic
- Asian
- Pacific Islander (including Compact of Free Association Citizens)
- Immigrants, Refugees, Asylum-Seekers, Deferred Status Holders, Temporary Protected Status
- Undocumented, Deferred Action for Childhood Arrivals (DACA), "Dreamers," Non-Immigrant Visa Holders
- Linguistically diverse, English language learners (ELL)
- Economically Disadvantaged
- People with disabilities
- LGBTQIA2S+
- Farmworkers, Migrant Seasonal Workers

We recognize that individuals often identify with multiple communities and are impacted by compounding systems of oppression, also known as intersectionality.[11] Identity and experience impacts racial, health, and economic equity and should be considered in applying Oregon's DEI Action Plan to help us center racial equity.

Targeted Universalism

Scholars and practitioners have been employing the phrase, "targeted universalism," to successfully break through the binary of universal responses versus targeted solutions in these attempts to remedy the effects of inequity. Universal responses and statements are a way of signaling the desire for a diverse and equitable society, but can strike people, especially people who have been oppressed for generations, as being too grand and ambitious without any direct way of helping those who are still being harmed. Targeted policies are more direct and localized, but they often seek to meet the needs of a particular group, so can be viewed from a zero-sum perspective, causing hostility and resentment. This plan, however, recommends applying the concept of "targeted universalism," by "setting *universal goals* pursued by *targeted processes* to achieve those goals." Specific solutions of all scales are built into a goal-oriented framework to equitably benefit all groups concerned.[12]

11 Crenshaw, K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, University of Chicago Legal Forum, Volume 1989, Issue I.

12 https://belonging.berkeley.edu/targeteduniversalism

Four Levels of Racism

To understand and operationalize the DEI Action Plan in state government, it is critical to develop a shared understanding and language of the different levels of racism rooted in our society. Many of us have been socialized to believe that we should not talk about race or acknowledge it, favoring a "color-blind" society instead. However, that is not the reality we live in and ignoring race and its effects inherently erases or invisibilizes people's experiences and identities. As noted throughout this plan, our society is unfortunately structured by race. Our path towards healing and reconciliation requires that we talk about it. The added discomfort and anxiety individuals experience around discussing issues of race lies in the assumption that we are referring to individual or interpersonal racism, which can make people feel like they are being personally blamed. That is not the intention of this work. This is a systems-level issue which requires systems-level redress, and we all have a role in advancing this work.

To usher in change, we must acknowledge the deeper levels of institutional and structural racism that exist within the government system and move beyond the distress and anxiety of talking about race and progress toward productive discourse which will lead us to a racially just and equitable Oregon.

As public servants of Oregon state government, we have the moral obligation to dismantle institutional and structural racism. Though incredibly important to each of us and to the society we live in, the individual and interpersonal components of racism are not the focus of this plan. Instead, this plan focuses on institutional and structural racism that we can work on together.

What these terms mean:[13]

Individual Racism: This type of racism, often unknowingly, rests within individuals and comprises our private beliefs and biases about race and racism. Such ideas are influenced and shaped by the larger culture that surrounds us all and can take many different forms including: prejudice towards others of a different race; internalized racism — the negative beliefs about oneself by people of color; or internalized privilege — beliefs about superiority or entitlement, often by white people, but can occur in any community.

Interpersonal Racism: This is the form of racism that people most often think of – a set of intentionally harmful, extremist actions, and behaviors executed by specific persons against other individual people. This is the bias that occurs when individuals interact with others and their personal racial beliefs, myths, stereotypes, and assumptions affect their public interactions.

Institutional Racism: As the name suggests, this form of racism occurs within institutions and reinforces systems of power. It is often more difficult to name or witness because it is more deeply embedded in practices and policies, often presenting as a norm. Institutional racism refers to the discriminatory policies and practices of particular institutions (government, schools, workplaces, etc.) that routinely cause racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities. Further, institutional racism causes severe racial trauma with mental and emotional impacts that often escape those who are not experiencing this trauma.

Structural Racism: Distinct but related to institutional racism, structural racism refers to how racial biases among institutions work together — intentionally or not — to disenfranchise people of color and create unequal outcomes. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology, and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. The effects of structural racism are hard to pinpoint because they are cumulative, subtle, and pervasive.

13 Adopted from Race Forward Model: https://www.raceforward.org/sites/default/files/Race%20Reporting%20Guide%20by%20Race%20Forward_V1.1.pdf

State of Oregon's Definitions for Racial Equity, Diversity, Equity, and Inclusion

Racial Equity means closing the gaps so that race can no longer predict any person's success, which simultaneously improves outcomes for all. To achieve racial equity, we must transform our institutions and structures to create systems that provide the infrastructure for communities to thrive equally. This commitment requires a paradigm shift on our path to recovery through the intentional integration of racial equity in every decision.[14]

Diversity means honoring and including people of different backgrounds, identities, and experiences collectively and as individuals. It emphasizes the need for sharing power and increasing representation of communities that are systemically underrepresented and under-resourced. These differences are strengths that maximize the state's competitive advantage through innovation, effectiveness, and adaptability.

Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities.

Inclusion is a state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision-makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive.

14 https://www.raceforward.org/about/what-is-racial-equity

Racial Equity Vision

Within this context of historical harms, changing demographics, intersectional identities, and more; our vision for the next five years and beyond is to:

- **Dismantle** institutional and structural racism in Oregon state government, and by doing so, have resounding impacts on the communities of our great state.
- **Build** a more equitable Oregon where everyone has the opportunity to thrive and everyone's voice is heard.
- **Ensure** an inclusive and welcoming Oregon for all by celebrating our collective diversity of race, ethnicity, culture, color, disability, gender, gender identity, marital status, national origin, age, religion, sex, sexual orientation, socio-economic status, veteran status, and immigration status.

Racial Equity Values

- **Putting racial equity at the forefront while understanding intersectionality.** We must be bold and put racial equity at the forefront as a primary and pervasive location of oppression that connects with and worsens other identity-based inequities.
- **Prioritize equity, anti-racism, and racial justice actions.** Commitment to prioritizing equity and eliminating racial disparities involves taking action in our policies, budgets, decision-making, and daily work.
- **Foster internal and external partnerships.** Across the state enterprise and other institutions, community-based organizations are crucial to achieving racial equity. True partnership means shared power, listening, resolving tensions by creating solutions together, and scaling up what already works well.
- **Ensure collective responsibility and accountability.** As public servants, we have a collective responsibility at every level of government to proactively reduce racial disparities and barriers. We must establish measurements of success so that we can ensure improvements are real and ongoing.

Racial Equity Goals

1. **Establish** strong leadership to eradicate racial and other forms of disparities in all aspects of state government.
2. **Center** equity in budgeting, planning, procurement, and policymaking.
3. **Strengthen** public involvement through transformational community engagement, access to information, and decision-making opportunities.
4. **Improve** equitable access to services, programs, and resources including education, health, housing, human services, environmental justice, criminal justice, and economic opportunities.
5. **Foster** an inclusive workplace culture and promote equitable hiring, retention, and promotion practices.

DEI Action Plan Objectives

Oregon is one of the first states in the United States to create a statewide DEI Action Plan to explicitly work on dismantling institutional and structural racism in state government.

The Governor and agency leadership across state government have pledged their commitment to prioritize equity in their work. In 2020, the Governor's Office of Diversity, Equity, and Inclusion (DEI) along with the Office of Cultural Change were charged to build a bold but executable DEI Action Plan with state agency partners. The plan is designed to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding.

The objectives of the DEI Action Plan are as follows:[15]

- **Normalize** the concepts of racial justice in the state government enterprise – acknowledge history, prioritize and make urgent efforts to put racial equity at the forefront.
- **Organize** efforts and build organizational capacity across departments for connected, cohesive, and amplified impacts. Foster both internal and external partnerships.
- **Operationalize** and embed racial equity into every part of state government putting DEI strategies into practice.
- **Guide** and direct enterprise-level operationalizing of racial equity and DEI work.
- **Inspire** expansion of equity by sharing and collaborating to build on what is already happening.

Agency leaders across the state are already advancing diversity, equity, and inclusion initiatives. However, currently there is no cohesive strategy to bring together the fragmented efforts across state government. The DEI Action plan does not prescribe racial equity outcomes of each agency as it will vary between programs, services, infrastructure, planning. Rather, the DEI Action Plan is intended to complement agencies' existing equity initiatives and provide guidance to agencies just embarking on the journey, threading the collective equity initiatives across the state.

15 Modified from Government Alliance on Race & Equity (GARE) Theory of Change for the Jurisdiction: https://www.racialequityalliance.org/wp-content/uploads/2016/11/GARE-Racial-Equity-Action-Plans.pdf

Roadmap: The Path to Implementing the Diversity, Equity, and Inclusion Action Plan

Racial Equity Goals

Establish
Establish strong leadership to eradicate racial and other forms of disparities in all aspects of state government.

Center
Center equity in budgeting, planning, procurement, and policymaking.

Strengthen
Strengthen public involvement through transformational community engagement, access to information, and decision-making opportunities.

Improve
Improve equitable access to services, programs, and resources including education, health, housing, human services, environmental justice, criminal justice, and economic opportunities.

Foster
Foster an inclusive workplace culture and promote equitable hiring, retention, and promotion practices.

DEI Action Plan Objectives

Normalize
Normalize the concepts of racial justice in the state government enterprise – acknowledge history, utilize a racial equity roadmap, familiarize by using concepts and tools that will support efforts to put racial equity at the forefront.

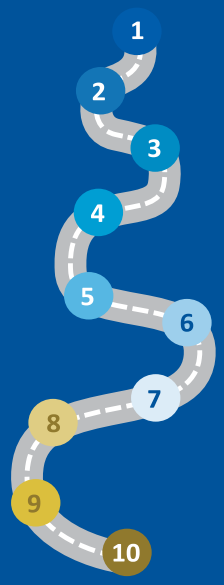
Organize
Organize efforts and build organizational capacity across departments for connected, cohesive, and amplified impacts. Foster both internal and external partnerships.

Operationalize
Operationalize and embed racial equity into every part of state government.

Guide
Guide and direct enterprise-level operationalizing of racial equity and DEI work.

Inspire
Inspire expansion of equity by sharing and collaborating to build on what is already happening.

Ten Strategies



1. Develop Agency-specific Racial Equity Plans
2. Build State Diversity, Equity, and Inclusion Infrastructure
3. Foster Inclusive Communications
4. Strengthen Community Engagement
5. Utilize Disaggregated Data as a Lever for Change
6. Create Equitable Budget & Inclusive Budget Process; Invest in Target Communities
7. Advance Contract Equity and Improve State Procurement Processes
8. Build a More Diverse Workforce and Create an Inclusive Workplace
9. No Tolerance for Racism, Hate, and Discrimination
10. Operate with Urgency, Transparency, and Accountability

Process and Approach:

State agencies will work collectively in ways that regularly include these process steps:[16]

1. **Know:** Identify systemic and institutional barriers that hinder progress toward a more diverse and inclusive workforce.
2. **Engage:** Work within the agency, across the enterprise when applicable, and with communities to create meaningful, intentional, and inclusive processes for change to result.
3. **Act:** Develop and implement solutions to address barriers to improve policy, performance, and service delivery to all Oregonians.
4. **Reflect:** Share, connect, and collaborate to expand and scale up efforts.

Putting equity values into practice requires changing the way state government operates. In 2020, Governor Brown established the Office of Cultural Change within the Department of Administrative Services to guide state agencies and lead enterprise-wide efforts to achieve racial equity and put the DEI Action Plan into practice. The Office of Cultural Change is designed to centralize and standardize equity practices enterprise-wide. This will help break down barriers to understanding each other's work and create an inclusive working environment so all state employees can thrive and feel they truly belong.

Also in 2020, Governor Brown established the Racial Justice Council, with a charge to change how we as state government listen to, engage with, respond to, and support Black, Indigenous, Asian, Pacific Islander, Latino/a/x, Native American, and Tribal members in Oregon. The Racial Justice Council aims to use policy and budget to dismantle the structures of racism that have created grave disparities in virtually all of our social systems and structures, including: criminal justice, police accountability, housing and homelessness, human services, economic opportunity, health equity, environmental equity and education recovery.

With a commitment to racial justice, Governor Brown in early 2021 renamed the Office of Diversity, Equity, and Inclusion to the Office of Equity and Racial Justice.

16 Modified from: https://www.nationalequityproject.org/framework/leading-for-equity-framework

Diversity, Equity, and Inclusion Action Plan

There is no one-size fits all approach across our state agencies, nor can we anticipate a linear process. The 10 strategy DEI Action Plan is provided to guide agencies through a journey for operationalizing their DEI initiatives. Some agencies have already implemented new strategies that are showing positive results, while others are just beginning to consider how they might initiate diversity, equity, and inclusion in their work. It makes sense that given different resources, histories, and compositions, each agency will be in a different phase. We will learn from those who have already explored initiatives, so inspiration and examples are offered later in this document. Keep in mind, some agencies may make hires before a plan is developed, and others may take on strategies concurrently. No matter where an agency is on the path, the goals below are designed to ground, jumpstart, and connect our work collectively.

Operationalizing the DEI Action Plan is a collaborative effort. Champions exist at both the enterprise and agency level and are required to work collectively toward advancing the strategies outlined below.

- **Enterprise Champions** - Provide the framework, context, and environment, and help to centralize the collective effort while holding agencies and agency champions accountable.
- **Agency Champions** - Agency directors and their executive leadership teams move agency racial equity plans, set goals and timelines, appoint necessary staff (given the reality that different agencies have different levels of resourcing to do this work), and are accountable to the enterprise level.

Strategy 1 – Agency-Specific Racial Equity Plans

Each agency is responsible for developing an agency-specific racial equity plan incorporating all the strategies of the DEI Action Plan in order to set goals and initial timelines. The process used to develop the plan often informs how successful its implementation will be, based on staff and community input and buy-in.

Actions:

- Affirm organizational commitment to racial equity, diversity, equity, and inclusion.
- Identify champions and early advocates within the agency who can help lead the planning.
- Assemble a team to lead the process, write, and distill, while we plan to engage with staff and communities served (also refer to Strategy 4, Community Engagement).
- Set a realistic timeline for completing the plan, creating milestones for meeting set outcome goals.
- Examine and apply the State of Oregon DEI Action Plan 10 strategies to the planning process.
- Create organizational-wide and data-informed 3- to 5-year racial equity plans and share with the Office of Cultural Change.

Strategy 2 – State Diversity, Equity, and Inclusion Infrastructure

State diversity, equity, and inclusion infrastructure is critical to the success of the implementation of DEI initiatives within the agency. The actions below can happen before, during, or after creating the racial equity plans in Strategy 1 depending on the agency's needs.

Actions:

- Dedicate staff capacity and resources to operationalize DEI initiatives to support the agency and manage these necessary tasks including but not limited to:
  - ☐ Create agency-wide racial equity plans.
  - ☐ Conduct baseline data analysis on existing data and agency assessment.
  - ☐ Create equity outcomes and goals.
  - ☐ Innovate service and program delivery to reduce disparities.
  - ☐ Evaluate and measure success.
  - ☐ Provide internal support, technical assistance, and training.
  - ☐ Provide strategic advice.
- Include and empower racial equity and DEI staff as part of the agency executive/ leadership team to advise and influence budget, policies, and decisions.
- Build DEI organizational capacity (e.g. data, community engagement staff, agency DEI committees, affinity groups, employee resource groups).

Strategy 3 – Inclusive Communications

For maximum transparency and accountability, communicating our work needs to happen during major shifts and occurrences, and on a day-to-day basis. As we work towards equity, we will need to share the progress of our work in compelling, clear, accessible, and transparent ways.

Collaborative and coordinated messaging efforts are needed to create public narrative shifts around race, diversity, and equity. To bring people into the bigger vision, it can be helpful to paint a picture of the future that people can perceive themselves in. It is also worth thinking about how to diverge from what has been the dominant narrative, and how communications can reach people who have not been provided information sufficiently in the past.

Actions:

- Language access and literacy: Ensure multilingual Oregonians with limited English proficiency (LEP) and English language learners have access to translated material in appropriate languages. Translate important information and guidance in a timely way. Information should be communicated clearly, in ways that are culturally and linguistically responsive to the intended community.
- Shift focus from written to spoken word and other ways of sharing information: Language access also means not always relying on the written word to convey meaning, so consider video and audio recordings for communities who cannot read or write.
- Accessibility: Ensure people with disabilities have access to information in appropriate formats (e.g. closed captioning, sign language interpretation, and/or other accommodations) that at a minimum comply with the Americans with Disabilities Act (ADA).
- Message in appropriate medium: Deliver information via culturally specific media outlets and culturally and linguistically responsive formats to reach all communities, including social media, video, and radio.
- Trusted messengers: Communicate with communities through trusted local stakeholders, community-based organizations, and leaders.
- Trauma-informed communications: Recognize traumas people experience due to marginalization, inequity, violence, PTSD, and other structural factors. Avoid language and messages that exacerbate these inequities.
- Involve communities in the development of communications: Collaborate with community members to develop messages and communications products that resonate with and are accessible to intended communities.
- Align messaging with other agencies for mutually reinforcing vision and language about successes to set up the kind of repetition that is needed for people to feel the change happening and spread the word.
- Connect the dots: Most people think of racism as interpersonal rather than structural or institutional; we need to proactively illustrate how structural inequities, including structural racism, create inequitable contexts and outcomes.
- Language matters: We must be intentional in the words we use to identify, assist, and move the work.

Strategy 4 – Community Engagement

Oregonians are engaged when they are meaningfully included in discussions, decision-making, and implementation of the parts of government that affect their lives. In essence, community engagement means sharing power by proactively working with community stakeholders and building meaningful partnerships to inform decision-making. To some, community engagement feels like too slow of a process to be able to meet expectations in agency-level work. However, with this plan agency directors can set their own timeline to ensure that community engagement is a high priority. Community engagement ensures that their plans are relevant, needed, and build on existing solutions, ideas, and strengths that Oregon's diverse communities have to offer. Time and again, government agencies have learned that no plans or strategies can fully succeed without engaging impacted communities. There are many resources available on this topic, and here is just one comprehensive guide to which agencies can refer.

Actions:

- Strengthen proactive community engagement efforts and initiatives to foster trust and partnerships.
- Engage and center diverse community stakeholders and local leaders across the state to be an essential part of the data-informed decision-making process.
- Build on and collaborate with the trusted network of community-based organizational partners to lead in policymaking and ensure that we proactively address policy gaps.
- Ensure policymaking bodies such as boards and commissions represent the voices of communities of color, Tribal communities, and communities representing people with disabilities.
- Engage and empower community partners and communities of color to inform policy, resource allocation and budget decisions.
- Take down procurement and contracting barriers that prevent community-based organizations from collaborating with the state.
- Participate in enterprise-wide efforts to build infrastructure for statewide community engagement work.
- Collaborate across agencies internally and/or with other agencies to make state government community engagement processes more efficient and less of a burden on underserved communities.

Strategy 5 – Disaggregated Data as a Lever for Change

As we leverage qualitative and quantitative data, both drive questions and strengthen our efforts to take action. The role of data is to help identify needs and optimal conditions for access to services and opportunities for improvement.

Data is an entry point into a larger picture and set of actions. Trust building often must precede our efforts to collect, communicate, and use data. That's why it is so important to be in conversation with communities to interpret data, and not use data to interpret and define *people*, because data tells us about the systems we are working with. The system is the lever for change to create better opportunities by getting to the right interventions to create the optimal conditions for racial equity to occur.

The State of Oregon's Enterprise Information Services has created Oregon's Data Strategy, a comprehensive strategy establishing "a central vision to enable Oregon to better use, manage, and share its data to create information, knowledge, and insight."

For the actions below, we also recommend reviewing "How States Use Data to Inform Decisions."

Actions:

- Collect, analyze, and report granular data, with respect for the privacy and self-determination of Oregonians.
- Proactively engage community members in data collection and provide opportunities for feedback on new data initiatives.
- Recognize that administrative data are currently lacking in representation and visibility for all Oregonians and work to identify these limitations.
- Influence policy change to solve complex problems and improve service delivery.
- Apply policy to data use so that data collection and interpretation are done in trustworthy, effective, and inclusive ways.
- Use data to invite communities who may have different needs and priorities yet may be experiencing similar issues and/or strengths.
- Efficiently apply resources based on where data shows they are most needed and effective.
- Use administrative data to prepare annual reports to transparently show how funds are spent and their impact.[17]
- Use data to show compliance with performance measures set by the federal government, state Legislature, Governor, or an agency.[18]
- Use data for culturally and linguistically responsive communications, and to target resources for the most impacted communities across the state.
- Tap into different sources of data, including community narratives (meaning qualitative data), to provide context to quantitative data.

17 https://www.pewtrusts.org/en/research-and-analysis/reports/2018/02/how-states-use-data-to-inform-decisions

18 https://www.pewtrusts.org/en/research-and-analysis/reports/2018/02/how-states-use-data-to-inform-decisions

Strategy 6 – Equitable Budget, Inclusive Budget Process, and Investing in Target Communities

As a state government, we must change our budget process based on the racial impact of our services and investments. It is important to acknowledge and address the racial roots of inequity that currently exist whenever making revenue, procurement, and contract decisions. Racial equity in budgeting can also be highly cost-effective if done thoughtfully and with community input.

Actions:

- Target investments to historically and currently under-resourced populations and/or organizations deeply rooted and reflective of the communities they serve to improve economic welfare in under-resourced communities. Consider representation of organizations across the state.
- Avoid creating zero-sum competitions – for example, not only is it possible to support students who are excelling and students who are not, at the same time, it is an ethical imperative to do so.[19]
- Ensure data-informed decisions and resources are dedicated to mitigating the disproportionate impacts experienced in communities.
- Engage with communities to gain public agreement about values and community priorities, not specific budget allocations.
- Tie budget allocations to implementation of the agency's DEI Action Plan.
- If spending cuts are required, structure decisions around equity so as not to reduce quality and access of services for communities who need the service, using a harm reduction approach when needed.
- Conduct regular racial equity assessments of budget decisions.
- Create and incorporate racial impact statements for agency budget processes utilizing the Racial Equity Toolkit available in appendix I.

19 https://www.gfoa.org/materials/gfr-equity-in-budgeting-2-21

Strategy 7 – Contract Equity and Improving State Procurement Processes

Our work around equity must entail the provision of economic opportunities for all Oregon businesses. State government strategies can be leveraged to address structural barriers of small business development in both the utilization and availability firms[20]. Strategy 7 encourages agencies to apply equitable contracting and purchasing practices to promote recovery and community economic development for minority-owned, women-owned, service-disabled veteran-owned, and emerging small businesses.

Actions:

- Embed equity lens in the entirety of a project life cycle: from concept, planning, project development, procurement, administering, to closeout of the project.
- Increase proactive outreach to minority-owned, women-owned, service-disabled veteran-owned, and emerging small business to build better business relationships and engagement.
- Forecast and communicate upcoming contracting opportunities including expiring contracts which will be re-purchased to anticipated new projects.
- Provide easily accessible information to current and forecasted contract opportunities.
- Support MWESBs to become better equipped to contract and do business with the state through trainings and technical assistance.
- Host pre-bid events.
- Initiate mentor-protégé programs to support business owners and build capacity of sub-contractors and MWESBs.
- Implement prompt payment – including state to primes, primes to subcontracts, and primes to suppliers.
- Create contract compliance monitoring systems and accountability measures.
- Conduct regular disparity studies to understand utilization and availability of firms and to remedy any inequities.
- Advance contract equity through piloting other innovative and inclusive contract equity practices.

20 https://racialequityalliance.org/wp-content/uploads/2015/12/GARE-Contract_For_Equity.pdf

Strategy 8 – Diversifying the Workforce and Creating an Inclusive Workplace

People of color play a significant role in Oregon's history and culture. Unfortunately, people of color in our state's workforce face higher unemployment rates and lower wages than non-Hispanic white workers.[21] Overall, people of color have had higher unemployment rates than white workers, with Native Americans experiencing the highest unemployment rates.[22] Because these inequities in pay and employment have been so consistent over decades, it is time to do things differently. Together, we can promote public service through intentional and purposeful recruitment, hiring, and retention of culturally and ethnically diverse staff. We must create leadership pipeline opportunities and ensure every level of the state government workforce reflects the changing population of Oregon. Simultaneously, it is critical that we ensure a safe, inclusive, accessible, and belonging working environment for all.

Actions:

- Use disaggregated data by race to track and monitor hiring processes, including recruitment, interview procedures, and hiring outcomes.
- Review and update position descriptions to include state equity vision, values, and goals and utilize gender neutral language.
- Review and update recruitment, hiring, retention, and succession planning processes and policies.
- Create an inclusive and belonging workplace culture and environment.
- Provide trainings and professional development opportunities to diversify leadership pipeline and for agency succession planning.
- Provide opportunities for mentorship and coaching.
- Develop and provide DEI trainings to align agencies to standardized and inclusive processes.
- Establish accountability measures and benchmarks.
- Promote equal employment opportunities and pay equity in the workplace.

21 https://www.qualityinfo.org/-/race-and-ethnic-diversity-in-oregon-s-workforce

22 https://www.qualityinfo.org/-/race-and-ethnic-diversity-in-oregon-s-workforce

Strategy 9 – No Tolerance for Racism, Hate, and Discrimination

In a healthy and safe society, all people and their diverse backgrounds are celebrated. Our state agencies can ensure the safety of all Oregonians by protecting civil rights and taking active measures against harassment, discrimination, racism, xenophobia, stigmatization, violence, and hate crimes. More than tolerance, we need to move in the direction of honoring, celebrating, and learning. Until that is the norm, the role of state agencies must be to set up an institutional power to protect, care for, and serve those who have been subjected to intolerance and harmed by discrimination, racism, and hatred. This means identifying and talking about discrimination when it happens — smoothing things over or ignoring incidents when they occur will only cause more harm.

Actions:

- Establish clear, restorative, and remedial policies and practices to respond to incidents involving racism, hate, and discrimination.
- Ensure that all employees feel safe in their work environment by being accountable and addressing racism, hate, harassment, bias, and discrimination complaints.
- Create open door policies for people to feel safe to share their racism, hate, harassment, and discrimination complaints.
- Establish clear processes for sharing and reporting discrimination complaints both as an employer and a service provider, using a trauma-centered lens.
- Establish restorative approaches that build understanding and tolerance rather than setting up further division, while still prioritizing the impact on people who are being harassed and/or harmed. A restorative approach allows for:[23]
    - Inclusion of all parties
    - Encountering the other side
    - Making amends for the harm
    - Reintegration of the parties into their communities
    - Celebration of our differences

23 http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/#sthash.srZPQNYl.dpbs

Strategy 10 – Urgency, Transparency, and Accountability in All Operations

For state employees, there is urgency around hiring practices, budgetary processes, contracting, and procurement, just as there is an urgency in making sure employees feel safe at work. There is an urgency to center Black, Indigenous, Asian, Pacific Islander, Arab/Middle Eastern/North African, Latino/a/x, Native American, and Tribal communities at the forefront. We must approach these issues with compassion and as one state to begin lessening divides.

Simultaneously, we must put in place real accountability and transparency in our equity-driven work. Without these two things, it is all too possible to deprioritize the urgent needs based on budget cycles and limited resources. Conditions will never be perfect. And while conditions may improve in the budget and through enterprise-level efforts, we must act on what we can do right now to reduce harm and help the people we serve. Oregonians cannot wait any longer, so it is time to make hard decisions with urgency, and operate with a sense of responsibility, intentionality, and accountability to Oregonians who are experiencing inequity. Strategy 10 means raising the bar for equity to exist as real action.

Actions:

- Address immediate needs and operationalize the strategies provided in the DEI Action Plan with urgency and compassion.
- Develop, track, measure, and analyze performance and progress towards equity goals.
- Establish agency equity outcomes.
- Report to the Governor and the Office of Cultural Change.

Four Examples of Current Work Happening in Oregon State Agencies

These examples are not a comprehensive list, and the Governor's Office invites agencies to communicate their work and accomplishments to be highlighted now and in the future.

1 Oregon Department of Education's Every Student Belongs Policy and Senate Bill 13 (2017): Shared History/Tribal History

At the instruction of Governor Brown, the Oregon Board of Education has enacted the Every Student Belongs rule, which prohibits hate symbols, including three of the most recognizable symbols of hate — the noose, symbols of neo-Nazi ideology, and the battle flag of the Confederacy. The temporary OAR took effect on September 18, 2020, and was made permanent on February 18, 2021. It required districts by January 1, 2021, to adopt and implement policies and procedures that prohibit the use or display of these three types of hate symbols including the noose, swastika, or confederate flag in any program or school-sponsored activity except where used in teaching curriculum that is aligned with the Oregon State Standards. This applies to both in-person and distance learning environments.

Also of note, in 2017, the Oregon Legislature enacted Senate Bill (SB) 13, now known as Tribal History/Shared History. This law directs the Oregon Department of Education (ODE) to create K-12 Native American curriculum for inclusion in all Oregon public schools and provide professional development to educators. The law also directs ODE to provide resources to each of the nine federally recognized tribes in Oregon to create individual place-based curriculum. New professional development resources have also been developed and released. This work provides a critical opportunity to fully leverage the strengths, assets, and contributions our Native American students bring to their communities. Accurate and complete curricula can now contribute to closing the persistent achievement and opportunity gaps between Native American and other students.

ODE recently completed a distributed Equity Plan that will guide internal systems change efforts in the coming months and years.

> *"Schools are places of discovery and development where young people can have positive experiences to take them into adulthood. That shouldn't be compromised or diminished out of experiencing hatred or fear for their personal safety that can rob them of their access to education. At ODE, we trust students to lead the way into an anti-racist future for us all. We are charged by our students to start the real work of repairing the damage of racial injustice, brutality, and hatred — in part, this means removing hate symbols from our schools. That means getting to the underlying roots that drive students to use hate speech and symbols. Statewide restrictions on use of hate symbols in schools are a necessary first step, but we also need positive, educational, and restorative measures to increase understanding, create spaces for dialogue, and promote intercultural and racial understanding. This is not easy or short-term work, and we look forward to providing guidance, updates, and opportunities for collaboration along the way."*
>
> Colt Gill, ODE Director

2 Oregon Public Utility Commission Advances 'Impacted Communities Work Plan'

Over the last several months the Oregon Public Utility Commission (PUC) has taken on various activities outlined in the Impacted Communities Work Plan to engage, protect, and advance benefits to vulnerable communities. These activities have focused on advancing broader societal interests in climate change mitigation, social equity, and inclusion of underrepresented communities. Key items that have been undertaken include, but are not limited to:

- Recruitment and hiring of a new position to serve as the Diversity, Equity, and Inclusion Program Director to lead collaborative efforts with both the Environmental Justice Task Force and the Legislative Committee on Indian Services.
- Ongoing investigations and deliberative actions to assist Oregonians struggling with the economic impacts of the COVID-19 pandemic. The PUC and the Commission have worked with utilities (electric, gas, water, telecommunications) and stakeholders, particularly those representing vulnerable and unrepresented communities, to take actions needed to protect customers.
- Working with stakeholders on expanding the Low-Income Roundtable's authority to consider differential energy burden and other inequities of affordability in rates. A related bill, House Bill 2475 (2021) authorizes the PUC to consider differential energy burden and other inequities of affordability in rates.
- Engaging Oregon Housing and Community Services to initiate collaborative efforts to establish a plan for a public process to address and mitigate energy burdens and other inequities of affordability and environmental justice.

Ezell Watson III, Director of Diversity, Equity, and Inclusion, PUC

3 Oregon Youth Authority Takes a Systematic Approach to DEI

The Oregon Youth Authority (OYA) launched a DEI initiative to identify and eliminate racial and ethnic disparities in its system. To accomplish this, they have three high-level focus areas: (1) improving outcomes for marginalized youth, (2) diversifying the workforce, and (3) incorporating an equity lens into its infrastructure to eliminate inequities. They are addressing foundational questions like, "What in our infrastructure is creating systemic inequities?" and "What is the demographic diversity of staffing at our agency compared to the youth we serve?"

OYA is taking a systematic approach for their DEI change effort. They developed an organizational development process cycle that guides the phases of the initiative. They have done initial structural and cultural assessments, including staff and youth listening tours, which revealed both positive thoughts and experiences as well as disparities and agency culture improvement areas. As part of enhancing OYA's agency capacity they are committed to systemic change that is transformational and sustainable by developing an infrastructure that places equity at the forefront of decisions. More goals, approaches, and details are available on their website.

Dr. Andre Lockett, DEI Strategic Manager, OYA

4 Oregon Department of Transportation Builds Relationships through Engagement and Resources

The Oregon Department of Transportation (ODOT) is working to socialize equity and help people understand how racial equity is part of a larger system that includes everything from resource flows, policies, procedures, relationships, and other power dynamics. Last year, ODOT hired an Assistant Director for Social Equity and has since initiated a group of 53 social equity partners from different roles and parts of the state to talk together and receive information. They are building towards changing practices and procedures and building greater understanding of the problems to solve and how to fix them, as well as who has a say along the way.

Leadership level conversations are also happening once a month where administrators can share and ask for advice about how to keep moving. ODOT is also providing rollout tools and resources each month, as well as a social equity series in the form of an hour-long webinar about a range of topics. Topics have included guilt, shame, resilience, unconscious bias, micro-aggression, and the power of language.

> *"This work can be hard in state government because there are so many layers. It requires holding contradictions and being able to make large shifts and changes by being patient in places we might not have otherwise. It's important to recognize that it's possible to do things completely differently. We can flip the script wherever possible. Different people have different abilities to make different kinds of change happen, and all of those small changes are part of the larger picture."*

Nikotris Perkins, ODOT Assistant Director for Social Equity

Racial Equity Actions in 2020 - 2021

The following list includes examples of racial equity actions (though it is not all inclusive).

- Created the *State of Oregon Equity Framework for COVID-19 Response and Recovery* to ensure that Oregon's under-resourced communities and communities of color are at the forefront of our recovery plan.
- Established the Office of Cultural Change within the Department of Administrative Services to guide state agencies and lead the enterprise-level effort to address Oregon's structural and institutional racism.
- Passed legislation in 2021 to permanently recognize Juneteenth as an official Oregon holiday.
- Diversified and strengthened the Enterprise Leadership Team, an advisory board to the Governor and Chief Operating Officer, through development of enterprise strategies that encompass all diversity, equity, and inclusion efforts in state government.
- Built state government's enterprise equity infrastructure through creation of new equity-focused positions in state agencies and resources to support and operationalize equity work.
- Instituted a Racial Justice Council (RJC) which recommended over $280 million in investments to begin the process of recognizing and undoing systemic racism in Oregon.
- Created the first RJC-led, anti-racist legislative agenda including a legislative bill to permanently institutionalize the Racial Justice Council.
- Committed to support immigration legal services and ensure that every Oregonian has access to legal representation.
- Created a Public Safety Training and Standards Task Force to recommend improvements to the training and certification of Oregon law enforcement officers.
- Requested that the Oregon Department of Education create the Every Student Belongs policy prohibiting the display of hate symbols in schools.
- Invested more than $20 million to undo redlining to help provide a pathway to homeownership for communities of color, as well as adding co-op and land trust models.

Oregon's History

Just as agencies are expected to learn and know the harms and inequities in Oregon's policies and practice, this plan acknowledges and makes visible many historic instances of oppression and violence in our state, specifically based on race and ethnicity.

The below timeline of Oregon's history illustrates some, but not all, statewide and federal policies and actions perpetuating racial inequities.

Year	Policies and Actions Perpetuating Racial Inequities
1790	**Naturalization Act:** This act prohibited non-whites from accessing U.S. citizenship by limiting it to white immigrants (primarily from Western Europe) who had resided in the U.S. at least two years and with children under 21 years of age. The act also granted citizenship to children born to U.S. citizens while abroad.
1844	**Exclusion:** The first Black exclusion law in Oregon, adopted in 1844 by the Provisional Government, mandated that Blacks attempting to settle in Oregon would be publicly whipped — thirty-nine lashes, repeated every six months — until they departed.
1855	**Statehood:** After the gold strikes in southern Oregon, pro-slavery forces advocated forming a new state in southern Oregon and northern California. It failed when Californians rejected the idea of reducing the size of their state.
1856	Rogue River Indian Wars ended with the surviving Native Americans sent to two newly created reservations: the Siletz and the Grand Ronde.
1857	**State Constitution:** The Oregon constitution, adopted in 1857, banned slavery but also excluded Blacks from legal residence, owning property, making contracts, voting, or using the legal system.
1859	Like earlier exclusion laws, the constitutional slavery ban adopted in 1857 took effect when Oregon became a state in 1859. It was not retroactive, which meant that it did not apply to Black people who were legally in Oregon before the ban was adopted.

Year	Policies and Actions Perpetuating Racial Inequities
1862	**Color Tax:** Oregon adopted a law requiring all residents who were Black, Chinese, Hawaiian (Kanakas), and Mulatto (an archaic term referring to people of mixed ethnic heritage) to pay an annual tax of $5. If they could not pay this tax, the law empowered the state to press them into service maintaining state roads for 50 cents a day. Also, interracial marriages were banned in Oregon. It was against the law for whites to marry anyone who was one-fourth or more Black.
1866	**Miscegenation:** Oregon banned all interracial marriages, extending the 1862 law to prevent whites from marrying anyone who was one-fourth or more Chinese, or Hawaiian, and one-half or more Native American. It was previously illegal for white and Black people to marry.
1867	**School Segregation:** Even though the total Black population in Oregon in the 1860s numbered 128, Portland assigned Black and Mulatto children to a segregated school.
1868	**No Citizenship:** The Oregon Legislature rescinded the state's ratification of the Fourteenth Amendment, endowing African Americans with citizenship — this despite the fact that the amendment had just become federal law.
1875	**Page Act:** This law prohibited the importation of unfree laborers and women brought for "immoral purposes." It was enforced primarily against Chinese due to anti-Chinese xenophobia around the U.S. as an early effort to restrict Asian immigration via select categories of persons whose labor was perceived as immoral or coerced.
1877	**Military Action:** The Nez Perce Tribe clashed with the U.S. Army in their Wallowa homeland in northeast Oregon. Chief Joseph and his people refused to go to a reservation. Instead, Chief Joseph tried to lead 800 of his people to Canada and freedom.
1879	Chemawa Indian Boarding School opened in Salem, Oregon as the third such boarding school in the nation. These schools were designed to assimilate Indian children into white culture and teach them vocational skills. Students were prohibited from speaking their Tribal languages or practicing any of their traditional customs or culture.

Year	Policies and Actions Perpetuating Racial Inequities
1880	By this date, the U.S. government had forced most Indigenous and Native people of the Northwest onto reservations.
1882	**Chinese Exclusion Acts:** Due to anti-Chinese xenophobia and bigotry, the federal government passed a 10-year moratorium on Chinese labor immigration, which was renewed in 1892 for another 10 years as part of the Geary Act. Chinese Americans already in the country challenged the constitutionality of the discriminatory acts, but the federal government did not listen. The exclusion law was made permanent in 1902 with added restrictions requiring Chinese residents to register and obtain a certificate of residence, or else face deportation. In China, merchants organized an anti-American boycott in 1905, which the American government pressured the Chinese government to suppress. The Chinese Exclusion Acts were not repealed until 1943.
1887	**Violence and Intimidation:** Of the many acts of intimidation and violence committed against early Chinese immigrants in the American West, one of the most brutal occurred at Deep Creek on the Oregon side of the Snake River in Hells Canyon. In May 1887 as many as 34 Chinese gold miners were ambushed and murdered for their gold by a gang of horse thieves and schoolboys in Wallowa County. Of the six men indicted: Three men fled and were never caught, and three others were declared innocent by a jury on September 1, 1888. No one was found guilty of the crime.
1919	**Redlining:** Portland Board of Realty approved a “Code of Ethics” prohibiting realtors and bankers from selling property in white neighborhoods to people of color or providing mortgages for such purchases.
1923	**Alien Land Laws:** There was growing hostility towards Asian farmers, most notably Japanese farmers in the Hood River Valley. The Oregon Legislature, dominated by members of the Klan, passed a number of restrictive laws. The Alien Land Law prevented first generation Japanese Americans from owning or leasing land. The Oregon Business Restriction Law allowed cities to refuse business licenses to first generation Japanese Americans. Alien land laws grew in popularity in the West, even in states with very small, isolated Asian populations.

Year	Policies and Actions Perpetuating Racial Inequities
1934	**Non-unanimous Jury Verdicts:** Oregon voters amended their constitution to allow for non-unanimous jury verdicts in criminal cases. Its intent was to weaken the influence of non-white jurors.
1935	**Segregation:** Oregon law officially segregated Mexican students on the basis of being of "Indian" descent. It made clear to exempt "White Mexicans" those fair-skinned descendants of the Spaniards who do not have "Indian blood."
1937-1945	Oregon passed a number of laws restricting Indians, mostly concerning the possession of alcohol.
1942	**WWII:** Japanese Americans started to lose their homes, livelihoods and freedom, and were forced to report to a facility to be relocated to inland internment camps for the duration of WWII. **The Oregon Plan:** In May 1942, Malheur County became the site of the first seasonal farm labor camp where internees went on leave from internment camps to work in the sugar beet fields. Numerous Japanese Americans remained in Malheur County after an order excluding them from the West Coast was lifted in January 1945, and remained in Malheur to build a sizeable Japanese American community in Ontario and Nyssa to this day.
1945	The Oregon House of Representatives passed a Joint Memorial calling on President Roosevelt to prevent the return of Japanese Americans "for the duration of the present war with Japan."
1948	**Redlining:** Oregon realtors followed the "National Realtors Code" (based on an earlier state law) that proclaimed that a realtor shall never introduce into a neighborhood members of any race or nationality whose presence will be detrimental to property values." This practice continued until the 1960s, when the civil rights movement led to the Fair Housing Act and later, in 1977, to the Community Reinvestment Act, when the federal government began to address these racist wrongs. "But even then, communities of color – particularly African Americans – continued to be displaced as investments in urban renewal and community plans resulted in gentrification, which still occurs today."

Year	Policies and Actions Perpetuating Racial Inequities
1954	**Treaty Termination:** Congress terminated federal aid granted by treaties with 109 tribes, dissolving the Klamath, Grand Ronde, and Siletz reservations and sanctioning the selling of their Tribal lands. Tribes lost control of their land and water rights, oil, and other natural resources. The Secretary of the Interior was a former Oregon governor.
1981	Two police officers dumped dead opossums at an African American-owned restaurant in Portland. The incident evoked ugly KKK imagery and touched off one of the most contentious disputes between police, city government, and the public. As a result, a citizen's committee to review police actions in Portland was created.
1994	Measure 11 was passed by Oregon voters to establish mandatory minimum sentencing for several crimes; it was reaffirmed in 2000.
2008	**Oregon Driver's License Bill:** SB 1080 was passed requiring all applicants for Oregon driver licenses, instruction permits, or identification cards to provide acceptable proof of U.S. citizenship or lawful presence in the country. This bill created significant hurdles for Oregonians, including citizens, to obtain driver license or identification cards.
2014	**Measure 88 Defeated:** The Oregon Alternative Driver Licenses Referendum subjected Senate Bill 833 to a popular vote through Measure 88. If it had been upheld, SB 833/ M88 would have made 4-year driver licenses available to those who cannot prove legal presence in the United States. The campaign opposed to the referendum was managed by Oregonians for Immigration Reform, an anti-immigrants' group in the state, as well as Protect Oregon Driver Licenses.

See footnote for Oregon's History Timeline sources.[24]

24 Sources:
https://www.osba.org/~/media/Files/Event%20Materials/AC/2009/101_History%20 of%20Race%20in%20Oregon.pdf
https://www.oregonencyclopedia.org/media/ uploads/Oregon_History_101_Timeline_12-1-14.pdf
https://sos.oregon.gov/archives/exhibits/black-history/Pages/default.aspx
https://oregonencyclopedia.org/articles/blacks_in_oregon/
https://immigrationhistory.org/item/page-act/
https://history.state.gov/milestones/1866-1898/chinese-immigration
https://www.oregonlive.com/portland/2014/08/roots_of_gentrification_how_19.html

Appendix I: Racial Equity Toolkit

Section 1. Racial Equity Budget Impact Statement Worksheet

Advancing racial equity in Oregon will take foundational reform. Racial disparities persist across key indicators of success including health, education, housing, and economic opportunity amongst others. A budget is a moral document, a statement of our state's priorities and a critical opportunity to advance racial equity. The Racial Equity Assessment Worksheet serves as a tool to apply a racial equity lens to the budget development process and assess how programs benefit and/or burden Tribal/Native American, Black/African American, Latino/a/x, Asian, Pacific Islander, Arab/Middle Eastern/North African, Immigrant, and Refugee communities. The worksheet questions serve as a tool to deepen agencies' racial equity impact assessment for the programs (budgets) in consideration.

Step 1. Set Equity Outcomes and Define Impact

1. Does your agency have an Equity Strategic Plan? *(Please circle response)* Yes / No

   If so, what does your agency define as the most important equitable community outcomes related to the investment or program?

2. What is the program under consideration?

3. Which racial equity opportunity areas will the program primarily impact? *(Check all that apply)*

   - ☐ Criminal Justice Reform and Police Accountability
   - ☐ Economic Opportunity
   - ☐ Education
   - ☐ Environmental Justice/Natural Resources
     - ☐ Health Equity
     - ☐ Housing and Homelessness
     - ☐ Jobs/Employment
     - ☐ Other

   Are there impacts on:

   - ☐ Contract/Procurement Equity
   - ☐ Culturally Specific Programs and Services
   - ☐ Immigrant and Refugee Access to Services
   - ☐ Inclusive Communications and Outreach
   - ☐ Workforce Equity
     - ☐ Other:_____

   Please explain your selection:

4. What are the desired results and outcomes with this program?

Step 2. Analyze Data

5. Does the program have different impacts within different geographic areas?
   (Please circle response) Yes / No

6. What are the racial demographics of those living in the area or impacted by the program?

7. How are you collecting, reviewing, and analyzing demographic data to inform program decisions?

8. How are you notifying and educating constituents in the collection of this data and how it will be used?

9. How is demographic data being woven into program decision-making? Will this data, or a version of this data, be incorporated into the agency's open data efforts, so that constituents may view and understand this dataset?

Step 3. Determine Benefit and/or Burden

10. Who benefits from the program, both directly and indirectly?

11. Who will be burdened from the proposal?

12. How does the program increase or decrease racial equity? Does the program have potential unintended racial equity consequences? What benefits may result?

Section 2. Guiding Questions to Operationalize Racial Equity

Below are some guiding questions to apply the DEI Action Plan strategies in all development and implementation State of Oregon's policy, practice, budget, program and service decisions.

Inclusive Communications

1. How do we ensure our communications and messaging are getting to all Oregonians?

2. Who are the communities being left behind and how do we connect with those communities? What processes are in place for:
   - ☐ Translating and interpreting agency communications?
   - ☐ Ensuring that ADA requirements are met or exceeded?
   - ☐ Communicating with people who may be unable to read, lack access to the internet, and/or need information through alternate media?
   - ☐ Working with trusted messengers and local leaders to communicate with communities?
   - ☐ Seeking early input to inform the development of communications materials?

Data Collection and Data-informed Decision-Making

1. Are we collecting, reviewing, and analyzing demographic data to inform mitigation measures, communication strategies, and targeted investments?

2. How are these data being woven into decision making?

3. Who is interpreting the data?

4. Is the data being used to impact systems rather than define people?

5. Was there a community engagement or other outreach process in the creation of this data system, collection methodology, or standard?

6. Will this data be made publicly available as open data to support the state's vision for transparency?

Community-Informed Policy and Partnerships

1. How are we ensuring we have representation of voices across race, ethnicity, culture, color, Tribal membership, disability, gender, gender identity, marital status, national origin, age, religion, sexual orientation, socio-economic status, veteran status, and immigration status? And geographically?

2. What are the ways we engage agency equity leaders and communities in decision-making currently?

3. Whose voices and perspectives are not at the table? Why?

4. What can we do to ensure they are part of our decision-making process?

5. What are the barriers that keep communities from participating in decision-making?

6. How are we ensuring that we provide access to and address the needs of:
   - Language?
   - Technology?
   - Physical accessibility?
   - Adequate support and preparation?
   - Financial support?

Resource Allocation and Accessibility

1. How are we ensuring that forms of response/relief/benefit/resource/budget allocation are:
    - Going directly to the communities who need it?
    - Accessible regardless of disability or status?
    - Accessible regardless of language?
    - Compliant with the ADA requirements?
    - Accessible regardless of access to technology?
    - Supporting, consulting, and/or partnering with tribes?
    - Accessible regardless of geographic location including rural Oregonians?
    - Being prioritized for communities already living on the margins (e.g., older adults, gender, ethnic, and racial minorities, immigration status, socio-economic status)?

2. Are we using strategies that are culturally specific and responsive to address the distinct needs of Oregonians? If not, what resources or community partners can we consult with to develop culturally specific and responsive strategies?

3. Are our programs and services providing reasonable accommodations in compliance with the ADA to Oregonians? If not, what resources or partners can we consult with to develop strategies to better support people with disabilities?

Evaluation

1. What measurable outcomes are most important to our historically and currently underserved communities?

2. How will impacts be documented and evaluated?

3. How will our communities participate in the evaluation process?

4. Are we achieving the anticipated outcomes?

5. Are we having measurable impact in the communities?

6. How are we consistently communicating our efforts with our communities and demonstrating our results?

7. How do we collect and respond to feedback?

8. How do we use these results to continually reevaluate and improve our efforts?

9. How are we ensuring these partnerships do not exploit the communities we seek to engage?

10. How will we operationalize equity and create accountability systems?

11. How will we ensure adequate capacity to implement strategies as outlined?

Appendix II: Diversity, Equity, and Inclusion Glossary of Concepts

Accessibility: The extent to which a space is readily approachable and usable by people with disabilities. A space can be described as:

- Physical or literal space, such as a facility, website, conference room, office, or bathroom
- Figurative space, such as a conversation or activity
- Digital space, such as a website

Anti-Black Racism: Any attitude, behavior, practice, or policy that explicitly or implicitly reflects the belief that Black people are inferior to another racial group. Anti-Black racism is reflected in interpersonal, institutional, and structural levels of racism.

Anti-Racism: Active process of identifying and challenging racism, by changing systems, organizational structures, policies and practices, and attitudes, to redistribute power in an equitable manner.

Colonialism: Colonialism is a practice of subjugation and economic exploitation of one people over another, through political and economic control, often involving extraction of resources and/or removal of people from an existing place.[25]

Color-Blind Racial Ideology: The belief that people should be regarded and treated as equally as possible, without regard to race or ethnicity. While a color-blind racial ideology may seem to be a pathway to achieve equity, in reality it ignores the manifestations of racist and discriminatory laws and policies which preserve the ongoing processes that maintain racial and ethnic stratification in social institutions.

Cultural Humility: When one maintains an interpersonal stance that is open to individuals and communities of varying cultures, in relation to aspects of the cultural identity most important to the person. Cultural humility can include a life-long commitment to self-critique about differences in culture and a commitment to be aware of and actively mitigate power imbalances between cultures.

Discrimination: The unequal treatment of members of various groups based on race, ethnicity, gender, gender expression, socioeconomic class, sexual orientation, physical or mental ability, religion, citizenship status, a combination of those identified, and/or other categories. *Also refer to Racism.*

Diversity: Honoring and including people of different backgrounds, identities, and experiences collectively and as individuals. It emphasizes the need for sharing power and increasing representation of communities that are systemically underrepresented and under-resourced. These differences are strengths that maximize the state's competitive advantage through innovation, effectiveness, and adaptability.

Equality: The effort to treat everyone the same or to ensure that everyone has access to the same opportunities. However, only working to achieve equality ignores historical and structural factors that benefit some social groups and disadvantages other social groups in ways that create differential starting points. *Also refer to Racial Equity; Justice.*

25 https://plato.stanford.edu/entries/colonialism/

Equity: Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity is the effort to provide different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Equity actionably empowers communities most impacted by systemic oppression and requires the redistribution of resources, power, and opportunity to those communities.

Gender Pronoun: The term one uses to identify themselves in place of their name (i.e. ze/hir/hirs, ey/em/eirs, they/them/theirs, she/her/hers, he/him/his, etc.).The use of the specific gender pronoun identified by each individual should be respected and should not be regarded as optional.

Implicit Bias: A belief or attitude that affects our understanding, decision, and actions, and that exists without our conscious awareness.

Inclusion: A state of belonging when persons of different backgrounds, experiences, and identities are valued, integrated, and welcomed equitably as decision-makers, collaborators, and colleagues. Ultimately, inclusion is the environment that organizations create to allow these differences to thrive.

Individual Racism: This type of racism, often unknowingly, rests within individuals and comprises our private beliefs and biases about race and racism. Such ideas are influenced and shaped by the larger culture that surrounds us and can take many different forms including: prejudice towards others of a different race; internalized oppression — the negative beliefs about oneself by people of color; or internalized privilege —beliefs about superiority or entitlement by white people.

Interpersonal Racism: This is the form of racism that people most often think of – a set of intentionally harmful, extremist actions and behaviors executed by specific persons against other individual people. This is the bias that occurs when individuals interact with others and their personal racial beliefs affect their public interactions.

Institutional Racism: As the name suggests, this form of racism occurs within institutions and reinforces systems of power. It is often more difficult to name or witness because it is more deeply embedded in practices and policies, often presenting as a norm. Institutional racism refers to the discriminatory policies and practices of particular institutions (schools, workplaces, etc.) that routinely cause racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities.

Intersectionality: Coined by Professor Kimberlé Crenshaw in 1989, this term describes the ways in which race, class, gender, and other aspects of our identity, "intersect" with one of another, overlap, intersect, and interact, informing the way in which individuals simultaneously experience oppression and privilege in their daily lives interpersonally and systemically. Intersectionality promotes the idea that aspects of our identity do not work in a silo. Intersectionality, then, provides a basis for understanding how these individual identity markers work with one another.

Justice: The process required to move us from an unfair, unequal, or inequitable state to one which is fair, equal, or equitable, depending on the specific content. Justice is a transformative practice that relies on the entire community to respond to past and current harm when it occurs in society. Through justice, we seek a proactive enforcement of policies, practices, and attitudes that produce equitable access, opportunities, treatment, and outcomes for all regardless of the various identities that one holds.

Oppression: A system of supremacy and discrimination for the benefit of a limited dominant class that perpetuates itself through differential treatment, ideological domination, and institutional control. Oppression reflects the inequitable distribution of current and historical structural and institutional power, where a socially constructed binary of a "dominant group" horde power, wealth, and resources at the detriment of the many. This creates a lack of access, opportunity, safety, security, and resources for non-dominant populations.

Prejudice: A preconceived opinion or assumption about something or someone rooted in stereotypes, rather than reason or fact, leading to unfavorable bias or hostility toward another person or group of people. Literally a "pre-judgment."

Racial Disparity: An unequal outcome one racial group experiences as compared to the outcome for another racial group.

Racial Disproportionality: The underrepresentation or overrepresentation of a racial or ethnic group at a particular decision point, event, or circumstance, in comparison to the group's percentage in the total population.

Racial Equity: Closing the gaps so that race can no longer predict any person's success, which simultaneously improves outcomes for all. To achieve racial equity, we must transform our institutions and structures to create systems that provide the infrastructure for communities to thrive. This commitment requires a paradigm shift on our path to recovery through the intentional integration of racial equity in every decision.

Racial Justice: The proactive process of reinforcing and establishing cement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment, impacts, and outcomes for all individuals and groups impacted by racism. The goal, however, is not only the eradication of racism, but also the presence of deliberate social systems and structures that sustain racial equity through proactive and preventative measures. *Also refer to Social Justice; Anti-Racism.*

Racial Microaggression: Commonplace verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate or imply hostile or derogatory racial slights and insults toward people of color (e.g. asking a person of color "How did you get your job?" to imply they are not qualified).

Racism: The systematic subjugation of members of targeted racial groups, who hold less socio-political power and/or are racialized as non-white, as means to uphold white supremacy. Racism differs from prejudice, hatred, or discrimination because it requires one racial group to have systematic power and superiority over other groups in society. Often, racism is supported and maintained, both implicitly and explicitly, by institutional structures and policies, cultural norms and values, and individual behaviors.

Restorative Justice: A theory of justice that emphasizes repairing harm by having the parties decide together in order to cause fundamental changes in people, relationships, and communities.[26]

Social Justice: A process, not an outcome, which (1) seeks fair (re)distribution of resources, opportunities, and responsibilities; (2) challenges the roots of oppression and injustice; (3) empowers all people to exercise self-determination and realize their full potential; (4) and builds social solidarity and community capacity for collaborative action.

Structural Racism: Distinct but related to institutional racism, structural racism refers to how racial bias among institutions work together — intentionally or not — to disenfranchise people of color and create disparate outcomes. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology, and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. The effects of structural racism are hard to pinpoint because they are cumulative and pervasive.

Systems of Oppression: The ways in which history, culture, ideology, public policies, institutional practices, and personal behaviors and beliefs interact to maintain a hierarchy — based on race, class, gender, sexuality, and/or other group identities — that allows the privileges associated with the dominant group and the disadvantages associated with the targeted group to endure and adapt over time.

26 http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/lesson-1-what-is-restorative-justice/#sthash.srZPQNYI.dpbs

Systems Reform or Systems Change: A process designed to address the root causes of social problems and fundamentally alter the components and structures that perpetuate them in public systems (i.e. education system, child welfare system, etc.).

Targeted Universalism: Setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. Targeted universalism is goal oriented, and the processes are directed in service of the explicit, universal goal.

White Privilege: The unearned power and advantages that benefit people just by virtue of being white or being perceived as white.

Xenophobia: Any attitude, behavior, practice, or policy that explicitly or implicitly reflects the belief that immigrants are inferior to the dominant group of people. Xenophobia is reflected in interpersonal, institutional, and systemic levels of oppression and is a function of white supremacy.

Note: The foundation of this glossary is from the Center for the Study of Social Policy (CSSP) with some relevant additions. This glossary may be adapted over time to create shared language for concepts related to diversity, equity, inclusion and racial equity. View the CSSP glossary here: https://cssp.org/wp-content/uploads/2019/09/Key-Equity-Terms-and-Concepts-vol1.pdf

Appendix III: Inclusive Language for Oregon's Diverse Communities

Specific and careful use of language respects and honors our diverse communities in Oregon. The following are examples of supportive and affirming language in reference to diverse communities in Oregon. When possible try to name the specific community you are addressing.

A recent definition of Oregon's historically and currently underserved communities include Oregonians who are:

Native Americans, members of Oregon's nine federally recognized tribes, American Indians, Alaska Natives; Black, Africans, African Americans; Latino/a/x, Hispanic; Asian, Pacific Islanders; Arab/Middle Eastern/North Africans; immigrants, refugees, asylum seekers; undocumented persons, DACA, "Dreamers"; linguistically diverse; people with disabilities; LGBTQ+; aging/older adults; economically disadvantaged; farmworkers, migrant workers.

Recommended language:

- Native American, American Indian, Tribal member, Black, African American, Latino/a/x, Asian, Arab/Middle Eastern/North African, Pacific Islander
- Linguistically diverse populations, English Language Learner (ELL), people with limited English proficiency (LEP)
- People/individuals with disabilities
- Historically and currently underserved and under-resourced populations
- Diverse community stakeholders; communities of color
- Taking active measures against discrimination, racism, xenophobia, stigmatization, violence, and hate crimes and protecting civil rights for all Oregonians

Avoid using:

Note that policies, statistical data, and categories may still use these words, which may require that state agencies often have to use them. However, when the opportunity presents itself, especially in writing that offers flexibility, please update applicable documents. More guidance is available from the Opportunity Agenda on these and other current recommendations: https://www.opportunityagenda.org/explore/resources-publications/social-justice-phrase-guide.

- "Minority" - The term "minority" is not accurate when describing non-white communities. Accurate phrases depend on the context or the group. Appropriate terminology could include: communities of color, underserved communities, under-resourced, oppressed, underprivileged, or even emerging majority when referencing statistics and data. https://nahj.org/2020/08/04/nahj-asks-newsrooms-to-drop-the-use-of-minority/
- "Illegal" - Using "illegal" to describe a person is offensive and inaccurate. According to Race Forward, "the terms 'illegal immigrant' and 'illegal alien' are inaccurate by legal and journalistic standards." Instead, utilize the term undocumented person or immigrant. https://www.raceforward.org/sites/default/files/DTIW_Stylebook.pdf
- "Turn a deaf ear," "turning a blind eye," or "the blind leading the blind." Avoid idioms that cast a negative connotation on people's physical abilities. Instead, use terms that go straight to your point, like "ignoring," "insensitive," "misguided."[27]
- "Pow-wow." A pow-wow is an inter-Tribal social gathering with ceremonial elements. Many tribes and Native organizations hold them on a regular basis. It is not appropriate to use this term out of context to refer to a meeting or a quick chat or conversation because it trivializes the significance of these gatherings. Instead, try "chat," "brief conversation," "quick talk."[28]

27 https://www.opportunityagenda.org/explore/resources-publications/social-justice-phrase-guide

28 https://www.opportunityagenda.org/explore/resources-publications/social-justice-phrase-guide

Appendix IV: Resources

Additional resources compiled by the Governor's Office of Diversity, Equity, and Inclusion and the DAS Office of Cultural Change.

Racial Justice

https://www.oregon.gov/gov/policy/Documents/racial-justice-resources.pdf

Equity toolkits

Racial Equity Toolkit: An Opportunity to Operationalize Equity, Government Alliance on Race and Equity (GARE): https://www.racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

Racial Equity Impact Assessment Toolkit, Race Forward: https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf

Results-Based Accountability Implementation Guide: http://raguide.org/

Putting Equity at the Forefront: State of Oregon Agency Strategic Plan

Oregon Housing and Community Services Statewide Housing Plan 2019-2021: https://www.oregon.gov/ohcs/Documents/swhp/swhp-executive-Summary.pdf

National and local organizations:

Haywood Burns Institute: https://burnsinstitute.org/

Migration Policy Institute: https://www.migrationpolicy.org/

National Equity Atlas: https://nationalequityatlas.org/

Oregon ADA toolkit: https://www.oregon.gov/das/HR/Pages/ADA.aspx

Oregon State University DEI Land Acknowledgement: https://outdoorschool.oregonstate.edu/equity-diversity-and-inclusion/land-acknowledgements

Oregon State University Land Acknowledgement: https://diversity.oregonstate.edu/feature-story/land-acknowledgement

Othering and Belonging Institute: https://belonging.berkeley.edu/

PolicyLink: https://www.policylink.org/

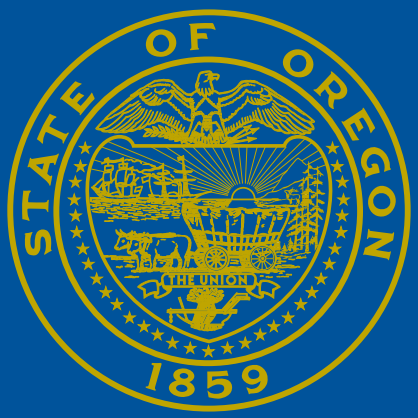
Race Forward: https://www.raceforward.org/

U.S. Department of Justice: *A guide to Disability Rights Laws.* https://www.ada.gov/cguide.htm

U.S. Department of Justice: *ADA Update: A Primer for State and Local Governments.* https://www.ada.gov/regs2010/titleII_2010/title_ii_primer.html

The *State of Oregon Diversity, Equity, and Inclusion Action Plan* is the culmination of the expertise and insight of many individuals, including staff in the Office of Governor Kate Brown, state agency directors, state equity leaders, community partners and the Diversity, Equity, and Inclusion subcommittee of the Enterprise Leadership Team to advance equity in state government. *The Diversity, Equity, and Inclusion Action Plan* would not have been made possible without the support of so many committed leaders and champions.

Thank you.



Office of Governor Kate Brown

900 Court St NE, Suite 254

Salem, Oregon 97301

August 2021

Office of the Governor
State of Oregon

EXECUTIVE ORDER NO. 22-11

RELATING TO AFFIRMTIVE ACTION, EQUAL EMPLOYMENT OPPORTUNITY, DIVERSITY, EQUITY, AND INCLUSION

On January 26, 2005, Governor Kulongoski issued Executive Order 05-01, relating to affirmative action. That Executive Order directed Agency Directors and Administrators to review and discuss their affirmative action plans, to initiate training on affirmative action issues, including affirmative action responsibilities in key job descriptions, and to conduct Cultural Competency Assessment and training.

Since the issuance of Executive Order 05-01, Amendment 08-18, Amendment 16-09 and Amendment 17-11, state agencies have met with the Office of Cultural Change (OCC) and the Governor's Office (GO) to review and discuss their affirmative action plans. The Department of Administrative Services (DAS) has completed an audit of position descriptions for the inclusion of affirmative action duties and DAS has shared audit results with the OCC and GO. The Governor and agency leadership have pledged their commitment to prioritize equity in their work. As a result, a bold and executable Diversity, Equity, and Inclusion (DEI) Action Plan was created. The DEI Action Plan was designed to guide efforts of the state enterprise to dismantle racism and establish a shared understanding. It is intended to complement agencies' existing equity initiatives and provide guidance to agencies early in their journey and thread the collective equity initiatives across the state.

Significant gains have been made, and there is more work to be done. The State of Oregon remains committed to every person's right to work and advance on the basis of knowledge, skills, ability and professional experience. In order to continue implementation of the goals and policies set forth in Executive Order 05-01, 08-18, 16-09, and 17-11, I extend these orders as follows:

NOW THEREFORE, IT IS HEREBY DIRECTED AND ORDERED:

1. The OCC, GO, each Agency Director and Administrator shall review and discuss each agency's affirmative action plan and affirmative action goals to improve hiring and developmental opportunities.

2. To continue the State of Oregon's progress in promotion of Diversity, Equity, and Inclusion in the workplace, and the elimination of effects of past and present discrimination, intended or unintended, Agency Directors and Administrators shall:

Contains Recycled Materials

a. Provide ongoing leadership in implementing each agency's affirmative action plan;

b. Ensure incorporation of affirmative action, diversity, equity, and inclusion responsibilities in executive and/or management job descriptions;

c. Ensure agencies fulfill their affirmative action responsibilities by requiring directors, administrators, managers, and coordinators of DEI, affirmative action, and equal employment opportunity, attend all OCC and GO meetings to assist Affirmative Action Representatives. Agencies will annually submit the name of agency Affirmative Action Representative and immediately inform the OCC if the representative is changed;

d. Post each agency's affirmative action plan policy statement and diversity and inclusion statement in a clearly visible area on agency's internal and external websites. The policy statement shall include the name and contact information for the agency's Affirmative Action Representative;

e. Communicate to all employees about the Affirmative Action resources available with each agency and the important role of Affirmative Action Representatives in responding to employees' concerns of discrimination in the areas of hiring, retention, promotion, and career development;

f. Track, evaluate, and measure trends in agency discrimination and/or harassment claims, reporting data and findings in the subsequent biennial Affirmative Action Plan/Statement Affirmative Action Statements are prescribed for agencies with ten or fewer FTE;

g. Work to improve implementation of the agency's affirmative action plan using professional development, performance assessments, and/or performance evaluations; and

h. Ensure agency-adopted systems address accessibility and ease of interaction through monitoring and continuous improvement to support a diverse, equitable, and inclusive workforce.

Contains Recycled Materials

3. Under ORS 659A.012, state agencies are "required to include in the evaluation of all management personnel the manager's or supervisor's effectiveness in achieving affirmative action objectives as a key consideration of the manager's or supervisor's performance." Periodically, DAS shall conduct audits of agencies to determine whether management personnel are being evaluated based on effectiveness in achieving affirmative action objectives. Results of this audit shall be provided to the OCC and GO.

4. OCC will continue to coordinate with GO regarding the progression and presentation of statewide professional development designed to improve employees' skills and competency in managing affirmative action equity, and diversity issues.

5. OCC will annually monitor agencies' training and implementation of Diversity, Equity, Inclusion, Affirmative Action, and Equal Employment Opportunity and the internal and external impact of these professional development strategies. OCC, GO, Agency Directors and Administrators are expected to implement ongoing and current professional development by operationalizing equity and inclusion, which will promote a diverse workplace.

6. DAS, in conjunction with GO and the Oregon Department of Justice, has developed a web-based exit interview survey tool. Agency Directors and Administrators shall allow employees to use state equipment to access the Exit Interview Survey and shall encourage all employees to complete the survey prior to their transfer or departure.

7. OCC will use all data collected from DAS, Bureau of Labor and Industries (BOLI), Oregon Employment Department (OED), and other state agencies to produce and distribute a biennial report to the Governor, the Legislature, and key stakeholders.

Contains Recycled Materials

8. This Executive Order will expire on December 31, 2028.

Done at Salem Oregon, this 16th day of June, 2022.

Kate Brown

Kate Brown
GOVERNOR

ATTEST:

Shemia Fagan
SECRETARY OF STATE

Contains Recycled Materials

Memorandum

DATE: June 13, 2022

TO: BOARD MEMBERS (OREGON BOARD OF DENTISTRY)

FROM: INGRID NYE
INVESTIGATOR

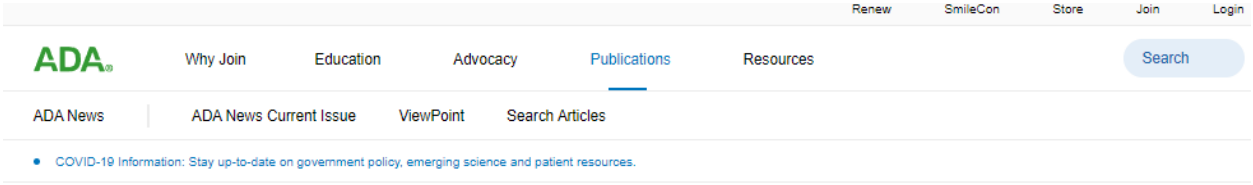
SUBJECT: NEW ADA "GUIDELINES FOR TEACHING PEDIATRIC PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS".

In June 2021, the American Dental Association (ADA) published an article (Attachment #1) on its website referencing the release of new "Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students" (hereafter referred to in this memo as "Pediatric Guidelines" – Attachment #2). The ADA has previously published and routinely updated the "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" (hereafter referred to as "Universal Guidelines" – Attachment #3); that document is referenced many times in Division 26 of the Oregon Dental Practice Act (DPA). However, as far as I am aware, this is the first time that the ADA has published separate guidelines that set training standards for dentists/dental students who require training in administering sedation specifically to pediatric patients.

A brief review of the Pediatric Guidelines appears to indicate that the ADA has set training standards for teaching pediatric sedation that are more rigorous than those outlined in the Universal Guidelines, and by extension, more rigorous than the Board's existing rules in Division 26 of the DPA. In 2016-2017, in response to the publication of the most recent version of the Universal Guidelines, at the request of the Board, the Anesthesia Committee reviewed and made recommendations to the Board that, once implemented by the Board in the form of rule changes, functionally tightened the existing rules in the DPA to reflect the changes made by the ADA to their Universal Guidelines. Therefore, I recommend that the Board refer the Pediatric Guidelines to the Anesthesia Committee for the Committee to review and make recommendations to the Board related to any appropriate rule changes.

As the Universal Guidelines were most recently updated in 2007 and 2016, it is possible that the ADA will soon be releasing an updated version of those Guidelines as well. Board Staff will monitor the ADA news releases, and will notify the Board if/when new Universal Guidelines are published.

Attachment #1



by **Kimber Solana**

June 28, 2021

CDEL publishes new teaching guidelines for sedation for pediatric patients

The ADA Council on Dental Education and Licensure published new sedation guidelines in an effort to provide direction for teaching of initial pediatric pain control, as well as minimal and moderate sedation.

“Serving as a resource for educators, [the teaching guidelines] can be applied at all levels of dental education from predoctoral education through postgraduate residency training and continuing education for practicing dentists,” said Jacqueline Plemons, D.D.S., CDEL chair.

The Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students, published in June, is designed to complement the ADA-endorsed guidelines by American Academy of Pediatrics and American Academy of Pediatric Dentistry for monitoring and managing pediatric patients before, during and after sedation.

According to the teaching guidelines, dental students should acquire the knowledge and skills to administer local anesthesia and nitrous oxide inhalation sedation to adult and pediatric patients effectively and safely.

The definition of a pediatric patient as it relates to pain control and sedation is dependent on age, size, circumstance and intent, according to CDEL. Various regulatory agencies identify a threshold of ages 10-13 years old for pediatric patients in areas such as medication dosage guides, research, training parameters and privacy concerns. In regard to sedation in dentistry, the council wrote, sedation of pediatric patients is different from sedation of adults and may pose a higher risk.

The goals, prerequisites, didactic content, clinical experiences, faculty and facilities described in the teaching guidelines are intended to guide dental educators in planning their curricula and continuing education courses. The curricula should be taught by trained faculty, who are experienced in all pharmacological modalities, and can help create familiarity with the indications for different therapies, including analgesic medications, local anesthesia, sedation and general anesthesia.

“Ultimately, the guidelines will help dentists in providing pain control, and minimal and moderate sedation for pediatric patients, and will enhance their ability to provide treatment in a safe and effective manner while helping to ensure this care remains accessible,” Dr. Plemons said.

To read the new teaching guidelines, visit ADA.org.

ADA American Dental Association®

GUIDELINES
for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students

ADA Council on Dental Education and Licensure | Approved January 21, 2021

I. INTRODUCTION

The administration of local anesthesia, sedation, and general anesthesia is an integral part of the practice of dentistry. The American Dental Association (ADA) is committed to the safe and effective use of these modalities by appropriately educated and trained dentists.

Anxiety and pain control can be defined as the application of various physical, pharmacological, and psychological modalities for the prevention and treatment of preoperative, operative, and postoperative patient anxiety and pain to allow dental treatment to occur in a safe and effective manner. It involves all disciplines of dentistry and, as such, is one of the most important aspects of dental education. Pediatric patients are particularly susceptible to pain and anxiety associated with dental procedures and because of limited cognitive, psychological, and emotional coping strategies, completion of medically necessary dental care may be difficult or impossible.[1-3]

These *Guidelines* are intended to provide direction for the teaching of initial competency in pediatric pain control, as well as minimal and moderate sedation, to dentists. They can be applied at all levels of dental education, from predoctoral education through postgraduate residency training and continuing education. The ADA recognizes the *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, which describe best practices for clinical administration of sedation and anesthesia for adult patients.[4] For pediatric patients undergoing minimal or moderate sedation, the ADA supports the use of guidelines from the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD), *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures*.[5]

The definition of a pediatric patient as it relates to pain control and sedation is dependent on age, size, circumstance, and intent. Various regulatory agencies have identified a threshold of ages 10–13 years old for pediatric patients in areas such as medication dosage guides, research, training parameters, and privacy concerns. In regard to sedation in dentistry, sedation of pediatric patients is different from sedation of adults, and poses a higher risk. The highest risk exists in providing sedation for pediatric patients younger than six years of age.[5] Additional consideration should be given to those for whom development is not defined by chronological age, including individuals

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Note: The Council on Dental Education and Licensure is responsible for maintaining this document's currency. Copies of cited references may be obtained by contacting the publishers or ADA Library and Archives.

with special health care needs, which interfere with their ability to undergo dental treatment. For the purposes of these teaching guidelines for minimal and moderate sedation, however, pediatric will be defined as prepubescent.

The predoctoral curriculum in anxiety and pain control in pediatric patients should include training in both non-pharmacological and pharmacological management techniques. Non-pharmacological modalities place emphasis on the interactions between the dentist, the staff, the patient, and the parent. Goals of pediatric behavior guidance include establishing communication; alleviating fear and anxiety; delivering quality dental care; building a relationship of trust; and promoting a positive attitude about oral health care in the pediatric patient. While the focus of these guidelines relates to pharmacological modalities, instruction in this area should also include non-pharmacologic management/behavioral guidance.

Dental students should acquire the knowledge and skills to administer local anesthesia and nitrous oxide inhalation sedation to adult and pediatric patients effectively and safely. This will alleviate anxiety and control pain, while minimizing adverse physiological or psychological side effects. The goals, prerequisites, didactic content, clinical experiences, faculty, and facilities described herein are intended to guide dental schools in planning predoctoral curricula. The curricula are designed to be taught by trained faculty, experienced in all pharmacological modalities, and to engender familiarity with the indications for different therapies, including analgesic medications, local anesthesia, sedation, and general anesthesia. Above all, the importance of understanding, recognizing, and managing emergencies related to local anesthesia and sedation administration cannot be overstated. While dental students must obtain certification in Basic Life Support for the Healthcare Provider approved by the American Heart Association or the American Red Cross, emphasis also should be placed on maintaining emergency preparedness in future practice, along with completing regular continuing education and as well as simulation practice.

Local anesthesia has been the foundation of pain control in dentistry. The use of local anesthesia in dentistry has a long record of safety; however, dentists must remain cognizant of the maximum recommended doses since high doses of local anesthetics may lead to significant cardiovascular and central nervous system depression. Less commonly appreciated is that local anesthetic toxicity may still manifest at lower than published maximum recommended doses. Recognition and swift treatment of both early and late signs of local anesthetic overdose are key to avoiding patient harm. Therefore, predoctoral students must not only routinely calculate appropriate local anesthetic doses for pediatric patients, but also must be trained in the management of local anesthetic toxicity. The addition of sedative medications with local anesthesia administration carries physiologic and pharmacological implications, including increased sedative effects. Recognizing the potential for enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives is especially critical in pediatric patients.[5]

Training in moderate sedation for pediatric patients requires a level of knowledge and clinical experience beyond the scope of most predoctoral education programs. While minimal sedation training may be more easily incorporated into the dental school curriculum, instruction in moderate sedation necessitates specific teaching requirements described herein that include additional didactic education hours and clinical case experiences that extend beyond most predoctoral curricula. These teaching requirements may be specifically addressed in either an advanced dental education program or in continuing education competency courses.

Whenever local anesthesia or sedation is employed, treatment areas must be properly equipped to manage emergencies, including having knowledge of appropriate physiologic monitoring equipment, a positive pressure oxygen delivery system, and emergency drugs and equipment suitable for the rescue of the patient being treated. Descriptions of recommended equipment and medications that may be necessary for emergency management in pediatric sedation are included as Appendices 3 and 4 in the AAP/AAPD *Guidelines*.[5]

The knowledge, skill, and clinical experience required for the safe administration of deep sedation or general anesthesia are beyond the scope of predoctoral and continuing education programs. Advanced dental education programs that teach deep sedation or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation (CODA) standards for those advanced dental programs and represent the educational and clinical requirements for teaching deep sedation or general anesthesia in dentistry.

These teaching guidelines reinforce the understanding that the level of sedation is independent of the route of administration. Minimal, moderate, or deep sedation and general anesthesia may be achieved via any route of administration, and therefore these guidelines do not delineate the level of sedation by route of administration. Likewise, because sedation and general anesthesia are a continuum, it is imperative that training for any level of sedation emphasizes the possibility of a patient progressing to a level of sedation one level deeper than intended, regardless of the route of administration selected. Hence, the need for recognition and rescue from unintended deeper levels of sedation is repeated throughout these teaching guidelines.

The American Dental Association urges dentists to adhere to their own state's continuing education requirements and to participate regularly in update courses in these modalities to remain current in the expansion of knowledge, as well as to maintain competency. Ultimately, the objective of educating dentists to utilize pain control, and minimal and moderate sedation, is to enhance their ability to educate and provide treatment for the oral health care of any patient in a safe, effective, and accessible manner.

II. DEFINITIONS

METHODS OF ANXIETY AND PAIN CONTROL

analgesia: the diminution or elimination of pain

local anesthesia: the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug

> *Note:* Dentists must remain cognizant of the maximum recommended doses, as high doses of local anesthetics may lead to significant cardiovascular and central nervous system depression. Local anesthetic toxicity may still manifest at lower doses, and recognition and swift treatment of both early and late signs of local anesthetic overdose are key skills to preventing patient harm. Recognizing that this is especially critical in pediatric patients, there may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives.[5]

minimal sedation (previously known as anxiolysis): a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.[6]

The following two definitions apply to administration of pediatric minimal sedation:

maximum recommended dose (MRD): maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for pediatric use in the unmonitored home

dosing for minimal sedation via the enteral route: minimal sedation for pediatric patients may be achieved by the administration of a single dose of a single oral agent that is FDA-approved for pediatric use, not to exceed the maximum recommended dose (MRD)

In accord with the definition of minimal sedation, the drug or technique used should carry a margin of safety wide enough never to render unintended loss of consciousness. The use of the maximum recommended dose (MRD) to guide dosing for minimal sedation is intended to create this margin of safety.

The oral sedative agent must be administered by the dentist in the office setting. Redosing during a single treatment day with additional oral sedative medication is not recommended.

Minimal sedation for those beyond prepubescence may be achieved in accordance with adult training guidelines. In contrast to adult training guidelines for minimal sedation, which allow for divided doses to achieve the desired clinical effect (not to exceed the MRD), divided doses in pediatric enteral minimal sedation are not recommended.

Nitrous oxide-oxygen inhalation may be co-administered. If nitrous oxide-oxygen inhalation is combined with a sedative oral medication (e.g., benzodiazepines, antihistamines, opioids), or if nitrous oxide-oxygen is used in concentrations greater than 50%, the likelihood of entering a state of moderate or deep sedation increases, in which case the guidelines for moderate sedation or deep sedation will apply.[6]

The administration of one of the following during the single appointment will be considered moderate sedation, and the moderate sedation guidelines will apply:

a. Two or more oral sedative medications

b. One oral sedative medication exceeding the MRD

c. Pharmacy-compounded sedative medication

d. Parenterally administered sedative medication

moderate sedation: a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. Bidirectional communication between patient and provider is maintained. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.[6]

In accord with this particular definition, the drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than the dentist's intent and is inappropriate for pediatric patients. A patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

Oral sedative agent(s) must be administered by the dentist in the office setting.

Moderate sedation for those beyond prepubescence may be achieved in accordance with adult training guidelines. In contrast to adult training guidelines for moderate sedation, repeated dosing or readministration is not recommended in pediatric moderate sedation unless intravenous access is in place.

Nitrous oxide-oxygen inhalation may be co-administered. If nitrous oxide-oxygen inhalation is combined with another sedative medication (e.g., benzodiazepines, antihistamines, opioids), or if nitrous oxide-oxygen is used in concentrations greater than 50%, the likelihood of entering a state of deep sedation increases, in which case the guidelines for deep sedation will apply.[6]

The following definition applies to administration of moderate and deeper levels of sedation:

titration: administration of incremental doses of a medication via the intravenous or inhalation route until a desired effect is reached. Knowledge of the time of onset, peak response and duration of action of each drug is essential to avoid unintended levels of sedation. Since peak onset of oral (enteral) sedatives is less predictable, titration of oral sedatives cannot be performed. While peak onset of intranasal, intramuscular, or submucosal administration is more predictable, it can still be difficult to determine when the previous dose has taken full effect to allow for predictable titration.

deep sedation: a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.[6]

general anesthesia: a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.[6]

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended.[6]

For all levels of sedation, a qualified dentist must have the training, airway skills, drugs, monitors, and emergency equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

ROUTES OF ADMINISTRATION

enteral: any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal)

inhalation: a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface

parenteral: a technique of administration in which the drug bypasses the gastrointestinal (GI) tract (i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO))

transdermal: a technique of administration in which the drug is administered by patch or iontophoresis through skin

transmucosal: a technique of administration in which the drug is administered across mucosa such as intranasal, buccal, sublingual, or rectal

TERMS

continual: repeated regularly and frequently in a steady succession

continuous: prolonged without any interruption at any time

immediately available: on site in the facility and available for immediate use

may: indicates freedom or liberty to follow a reasonable alternative

must/shall: indicates an imperative need or duty; an essential or indispensable item; mandatory

pediatric: for the purposes of these guidelines for minimal and moderate sedation, pediatric age will be defined as prepubescent

pediatric dentistry: an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and patients through adolescence, including those with special health care needs[7]

qualified dentist: a dentist providing sedation and anesthesia in compliance with their state rules or regulations

rescue: rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper-than-intended level of sedation (e.g., hypoventilation, hypoxia, hypotension) and returns the patient to the originally intended level of sedation. It is not appropriate to continue the procedure at an unintended level of sedation.[6]

should: indicates the recommended manner to obtain the standard; highly desirable

time-oriented anesthesia record: documentation at appropriate time intervals of drugs, doses, behavioral and physiologic data obtained during patient monitoring

LEVELS OF KNOWLEDGE

familiarity: a simplified knowledge for the purpose of orientation and recognition of general principles

in-depth: a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge)

LEVELS OF SKILL

competent: displaying special skill or knowledge derived from training experience

exposed: the level of skill attained by observation of or participation in a particular activity

AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA) PATIENT PHYSICAL STATUS CLASSIFICATION[8]

Classification	Definition	Examples, including but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

*The addition of "E" denotes emergency surgery: *(An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)*

Pediatric Examples:

ASA II	ADHD, asthma, well controlled seizure disorders, stable hypothyroidism, well controlled DM, GERD
ASA III	Poorly controlled DM or HTN, morbid obesity, poorly controlled seizure disorders, cystic fibrosis, severe asthma, airway anomalies (e.g., Treacher Collins syndrome, Goldenhar syndrome)
ASA IV	Unrepaired complex congenital cardiac conditions, active oncology treatment

2020 PRACTICE GUIDELINES FOR PREOPERATIVE FASTING[9]

Ingested Material	Minimum Fasting Period
Clear liquids	2 hours
Breast milk	4 hours
Infant formula	6 hours
Nonhuman milk	6 hours
Light meal	6 hours
Fatty meal	8 hours

Pediatric Examples:

Clear liquids	water, apple juice
Nonhuman milk	cow, goat, fortified human milk
Light meal	dry toast, bowl of cereal
Fatty meal	eggs and bacon, pizza, macaroni and cheese

EDUCATION COURSES

Education may be offered at different levels (competency, update, survey courses, and advanced education programs). A description of these different levels follows:

1. **Competency courses** are designed to meet the needs of dentists who wish to become competent in the safe and effective administration of local anesthesia and minimal and moderate sedation. They consist of lectures, demonstrations and sufficient clinical participation to assure the faculty that the dentist understands the procedures taught and can safely and effectively apply them. Faculty must assess and document the dentist's competency upon successful completion of such training. To maintain competency, periodic update courses must be completed.
2. **Update courses** are designed for persons with previous training. They are intended to provide a review of the subject and an introduction to recent advances in the field. They should be designed didactically and clinically to meet the specific needs of the participants. Participants must have completed previous competency training (equivalent, at a minimum, to the competency course described in this document) and have current experience to be eligible for enrollment in an update course.
3. **Survey courses** are designed to provide general information about subjects related to pain control and sedation. Such courses should be didactic and not clinical in nature, since they are not intended to develop clinical competency.
4. **Advanced education courses** are a component of an advanced dental education program, accredited by the Commission on Dental Accreditation (CODA) in accord with the Accreditation Standards for advanced dental education programs. These courses are designed to prepare the graduate dentist or postdoctoral student in the most comprehensive manner to be competent in the safe and effective administration of minimal, moderate, and deep sedation and general anesthesia.

III. TEACHING PEDIATRIC PAIN CONTROL

These *Guidelines* present a basic overview of the recommendations for teaching pediatric pain control.

A. General Objectives

Upon completion of a predoctoral curriculum in pediatric pain control the dentist must:

1. Have an in-depth knowledge of those aspects of pediatric anatomy, physiology, pharmacology, and psychology involved in the use of various sedation and pain control methods
2. Be competent in evaluating the age, temperamental, psychological, and physical statuses of the patient, as well as the magnitude of the operative procedure, including the use of age and developmentally appropriate pain scales in order to select the proper regimen.
3. Be competent in monitoring vital functions
4. Be competent in prevention, recognition, and management of related complications, particularly airway complications
5. Have in-depth knowledge of the appropriateness of and the indications for medical consultation or referral
6. Be competent in the maintenance of proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered, and patient response

B. Pain Control Curriculum Content

1. Philosophy of anxiety, pain control, and pediatric behavior guidance, including the nature and purpose of pain
2. Review of physiologic and psychologic aspects of anxiety and pain
3. Review of pediatric airway anatomy and physiology
4. Physiologic monitoring
   a. Observation
      (1) Central nervous system
      (2) Respiratory system
         (a) Oxygenation
         (b) Ventilation
      (3) Cardiovascular system
   b. Monitoring equipment
5. Pharmacologic aspects of anxiety and pain control
   a. Routes of drug administration
   b. Sedatives and anxiolytics
   c. Local anesthetics
   d. Analgesics and antagonists
   e. Adverse side effects
   f. Drug interactions
   g. Drug abuse

6. Control of preoperative and operative anxiety and pain
    a. Patient evaluation
        (1) Behavior and psychological status
        (2) ASA physical status
        (3) Type and extent of operative procedure
    b. Nonpharmacologic methods
        (1) Pediatric behavior guidance strategies
            (a) Communicative strategies of patient management
            (b) Distraction
            (c) Positive reinforcement
            (d) Tell-show-do
            (e) Memory restructuring
            (f) Systematic desensitization
    c. Local anesthesia
        (1) Review of related anatomy and physiology
        (2) Pharmacology
            (a) Focus on weight-based calculations for pediatric patients
                (aa) Adjustments for overweight and obese patients
            (b) Toxicity
            (c) Selection of agents
        (3) Techniques of administration
            (a) Topical
            (b) Infiltration (supraperiosteal)
            (c) Nerve block — maxilla — to include:
                (aa) Posterior superior alveolar
                (bb) Infraorbital
                (cc) Nasopalatine
                (dd) Greater palatine
                (ee) Maxillary (2nd division)
                (ff) Other blocks
            (d) Nerve block — mandible — to include:
                (aa) Inferior alveolar-lingual
                (bb) Mental — incisive
                (cc) Buccal
                (dd) Gow-Gates
                (ee) Closed mouth
            (e) Alternative injections — to include:
                (aa) Periodontal ligament
                (bb) Dental intraosseous
    d. Prevention, recognition, and management of complications and emergencies

C. Sequence of Pain Control Didactic and Clinical Instruction

Beyond the basic didactic instruction in local anesthesia, additional time should be provided for demonstrations and clinical practice of the injection techniques. The teaching of other methods of anxiety and pain control, such as the use of analgesics and enteral, inhalation, and parenteral sedation, should be coordinated with a course in pharmacology. By this time the student also will have developed a better understanding of patient evaluation and the problems related to prior patient care. As part of this instruction, the student should be taught the techniques of venipuncture and physiologic monitoring. Time should be included for demonstration of minimal and moderate sedation techniques.

Following didactic instruction in minimal and moderate sedation, the student must receive sufficient clinical experience to demonstrate competency in those techniques in which the student is to be certified. It is understood that not all institutions may be able to provide instruction to the level of clinical competence in pharmacologic sedation modalities to all students. The amount of clinical experience required to achieve competency will vary according to patient population (i.e., healthy versus medically complex), student ability, teaching methods, and the anxiety and pain control modality taught.

Throughout both didactic and clinical instruction in anxiety and pain control, the importance of non-pharmacologic pediatric guidance throughout the sedation procedure should be stressed. Instruction should emphasize that the need for sedative techniques is related to the patient's age, level of anxiety, cooperation, medical condition, and the planned procedures.

D. Faculty

Instruction must be provided by qualified faculty for whom pediatric sedation and pain control are areas of major proficiency, interest, and concern.

E. Facilities

Competency courses must be presented in facilities appropriately prepared for pediatric patient care, with drugs and equipment immediately available for the management of emergencies.

IV. TEACHING ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION

The faculty responsible for curriculum in pediatric minimal sedation techniques must be familiar with the ADA Policy Statement, *Guidelines for the Use of Sedation and General Anesthesia by Dentists*; the Commission on Dental Accreditation's *Accreditation Standards for Dental Education Programs*; and the AAP/AAPD *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures*.

These various guidelines and standards present a basic overview of the recommendations for teaching pediatric minimal sedation. These include courses in nitrous oxide-oxygen inhalation sedation and minimal sedation, most likely administered via the enteral route in pediatric patients. Minimal sedation in pediatric patients may be achieved by the administration of a single dose of a drug, not to exceed the maximum recommended dose (MRD). The administration of more than one drug, one drug exceeding the MRD, or concomitant use of nitrous oxide with another drug or use at concentrations greater than 50% during a single appointment may produce moderate or deep levels of sedation, wherein guidelines for those levels of sedation apply, as indicated by the patient's response.[6]

General Objectives

Upon completion of a competency course in pediatric minimal sedation, the dentist must be able to:

1. Describe the anatomy and physiology of the respiratory, cardiovascular, and central nervous systems, as they relate to the above techniques, and the unique anatomy and physiology of the child patient and the challenges that they present
2. Describe the pharmacological effects of sedative medications
3. Describe the methods of obtaining a medical history and conducting an appropriate physical examination
4. Apply these methods clinically in order to obtain an accurate evaluation
5. Use this information clinically for American Society of Anesthesiologists (ASA) classification risk assessment and pre-procedure fasting instructions
6. Choose the most appropriate technique for the individual patient
7. Use appropriate physiologic monitoring equipment
8. Describe the physiologic responses that are consistent with pediatric minimal sedation, including retention of the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command, as well as maintain respiratory and cardiovascular stability
9. Understand the sedation/general anesthesia continuum
10. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended

MINIMAL SEDATION (NITROUS OXIDE-OXYGEN): INHALATION

A. Minimal Sedation (Nitrous Oxide-Oxygen): Inhalation Course Objectives

In addition to the general objectives listed above, upon completion of a competency course in inhalation sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment
2. Discuss the function of each of these components
3. List and discuss the advantages and disadvantages of inhalation sedation
4. List and discuss the indications and contraindications of inhalation sedation
5. List the complications associated with inhalation sedation
6. Discuss the prevention, recognition, and management of these complications
7. Administer inhalation sedation to pediatric patients in a clinical setting in a safe and effective manner
8. Discuss the abuse potential, occupational hazards, and other untoward effects of inhalation agents
9. List and discuss failed pediatric inhalation sedation and alternative care

B. Minimal Sedation (Nitrous Oxide-Oxygen): Inhalation Course Content

1. Historical, philosophical, and psychological aspects of anxiety and pain control
2. Patient evaluation and selection through review of medical history taking, physical diagnosis, and psychological considerations
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state
5. Review of pediatric respiratory and circulatory physiology and related anatomy
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities
7. Indications and contraindications for use of inhalation sedation
8. Review of dental procedures possible under inhalation sedation
9. Patient monitoring using observation and monitoring equipment (e.g., pulse oximetry), with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide
10. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs and doses administered, and patient response
11. Discussion of recovery from inhalational minimal sedation and appropriate discharge criteria
12. Prevention, recognition and management of complications and emergencies

13. Administration of local anesthesia in conjunction with inhalation sedation techniques
14. Description, maintenance, and use of inhalation sedation equipment
15. Description, maintenance, and use of emergency equipment and drugs
16. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure
17. Discussion of abuse potential
18. Discussion of failed pediatric inhalation sedation and alternative care

C. Minimal Sedation (Nitrous Oxide-Oxygen) – Inhalation Course Duration

While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should be a minimum of 14 didactic hours, which may overlap with adult inhalation sedation instruction, in addition to management of clinical pediatric dental cases, during which clinical competency in inhalation sedation technique is achieved. The pediatric inhalation sedation course most often is completed as a part of the predoctoral dental education program. However, the course may be completed in a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Minimal Sedation (Nitrous Oxide-Oxygen): Inhalation Instruction

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. Participants must document current certification in Basic Life Support for Healthcare Providers.

E. Minimal Sedation (Nitrous Oxide-Oxygen): Inhalation Faculty

The course should be directed by a dentist or physician qualified by experience and training in the care of pediatric patients, including those with special health care needs. This individual should possess an active state permit or license to administer moderate sedation to pediatric patients, and a minimum of three years of experience administering sedation to pediatric patients, which may include accredited postdoctoral training in pediatric anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists, and psychologists, should be encouraged.

The participant-faculty ratio should not exceed 10:1 during pediatric inhalation sedation instruction for appropriate supervision during the clinical phase of instruction; a 1:1 ratio is recommended during the early phase of clinical instruction.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Minimal Sedation (Nitrous Oxide-Oxygen): Inhalation Facilities

Competency courses must be presented in facilities appropriately prepared for pediatric patient care, with drugs and equipment immediately available for the management of emergencies.

MINIMAL SEDATION: ENTERAL

A. Minimal Sedation: Enteral Course Objectives

In addition to the general objectives listed above, upon completion of a competency course in minimal sedation techniques, the dentist must be able to:

1. List and discuss the advantages and disadvantages of enteral minimal sedation
2. List and discuss the indications and contraindications for the use of enteral minimal sedation
3. List the complications associated with enteral minimal sedation
4. Discuss the prevention, recognition, and management of these complications, including patient rescue
5. Administer enteral minimal sedation to pediatric patients in a clinical setting in a safe and effective manner
6. Discuss the abuse potential, occupational hazards, and other effects of enteral and inhalation agents
7. Discuss the pharmacology of the enteral and inhalation drugs selected for administration
8. Discuss the precautions, contraindications, and adverse reactions associated with the select enteral medications
9. Discuss recovery from enteral minimal sedation and appropriate discharge criteria
10. Describe a protocol for management of emergencies in the dental office and list and discuss the airway maneuvers, emergency drugs, and equipment required for management of life-threatening situations
11. Demonstrate the ability to manage life-threatening emergency situations, including current certification in Basic Life Support for Healthcare Providers. Training in advanced airway management (e.g., Pediatric Advanced Life Support (PALS)) is strongly suggested
12. List and discuss failed pediatric sedation and alternative care

B. Minimal Sedation: Enteral Course Content

1. Historical, philosophical, and psychological aspects of anxiety and pain control
2. Preventive and non-restorative strategies that may provide an alternative to the use of sedation/general anesthesia, such as Silver Diamine Fluoride (SDF), Alternative Restorative Treatment (ART), and Interim Therapeutic Restoration (ITR)
3. Patient evaluation and selection through review of age, temperament/behavior, medical history taking, and physical diagnosis
4. Definitions and descriptions of pediatric physiological and psychological aspects of anxiety and pain

5. Description of the stages of drug-induced central nervous system depression through all levels of sedation, with special emphasis on the distinction between the various levels of sedation
6. Review of pediatric respiratory and circulatory physiology and related anatomy
7. Pharmacology of agents used in enteral minimal sedation, including dosing, administration techniques and rates, drug interactions, and incompatibilities. Emphasis on unintended deeper level of sedation including monitoring, management and reversal options.
8. Indications and contraindications for use of enteral minimal sedation
9. Review of dental procedures possible under enteral minimal sedation
10. Administration of local anesthesia in conjunction with enteral minimal sedation
11. Pediatric patient monitoring using observation monitoring equipment, with particular attention to vital signs and monitoring of consciousness level
12. Maintaining proper records with accurate chart entries recording medical history, physical examination including weight, NPO status, informed consent, medications including local anesthetics and doses, and time-oriented sedation/anesthesia record, including any monitored physiological parameters, recovery, and readiness for discharge
13. Prevention, recognition, and management of complications and life-threatening situations including patient rescue
14. Description, maintenance, and use of emergency equipment and drugs
15. Discussion of abuse potential of sedative medications
16. List and discuss failed pediatric sedation and alternative care

C. Minimal Sedation: Enteral Course Duration and Documentation

While course duration is only one of the many factors to be considered in determining the quality of an educational program, the course should include a minimum of 20 didactic hours and a minimum of 10 individually managed clinical sedation cases involving pediatric patients eight years old and younger, during which competency is demonstrated. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted. The educational course may be completed in a predoctoral dental education curriculum or a postdoctoral continuing education competency course.

Participants must document current certification in Basic Life Support for Healthcare Providers. For trainees providing enteral minimal sedation to pediatric patients, training in advanced airway management (e.g., Pediatric Emergency Assessment and Stabilization (PEARS)) or pediatric life support (e.g., Pediatric Advanced Life Support (PALS)) is recommended. Simulation training in the recognition and management of respiratory emergencies is highly recommended.

D. Participant Evaluation and Documentation of Minimal Sedation: Enteral Instruction

Competency courses in pediatric enteral minimal sedation techniques must afford participants with sufficient clinical understanding to enable them to achieve competency. The course

director must certify the competency of participants upon satisfactory completion of the course. Records of the course instruction must be maintained and available.

E. Minimal Sedation: Enteral Faculty

The course should be directed by a dentist or physician qualified by experience and training in care of pediatric patients, including pediatric patients with special health care needs. This individual should possess an active permit or license to administer moderate sedation to pediatric patients in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists, and psychologists, should be encouraged. The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

The participant-faculty ratio should not exceed 4:1 during enteral minimal sedation instruction for appropriate supervision during the clinical phase of instruction; a 1:1 ratio is recommended during the early phase of clinical instruction.

F. Minimal Sedation: Enteral Facilities

Competency courses must be presented in facilities appropriately prepared for pediatric patient care, including drugs and equipment immediately available for the management of emergencies.

V. TEACHING ADMINISTRATION OF PEDIATRIC MODERATE SEDATION

These *Guidelines* present a basic overview of the requirements for a competency course in pediatric moderate sedation. These include courses in enteral and parenteral pediatric moderate sedation. The teaching guidelines contained in this section on moderate sedation differ slightly from documents in medicine to reflect the differences in delivery methodologies and practice environment in dentistry.

Completion of a prerequisite nitrous oxide-oxygen competency course is required for participants utilizing nitrous oxide-oxygen for moderate sedation.

A. Pediatric Moderate Sedation Course Objectives

Upon completion of a course in pediatric moderate sedation, the dentist must be able to:

1. List and discuss the advantages and disadvantages of moderate sedation
2. Discuss the limitations of moderate sedation when treating pre-cooperative pediatric patients
3. Describe and demonstrate the techniques of intravenous access, intramuscular injection, and other parenteral techniques (e.g., intranasal)
4. Discuss the pharmacology of the drug(s) selected for administration
5. Discuss the precautions, indications, contraindications, and adverse reactions associated with the drug(s) selected

6. Discuss the pharmacological effects of combined drug therapy, their implications and their management, including an understanding that nitrous oxide-oxygen when used in combination with sedative agent(s) may produce moderate or deep sedation or general anesthesia
7. Administer moderate sedation to pediatric dental patients in a clinical setting in a safe and effective manner
8. Discuss recovery from moderate sedation and appropriate discharge criteria
9. List and discuss the prevention, recognition, and management of complications associated with moderate sedation
10. List and discuss the emergency drugs and equipment required for the prevention and management of emergency situations
11. Describe a protocol for management of emergencies in the dental office. Reinforce the need to practice drills regularly in practice setting
12. Discuss principles of pediatric advanced life support, or an appropriate pediatric dental sedation/anesthesia emergency course equivalent
13. Demonstrate the ability to recognize and treat emergencies including reversal and rescue during an unintended deeper level of sedation
14. Discuss the abuse potential, occupational hazards, and other untoward effects of the agents utilized to achieve moderate sedation
15. List and discuss failed pediatric sedation and alternative care

B. Pediatric Moderate Sedation Course Content

1. Historical, philosophical, and psychological aspects of anxiety and pain control
2. Patient evaluation and selection through review of age, temperament/behavior, medical history taking, and physical diagnosis, including Mallampati scoring and tonsillar assessment
3. Use of patient history and examination for ASA classification, risk assessment, and pre-procedure fasting instructions
4. Definitions and descriptions of physiological and psychological aspects of anxiety and pain
5. Description of the sedation/general anesthesia continuum, with special emphasis on the distinction between minimal, moderate, and deep sedation and general anesthesia
6. Review of respiratory and circulatory physiology and related anatomy
7. Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications with emphasis on the role of local anesthetic toxicity in producing unintended deeper levels of sedation. The use of reversible sedation drugs is encouraged
8. Indications and contraindications for use of moderate sedation
9. Review of dental procedures possible under moderate sedation
10. Review of enteral moderate sedation techniques

MODERATE SEDATION CONTINUED

11. Intravascular access: anatomy, equipment, and techniques for intravenous and intraosseous access. Prevention, recognition, and management of complications of venipuncture and emergency intraosseous access techniques
12. Review of parenteral moderate sedation techniques
13. Description and rationale for the technique to be employed
14. Description, maintenance, and use of moderate sedation monitors and equipment
15. Patient monitoring using patient observation and monitoring equipment, with particular attention to vital signs, ventilation/oxygenation, and level of consciousness. Monitoring equipment reviewed should include: pulse oximeter, automated non-invasive blood pressure devices, electrocardiogram, capnograph, and pretracheal stethoscope
16. Personnel requirements and roles of auxiliaries in monitoring sedation
17. Maintenance of proper records with accurate chart entries recording medical history, physical examination including weight, NPO status, informed consent, medications including local anesthetics and doses, and time-oriented sedation/anesthesia record, including any monitored physiological parameters, recovery, and readiness for discharge
18. Prevention, recognition, and management of complications and emergencies, with emphasis on pediatric airway maintenance and cardiovascular support
19. List and discuss failed pediatric sedation and alternative care
20. Discussion of abuse potential of sedative medications

C. Pediatric Moderate Sedation Course Duration and Documentation

The course must include:

- A minimum of 60 hours of didactic instruction
- A minimum of 20 individually managed clinical cases of moderate sedation for pediatric patients eight years old and younger; at least 15 patients must be under six years of age
- Certification of competence in pediatric moderate sedation technique(s)
- Certification of competence in rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular, or intraosseous access, and reversal medications
- Provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted
- Records of instruction and clinical experiences (i.e., number of patients managed by each participant in each modality/route) that are maintained and available for participant review

Dentists providing moderate sedation to pediatric patients must also receive training in advanced emergency recognition and airway management ideally incorporating live patient experience or emergency management training using high fidelity simulation. As an alternative, Pediatric Advanced Life Support (PALS) or Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) courses or other courses which provide similar training may be used.

D. Pediatric Moderate Sedation Documentation of Instruction

The course director must certify the competency of participants upon satisfactory completion of training in each moderate sedation technique, including instruction, clinical experience, managing the airway, intravascular/intraosseous access, and reversal medications.

E. Pediatric Moderate Sedation Faculty

The course should be directed by a dentist or physician qualified by experience and training in care of pediatric patients, including those with special health care needs. This individual should possess an active state permit or license to administer moderate sedation to pediatric patients, and a minimum of three years of experience administering sedation to pediatric patients, which must include accredited postdoctoral training in pediatric anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists, and psychologists, should be encouraged.

The participant-faculty ratio should not exceed 4:1 during moderate sedation instruction for appropriate supervision during the clinical phase of instruction. A 1:1 ratio is recommended during the early phases of clinical instruction.

Course and faculty evaluations should be completed by participants and made available for review.

F. Pediatric Moderate Sedation Facilities

Competency courses must be presented in facilities appropriately prepared for pediatric patient care, with drugs and equipment immediately available for the management of emergencies. These facilities may include dental and medical schools or offices, hospitals, and surgical centers.

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ADA American Dental Association®

GUIDELINES
for Teaching Pain Control and Sedation to Dentists and Dental Students

Adopted by the ADA House of Delegates, October 2016

I. INTRODUCTION

The administration of local anesthesia, sedation and general anesthesia is an integral part of the practice of dentistry. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists.

Anxiety and pain control can be defined as the application of various physical, chemical and psychological modalities to the prevention and treatment of preoperative, operative and postoperative patient anxiety and pain to allow dental treatment to occur in a safe and effective manner. It involves all disciplines of dentistry and, as such, is one of the most important aspects of dental education. The intent of these *Guidelines* is to provide direction for the teaching of pain control and sedation to dentists and can be applied at all levels of dental education from predoctoral through continuing education. They are designed to teach initial competency in pain control and minimal and moderate sedation techniques.

These *Guidelines* recognize that many dentists have acquired a high degree of competency in the use of anxiety and pain control techniques through a combination of instruction and experience. It is assumed that this has enabled these teachers and practitioners to meet the educational criteria described in this document.

It is not the intent of the *Guidelines* to fit every program into the same rigid educational mold. This is neither possible nor desirable. There must always be room for innovation and improvement. They do, however, provide a reasonable measure of program acceptability, applicable to all institutions and agencies engaged in predoctoral and continuing education.

The curriculum in anxiety and pain control is a continuum of educational experiences that will extend over several years of the predoctoral program. It should provide the dental student with the knowledge and skills necessary to provide minimal sedation to alleviate anxiety and control pain without inducing detrimental physiological or psychological side effects. Dental schools whose goal is to have predoctoral students achieve competency in techniques such as local anesthesia and nitrous oxide inhalation and minimal sedation must meet all of the goals, prerequisites, didactic content, clinical experiences, faculty and facilities, as described in these *Guidelines*.

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Techniques for the control of anxiety and pain in dentistry should include both psychological and pharmacological modalities. Psychological strategies should include simple relaxation techniques for the anxious patient and more comprehensive behavioral techniques to control pain. Pharmacological strategies should include not only local anesthetics but also sedatives, analgesics and other useful agents. Dentists should learn indications and techniques for administering these drugs enterally, parenterally and by inhalation as supplements to local anesthesia.

The predoctoral curriculum should provide instruction, exposure and/or experience in anxiety and pain control, including minimal and moderate sedation. The predoctoral program must also provide the knowledge and skill to enable students to recognize and manage any emergencies that might arise as a consequence of treatment. Predoctoral dental students must complete a course in Basic Life Support for the Healthcare Provider. Though Basic Life Support courses are available online, any course taken online should be followed up with a hands-on component and be approved by the American Heart Association or the American Red Cross.

Local anesthesia is the foundation of pain control in dentistry. Although the use of local anesthetics in dentistry has a long record of safety, dentists must be aware of the maximum safe dosage limit for each patient, since large doses of local anesthetics may increase the level of central nervous system depression with sedation. The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of the local anesthetic agents when combined with the sedative agents.

Level of sedation is entirely independent of the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration and thus an appropriately consistent level of training must be established.

For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

The knowledge, skill and clinical experience required for the safe administration of deep sedation and/or general anesthesia are beyond the scope of predoctoral and continuing education programs. Advanced education programs that teach deep sedation and/or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation requirements for those advanced programs and represent the educational and clinical requirements for teaching deep sedation and/or general anesthesia in dentistry.

The objective of educating dentists to utilize pain control, sedation and general anesthesia is to enhance their ability to provide oral health care. The American Dental Association urges dentists to participate regularly in continuing education update courses in these modalities in order to remain current.

All areas in which local anesthesia and sedation are being used must be properly equipped with suction, physiologic monitoring equipment, a positive pressure oxygen delivery system suitable for the patient being treated and emergency drugs. Protocols for the management of emergencies must be developed and training programs held at frequent intervals.

II. DEFINITIONS

METHODS OF ANXIETY AND PAIN CONTROL

MINIMAL SEDATION (previously known as anxiolysis) – a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.[1]

Patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

The following definitions apply to administration of minimal sedation:

maximum recommended dose (MRD) – maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.

dosing for minimal sedation via the enteral route – minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum recommended dose (MRD).

The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation and the moderate sedation guidelines apply.

Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

If more than one enteral drug is administered to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.

Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. The use of the MRD to guide dosing for minimal sedation is intended to create this margin of safety.

MODERATE SEDATION – a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.[1]

Note: In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

The following definition applies to administration of moderate and deeper levels of sedation:

titration – administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

deep sedation – a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.[1]

general anesthesia – a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.[1]

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.[1]

For all levels of sedation, the qualified dentist must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

ROUTES OF ADMINISTRATION

enteral – any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

parenteral – a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

transdermal – a technique of administration in which the drug is administered by patch or iontophoresis through skin.

transmucosal – a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

inhalation – a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

TERMS

analgesia – the diminution or elimination of pain.

local anesthesia – the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

Note: Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must always be aware of the maximum, safe dosage limits for each patient. Large doses of local anesthetics in themselves may result in central nervous system depression especially in combination with sedative agents.

qualified dentist – a dentist providing sedation and anesthesia in compliance with their state rules and/or regulations.

must/shall – indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

should – indicates the recommended manner to obtain the standard; highly desirable.

may – indicates freedom or liberty to follow a reasonable alternative.

continual – repeated regularly and frequently in a steady succession.

continuous – prolonged without any interruption at any time.

time-oriented anesthesia record – documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

immediately available – on site in the facility and available for immediate use.

LEVELS OF KNOWLEDGE

familiarity – a simplified knowledge for the purpose of orientation and recognition of general principles.

in-depth – a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

LEVELS OF SKILL

exposed – the level of skill attained by observation of or participation in a particular activity.

competent – displaying special skill or knowledge derived from training and experience.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS (ASA) PATIENT PHYSICAL STATUS CLASSIFICATION[2]

Classification	Definition	Examples, including but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, *ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or *ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	

*The addition of "E" denotes emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS' FASTING GUIDELINES[3]

Ingested Material	Minimum Fasting Period
Clear liquids	2 hours
Breast milk	4 hours
Infant formula	6 hours
Nonhuman milk	6 hours
Light meal	6 hours
Fatty meal	8 hours

EDUCATION COURSES

Education may be offered at different levels (competency, update, survey courses and advanced education programs). A description of these different levels follows:

1. **Competency Courses** are designed to meet the needs of dentists who wish to become competent in the safe and effective administration of local anesthesia, minimal and moderate sedation. They consist of lectures, demonstrations and sufficient clinical participation to assure the faculty that the dentist understands the procedures taught and can safely and effectively apply them so that mastery of the subject is achieved. Faculty must assess and document the dentist's competency upon successful completion of such training. To maintain competency, periodic update courses must be completed.

2. **Update Courses** are designed for persons with previous training. They are intended to provide a review of the subject and an introduction to recent advances in the field. They should be designed didactically and clinically to meet the specific needs of the participants. Participants must have completed previous competency training (equivalent, at a minimum, to the competency course described in this document) and have current experience to be eligible for enrollment in an update course.

3. **Survey Courses** are designed to provide general information about subjects related to pain control and sedation. Such courses should be didactic and not clinical in nature, since they are not intended to develop clinical competency.

4. **Advanced Education Courses** are a component of an advanced dental education program, accredited by the Commission on Dental Accreditation in accord with the Accreditation Standards for advanced dental education programs. These courses are designed to prepare the graduate dentist or postdoctoral student in the most comprehensive manner to be competent in the safe and effective administration of minimal, moderate and deep sedation and general anesthesia.

III. TEACHING PAIN CONTROL

These *Guidelines* present a basic overview of the recommendations for teaching pain control.

A. General Objectives: Upon completion of a predoctoral curriculum in pain control the dentist must:

1. have an in-depth knowledge of those aspects of anatomy, physiology, pharmacology and psychology involved in the use of various anxiety and pain control methods;
2. be competent in evaluating the psychological and physical status of the patient, as well as the magnitude of the operative procedure, in order to select the proper regimen;
3. be competent in monitoring vital functions;
4. be competent in prevention, recognition and management of related complications;
5. have in-depth knowledge of the appropriateness of and the indications for medical consultation or referral; and
6. be competent in the maintenance of proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered and patient response.

B. Pain Control Curriculum Content:

1. Philosophy of anxiety and pain control and patient management, including the nature and purpose of pain
2. Review of physiologic and psychologic aspects of anxiety and pain
3. Review of airway anatomy and physiology
4. Physiologic monitoring
   a. Observation
      (1) Central nervous system
      (2) Respiratory system
         (a) Oxygenation
         (b) Ventilation
      (3) Cardiovascular system
   b. Monitoring equipment
5. Pharmacologic aspects of anxiety and pain control
   a. Routes of drug administration
   b. Sedatives and anxiolytics
   c. Local anesthetics
   d. Analgesics and antagonists
   e. Adverse side effects
   f. Drug interactions
   g. Drug abuse
6. Control of preoperative and operative anxiety and pain

a. Patient evaluation
   (1) Psychological status
   (2) ASA physical status
   (3) Type and extent of operative procedure

b. Nonpharmacologic methods
   (1) Psychological and behavioral methods
      (a) Anxiety management
      (b) Relaxation techniques
      (c) Systematic desensitization
   (2) Interpersonal strategies of patient management
   (3) Hypnosis
   (4) Electronic dental anesthesia
   (5) Acupuncture/Acupressure
   (6) Other

c. Local anesthesia
   (1) Review of related anatomy, and physiology
   (2) Pharmacology
      (i) Dosing
      (ii) Toxicity
      (iii) Selection of agents
   (3) Techniques of administration
      (i) Topical
      (ii) Infiltration (supraperiosteal)
      (iii) Nerve block – maxilla – to include:
         (aa) Posterior superior alveolar
         (bb) Infraorbital
         (cc) Nasopalatine
         (dd) Greater palatine
         (ee) Maxillary (2nd division)
         (ff) Other blocks
      (iv) Nerve block – mandible – to include:
         (aa) Inferior alveolar-lingual
         (bb) Mental-incisive
         (cc) Buccal
         (dd) Gow-Gates
         (ee) Closed mouth
      (v) Alternative injections – to include:
         (aa) Periodontal ligament
         (bb) Intraosseous

d. Prevention, recognition and management of complications and emergencies

C. **Sequence of Pain Control Didactic and Clinical Instruction:** Beyond the basic didactic instruction in local anesthesia, additional time should be provided for demonstrations and clinical practice of the injection techniques. The teaching of other methods of anxiety and pain control, such as the use of analgesics and enteral, inhalation and parenteral sedation, should be coordinated with a course in pharmacology. By this time the student also will have developed a better understanding of patient evaluation and the problems related to prior patient care. As part of this instruction, the student should be taught the techniques of venipuncture and physiologic monitoring. Time should be included for demonstration of minimal and moderate sedation techniques.

   Following didactic instruction in minimal and moderate sedation, the student must receive sufficient clinical experience to demonstrate competency in those techniques in which the student is to be certified. It is understood that not all institutions may be able to provide instruction to the level of clinical competence in pharmacologic sedation modalities to all students. The amount of clinical experience required to achieve competency will vary according to student ability, teaching methods and the anxiety and pain control modality taught.

   Clinical experience in minimal and moderate sedation techniques should be related to various disciplines of dentistry and not solely limited to surgical cases. Typically, such experience will be provided in managing healthy adult patients.

   Throughout both didactic and clinical instruction in anxiety and pain control, psychological management of the patient should also be stressed. Instruction should emphasize that the need for sedative techniques is directly related to the patient's level of anxiety, cooperation, medical condition and the planned procedures.

D. **Faculty:** Instruction must be provided by qualified faculty for whom anxiety and pain control are areas of major proficiency, interest and concern.

E. **Facilities:** Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

IV. TEACHING ADMINISTRATION OF MINIMAL SEDATION

The faculty responsible for curriculum in minimal sedation techniques must be familiar with the ADA Policy Statement: *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, and the Commission on Dental Accreditation's *Accreditation Standards* for dental education programs.

These *Guidelines* present a basic overview of the recommendations for teaching minimal sedation. These include courses in nitrous oxide/oxygen sedation, enteral sedation, and combined inhalation/enteral techniques.

General Objectives: Upon completion of a competency course in minimal sedation, the dentist must be able to:

1. Describe the adult anatomy and physiology of the respiratory, cardiovascular and central nervous systems, as they relate to the above techniques.
2. Describe the pharmacological effects of drugs.
3. Describe the methods of obtaining a medical history and conduct an appropriate physical examination.
4. Apply these methods clinically in order to obtain an accurate evaluation.
5. Use this information clinically for ASA classification risk assessment and pre-procedure fasting instructions.
6. Choose the most appropriate technique for the individual patient.
7. Use appropriate physiologic monitoring equipment.
8. Describe the physiologic responses that are consistent with minimal sedation.
9. Understand the sedation/general anesthesia continuum.
10. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended.

INHALATION SEDATION (NITROUS OXIDE/OXYGEN)

A. Inhalation Sedation Course Objectives: Upon completion of a competency course in inhalation sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of inhalation sedation.
4. List and discuss the indications and contraindications of inhalation sedation.
5. List the complications associated with inhalation sedation.
6. Discuss the prevention, recognition and management of these complications.
7. Administer inhalation sedation to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other untoward effects of inhalation agents.

B. Inhalation Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of inhalation sedation.
8. Review of dental procedures possible under inhalation sedation.
9. Patient monitoring using observation and monitoring equipment (i.e., pulse oximetry), with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide.
10. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs and doses administered and patient response.
11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with inhalation sedation techniques.
13. Description, maintenance and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.

C. Inhalation Sedation Course Duration: While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should be a minimum of 14 hours plus management of clinical dental cases, during which clinical competency in inhalation sedation technique is achieved. The inhalation sedation course most often is completed as a part of the predoctoral dental education program. However, the course may be completed in a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Inhalation Sedation Instruction: 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.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess an active permit or license to administer moderate sedation in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than ten-to-one when inhalation sedation is being used allows for adequate supervision during the clinical phase of instruction; a one-to-one ratio is recommended during the early state of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

ENTERAL AND/OR COMBINATION INHALATION-ENTERAL MINIMAL SEDATION

A. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Objectives: Upon completion of a competency course in enteral and/or combination inhalation-enteral minimal sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
4. List and discuss the indications and contraindications for the use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
5. List the complications associated with enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
6. Discuss the prevention, recognition and management of these complications.
7. Administer enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation) to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other effects of enteral and inhalation agents.
9. Discuss the pharmacology of the enteral and inhalation drugs selected for administration.
10. Discuss the precautions, contraindications and adverse reactions associated with the enteral and inhalation drugs selected.
11. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for management of life-threatening situations.
12. Demonstrate the ability to manage life-threatening emergency situations, including current certification in Basic Life Support for Healthcare Providers.
13. Discuss the pharmacological effects of combined drug therapy, their implications and their management. Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

B. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in enteral and/or combination inhalation-enteral minimal sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
8. Review of dental procedures possible under enteral and/or combination inhalation-enteral minimal sedation).
9. Patient monitoring using observation, monitoring equipment, with particular attention to vital signs and reflexes related to consciousness.
10. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.
11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with enteral and/or combination inhalation-enteral minimal sedation techniques.
13. Description, maintenance and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.

C. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Duration: Participants must be able to document current certification in Basic Life Support for Healthcare Providers and have completed a nitrous oxide competency course to be eligible for enrollment in this course. While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should include a minimum of 16 hours, plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-enteral minimal sedation techniques is demonstrated. Clinically-oriented experiences may include group observations on patients undergoing enteral and/or combination inhalation-enteral minimal sedation. Clinical experience in managing a compromised airway is critical to |the prevention of life-threatening emergencies. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted. The educational course may be completed in a predoctoral dental education curriculum or a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Instruction: Competency courses in combination inhalation-enteral minimal sedation techniques must afford participants with sufficient clinical understanding to enable them to achieve competency. The course director must certify the competency of participants upon satisfactory completion of the course. Records of the course instruction must be maintained and available.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess a current permit or license to administer moderate sedation in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged. The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

V. TEACHING ADMINISTRATION OF MODERATE SEDATION

These *Guidelines* present a basic overview of the requirements for a competency course in moderate sedation. These include courses in enteral and parenteral moderate sedation. The teaching guidelines contained in this section on moderate sedation differ slightly from documents in medicine to reflect the differences in delivery methodologies and practice environment in dentistry.

Completion of a pre-requisite nitrous oxide-oxygen competency course is required for participants combining moderate sedation with nitrous oxide-oxygen.

A. Course Objectives: Upon completion of a course in moderate sedation, the dentist must be able to:

1. List and discuss the advantages and disadvantages of moderate sedation.
2. Discuss the prevention, recognition and management of complications associated with moderate sedation.
3. Administer moderate sedation to patients in a clinical setting in a safe and effective manner.
4. Discuss the abuse potential, occupational hazards and other untoward effects of the agents utilized to achieve moderate sedation.
5. Describe and demonstrate the technique of intravenous access, intramuscular injection and other parenteral techniques.
6. Discuss the pharmacology of the drug(s) selected for administration.
7. Discuss the precautions, indications, contraindications and adverse reactions associated with the drug(s) selected.

8. Administer the selected drug(s) to dental patients in a clinical setting in a safe and effective manner.
9. List the complications associated with techniques of moderate sedation.
10. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for the prevention and management of emergency situations.
11. Discuss principles of advanced cardiac life support or an appropriate dental sedation/anesthesia emergency course equivalent.
12. Demonstrate the ability to manage emergency situations.
13. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended.

B. Moderate Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instructions.
4. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
5. Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
6. Review of adult respiratory and circulatory physiology and related anatomy.
7. Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.
8. Indications and contraindications for use of moderate sedation.
9. Review of dental procedures possible under moderate sedation.
10. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs, ventilation/breathing and reflexes related to consciousness.
11. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.
12. Prevention, recognition and management of complications and emergencies.
13. Description, maintenance and use of moderate sedation monitors and equipment.
14. Discussion of abuse potential.
15. Intravenous access: anatomy, equipment and technique.
16. Prevention, recognition and management of complications of venipuncture and other parenteral techniques.
17. Description and rationale for the technique to be employed.
18. Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardio-vascular systems.

C. Moderate Sedation Course Duration and Documentation: The Course must include:

- A minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients.
- Certification of competence in moderate sedation technique(s).
- Certification of competence in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.
- Provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted.
- Records of instruction and clinical experiences (i.e., number of patients managed by each participant in each modality/route) that are maintained and available for participant review.

D. Documentation of Instruction: The course director must certify the competency of participants upon satisfactory completion of training in each moderate sedation technique, including instruction, clinical experience, managing the airway, intravascular/intraosseous access, and reversal medications.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess a current permit or license to administer moderate or deep sedation and general anesthesia in at least one state, have had at least three years of experience, including formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than four-to-one when moderate sedation is being taught allows for adequate supervision during the clinical phase of instruction. A one-to-one ratio is recommended during the early stage of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses in moderate sedation must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies. These facilities may include dental and medical schools/offices, hospitals and surgical centers.

ENDNOTES

1 Excerpted from *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/ Analgesia*, 2014, of the American Society of Anesthesiologists. A copy of the full text can be obtained from ASA, 1061 American Lane Schaumburg, IL 60173-4973 or online at **www.asahq.org**.

2 Excerpted from *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/ Analgesia*, 2014, of the American Society of Anesthesiologists. A copy of the full text can be obtained from ASA, 1061 American Lane Schaumburg, IL 60173-4973 or online at **www.asahq.org**.

3 Excerpted from ASA Task Force on Practice Guidelines for Sedation and Analgesia by non-Anesthesiologists; *Anesthesiology*; 2005-2006. A copy of the full text can be obtained from ASA, 1061 American Lane Schaumburg, IL 60173-4973 or online at **www.asahq.org**.

Recommendation Follow-up Report

Oregon Health Authority

Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program

June 2022
Report 2022-17

OREGON SOS
Secretary of State
Shemia Fagan

OREGON AUDITS DIVISION
Audits Director
Kip Memmott

Report Highlights

Oregon Health Authority

Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program

Follow-up to Audit Report 2018-40

The Oregon Health Authority (OHA) has made some progress on the 12 recommendations from the original audit, partially implementing three and fully implementing four. Restrictions still limit the effectiveness and impact of the program. Enhancing Oregon's Prescription Drug Monitoring Program (PDMP) will help maximize its potential and better address opioid and other substance abuse issues in the state.

Findings from the original audit

- We identified people who received opioid prescriptions from excessive numbers of prescribers, instances of dangerous prescription drug combinations, and prescriptions for excessive drug dosages.
- Oregon is one of a few states that does not require use of the PDMP database before an opioid prescription is written or dispensed, and state laws prevent OHA from sharing information on questionable activity with stakeholders.
- Oregon's PDMP does not collect some prescription information that could be critical in preventing prescription drug abuse and misuse and could better use PDMP data to analyze trends in prescribed drugs.

Improvements noted

- PDMP staff have specialty information listed for every applicable registered prescriber in the PDMP and staff have a process in place to add DEA issued numbers for applicable prescribers. (pg. 3)
- PDMP staff have created prescriber report cards and medical director reports to provide analysis of prescribing at an individual and clinic level. Prescriber reports are generated quarterly and everyone who prescribed opioids or benzodiazepines during the timeframe receive a report. (pg. 5)
- As of 2020, the diagnosis code related to the prescription is reported to the PDMP when provided by prescribers to pharmacists. (pg. 7)

Remaining areas of concern

- State laws that prevent PDMP information to be shared proactively with stakeholders to help monitor and address questionable prescription activity have not changed. (pg. 6)
- Oregon still does not require prescribers or pharmacists to use the PDMP database before certain prescriptions are written or dispensed. (pg. 6)
- Oregon's PDMP has not expanded to collect some prescription information that could be critical in preventing prescription drug abuse. (pg. 7)

OREGON SOS
OREGON AUDITS DIVISION

Introduction

The purpose of this report is to follow up on the recommendations we made to the Oregon Health Authority (OHA) as included in audit report 2018-40, "Constraints on Oregon's Prescription Drug Monitoring Program Limit the State's Ability to Help Address Opioid Misuse and Abuse." The audit, which looked at ways Oregon could better leverage its PDMP to help with the opioid epidemic, received the National State Auditor Association's Excellence in Accountability Award for 2020 because of its innovative approach and compelling findings and recommendations addressing this critical public health issue.

The Oregon Audits Division conducts follow-up procedures for each of our performance audits. This process helps assess the impact of our audit work, promotes accountability and transparency within state government, and ensures audit recommendations are implemented and related risks mitigated to the greatest extent possible.

We use a standard set of procedures for these engagements that includes gathering evidence and assessing the efforts of the auditee to implement our recommendations; concluding and reporting on those efforts; and employing a rigorous quality assurance process to ensure our conclusions are accurate. We determine implementation status based on an assessment of evidence rather than self-reported information. This follow-up is not an audit, but a status check on the agency's actions, and therefore does not adhere to the full set of government auditing standards.

To ensure the timeliness of this effort, the division asks all auditees to provide a timeframe for implementing the recommendations in our audit reports. We use this timeframe to schedule and execute our follow-up procedures.

Our follow-up procedures evaluate the status of each recommendation and assign it one of the following categories:

> **Implemented/Resolved:** The auditee has fully implemented the recommendation or otherwise taken the appropriate action to resolve the issue identified by the audit.
>
> **Partially implemented:** The auditee has begun taking action on the recommendation, but has not fully implemented it. In some cases, this simply means the auditee needs more time to fully implement the recommendation. However, it may also mean the auditee believes it has taken sufficient action to address the issue and does not plan to pursue further action on that recommendation.
>
> **Not implemented:** The auditee has taken no action on the recommendation. This could mean the auditee still plans to implement the recommendation and simply has not yet taken action; it could also mean the auditee has declined to take the action identified by the recommendation and may pursue other action, or the auditee disagreed with the initial recommendation.

The status of each recommendation and results of our follow-up work are detailed in the following pages.

We sincerely appreciate the courtesies and cooperation extended by officials and employees of OHA during the course of this follow-up work.

Report team
Ian Green, M.Econ, CGAP, CFE, CISA, CIA Audit Manager
Karen Peterson, Principal Auditor

About the Secretary of State Audits Division

The Oregon Constitution provides that the Secretary of State shall be, by virtue of the office, Auditor of Public Accounts. The Audits Division performs this duty. The division reports to the elected Secretary of State and is independent of other agencies within the Executive, Legislative, and Judicial branches of Oregon government. The division has constitutional authority to audit all state officers, agencies, boards and commissions as well as administer municipal audit law.

Recommendation Implementation Status

Maintain an ongoing partnership with health licensing boards to target outreach efforts to get all required prescribers registered with the PDMP.	**Implemented**

All Oregon prescribers with an Oregon license and U.S. Drug Enforcement Administration registration are required to enroll with the PDMP. OHA does not have any authority to compel prescribers to enroll, so it has been working with licensing boards, which do have regulatory authority over licensees, to provide lists of those who are not compliant for targeted outreach. According to PDMP staff, licensing boards have requested these lists be provided every other month to align with their enrollment efforts.

Outreach efforts seem to be helping increase the number of registered prescribers. In early November 2018, about 77% of required prescribers had registered with the PDMP. As of mid-2021, the program reported the percentage of required registered prescribers increased to 85%, with nearly 97% of the top 4,000 prescribers registered.

Provide guidance, including examples, to prescribers on ways to integrate accessing the PDMP database into their daily workflow.	**Implemented**

The Oregon PDMP Integration initiative is sponsored by HIT Commons, a shared public and private governance model formed between the Oregon Health Leadership Council (OHLC) and OHA. They have created a guide that provides information specific to PDMP integrations for multiple health information technology systems.

According to the program, OHA continues its collaboration with the Oregon Medical Board and the Pain Management Improvement Team to identify and support clinics in need of assistance with PDMP and electronic health record integration. As of September 2021, OHLC reported over 270 organizations and pharmacy sites have integrated the PDMP into their electronic health record systems.

Verify practitioner specialty information with the respective health licensing board and update the PDMP database with this information.	**Implemented**

PDMP staff collected available specialty information from licensing boards and added that information into existing PDMP user profiles. New users are now required to enter specialty information when creating a new account, with the exception of pharmacists. Our review found specialty of practice was listed for applicable PDMP user profiles.

Develop a process for, and facilitate the sharing of, data between PDMP and Medicaid to help ensure completeness of PDMP prescription history and to allow Medicaid to better monitor the prescription behavior of its clients.	**Not implemented**

According to program staff, current Oregon statute does not allow this usage for PDMP data. Rules and laws permit certain entities (patients, healthcare boards, law enforcement, and researchers) under specific conditions to be permitted PDMP information.

As of October 1, 2021, a section of the federal SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act mandates Medicaid programs to have all prescribing providers check the prescription drug history of a covered individual through the Oregon PDMP prior to prescribing that individual a schedule II controlled substance. While requiring prescribers to check prescriptions of their Medicaid clients, it does not help ensure the completeness of prescription information reported to the PDMP or allow the Medicaid program to monitor clients' prescription behavior.

Identify and propose drugs of concern, such as gabapentin, to the Board of Pharmacy and Legislature that should be added to the state's controlled substance schedule and collected by the PDMP.	**Partially implemented**

PDMP started tracking gabapentin as of January 1, 2020, with the passage of House Bill 2257, which was introduced at the request of the Governor.

According to PDMP staff, there are multiple, ongoing partnerships actively working on the overdose crisis such as the medical examiner, High Intensity Drug Trafficking Areas program, Governor's Opioid Epidemic Task Force, national PDMP administrators, and the PDMP Advisory Commission to identify prescription drugs related to overdose to be considered for inclusion in the PDMP.

In addition to those legislatively required, OHA can determine other prescription drugs for the PDMP to collect. However, the agency does not have a specific procedure in place for this, and staff noted it is not something of regular occurrence.

Work with the PDMP vendor and the Board of Pharmacy to make sure prescriptions made by X-waivered prescribers are included in the PDMP database.	**Implemented**

Program staff have a process in place to add X-waivered numbers, issued by the DEA, to user profiles when omitted at time of registration. Only a physician with a special X-waivered number can prescribe the drug buprenorphine to specifically treat a substance abuse disorder such as opioid addiction. According to program staff, identifying X-waivered numbers not captured in the master list provided by U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administration is an ongoing project for them to ensure providers are able to see all prescriptions written under both their DEA and X-waivered numbers.

Expand statutes to allow the PDMP to conduct and share analyses on prescription data, including: a. analyzing prescriber, pharmacy, and patient prescription practices; b. making prescriber report cards available; and c. preparing and issuing unsolicited reports to licensing boards and law enforcement.	**Partially implemented**

Parts a and b of this recommendation became operational with the passage of House Bill 2257. PDMP completed contract amendments in 2020 with its software vendor to create prescriber report cards and medical director reports. Starting in spring 2021, prescriber reports are generated quarterly and are provided to all prescribers who prescribed at least one controlled substance prescription during the reporting timeframe. The report displays four measures that compare a prescriber's prescribing to peers within the same specialty. Those comparative measures include high opioid dose fills, number of patients who received an opioid from four or more prescribers in the last six months, high number of acute opioid fills, and number of patients who had both an opioid and benzodiazepine prescription filled in the same month.

Beginning in May 2021, PDMP made reports available to medical directors that provide an analysis of prescribing at an individual and clinic level. Besides access to PDMP data, directors can see prescriber report cards to help oversee operations of their respective entities. PDMP has a new organizational management tool for directors to establish cohorts within their view of PDMP data to quickly pull up prescriber information. Dental and pharmacy directors are also given the same access as medical directors for their entities.

For part c of the recommendation, current Oregon statute does not allow for this usage of PDMP data. PDMP management stated they use appropriate channels to make recommendations for legislative changes. According to PDMP Advisory Commission minutes, the commission was supportive of proactively informing licensing boards of potentially inappropriate prescribing but opposed to doing so with law enforcement.[1]

Seek legislative action to address the issue of prescribers not registering with the PDMP as required and pharmacies not submitting corrected data within statutory requirements.	**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute. Until then, PDMP staff work have been working with licensing boards, as noted in recommendation no. 1, to target outreach for required prescribers to register with the PDMP. The percentage of required registered prescribers has increased but still falls short of full compliance.

Staff continue to monitor and work with pharmacies to get corrected data. Erroneous records are placed on hold, not viewable from PDMP queries. Current Oregon rules do not impose any penalty to

[1] Per ORS 431A.890, the PDMP Advisory Commission was created to study issues related to the PDMP, review and make recommendations to OHA regarding program operations, and develop the criteria to evaluate program data.

pharmacies if errors are not corrected, and our previous audit found some data submission had been on hold for years.

Provide further authority to the Clinical Review Subcommittee to require the justification of practices deemed concerning, and allow the collaboration with licensing boards and law enforcement for concerning practices.	**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute. PDMP works with the OHA legislative liaison and the Governor's Opioid Taskforce to recommend possible legislative changes to allow for such collaboration as of December 2020. The Clinical Review Subcommittee's work has expanded to allow for peer comparison reports to encourage provider self-evaluation and allow Medical Directors to evaluate prescribing practice at the clinic level, effective Spring 2021. However, it still does not require prescribers to provide justification of prescribing practices deemed concerning or require the prescriber takes the training recommended. Specific concerning practices cannot be shared with law enforcement and licensing boards. Law enforcement and regulators cannot access PDMP data on providers or patients without a court order or an active board investigation.

Expand authority for other professional and state entities authorized access to PDMP information.	**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute and OHA is actively using appropriate channels to recommend legislative changes. Concerns of patient and provider privacy seem to hinder expanding authorized access to other entities.

As noted in our previous audit report, leading practices recommend proactively providing PDMP data not only to prescribers and dispensers, but also to licensing boards and law enforcement regarding any potential signs of abuse, misuse, or diversion of controlled substances.

Require and set parameters for when prescribers must query the PDMP database to review a patient's prescription history. This should include, at a minimum, requiring the querying of the PDMP database prior to prescribing controlled substances and substances of concern, and for dispensers to query the database prior to issuing a medication and periodically while the patient is taking those medications.	**Not implemented**

According to program staff, implementation of this recommendation requires a change in statute and OHA is actively using appropriate channels to recommend legislative changes. PDMP Advisory Commission is in favor of mandatory use of the PDMP. As noted in our previous audit, leading practices require all prescribers who can write prescriptions for controlled substances to register and query the PDMP database prior to prescribing and dispensing opioids.

As noted in recommendation no. 4 for Medicaid programs, prescribing providers must check the prescription drug history in the PDMP before prescribing certain controlled substances as of October 1, 2021.

Allow for additional information to be collected by the PDMP. This should include: a. prescriptions for Schedule V controlled substances and other drugs of concern; b. applicable prescriptions from other types of pharmacies, not solely retail pharmacies; c. applicable prescriptions prescribed by veterinarians; d. method of payment used to pay for the prescription; e. patients who are restricted or have a "lock-in" to a single prescriber and a single pharmacy for obtaining controlled substances; and f. diagnosis code related to the prescription.	**Partially implemented**

The passage of House Bill 2257 requires the diagnosis code related to the prescription to be reported to the PDMP when provided by prescribers to pharmacists. PDMP staff stated the diagnosis code was reported to the PDMP as of 2020 when made available to pharmacists by prescribers.

For the other five parts of the recommendation, program staff stated the implementation of those require a change in statute.

As discussed in our previous report, other states collect prescription details beneficial to understanding and addressing substance misuse and abuse that Oregon does not. Most other states collect Schedule V drugs to allow their PDMP to monitor trends of all the controlled substances in the Controlled Substances Act. Most states also collect the method of payment information, which allows to see if the person is paying cash for an opioid medication when known to have insurance. Exempting prescriptions from other types of pharmacies can limit the completeness of a patient's prescription history as we found in our previous report. Lastly, having applicable veterinarian prescriptions would provide for any trends in prescribing habits and pet owners obtaining controlled substances for their pets.

Conclusion

The misuse and abuse of opioids and risk of overdose remain a health threat nationally and in Oregon. This involves both prescription opioid pain medications and illicit opioids.

Oregon ranked first for prescription opioid misuse in the nation.

2020 National Survey on Drug Use and Health

Oregon has the highest rate of misuse of prescription opioids in the nation. Although Oregon is dispensing fewer opioid prescriptions, it is still prescribing at a higher rate than the national average. Additionally, there has been a steady increase in prescription stimulants. Oregon's PDMP is an important tool to help address prescription drug abuse and misuse, and improve health outcomes.

Since the original audit was issued in December 2018, PDMP staff have:

- maintained an ongoing partnership with health licensing boards to help get more required prescribers registered with the PDMP, and the percentage of required prescribers registered has increased to 85% as of mid-2021.
- included specialty information for every applicable registered prescriber in the PDMP and have a process in place to add X-waivered DEA numbers for applicable prescribers.

Further, subsequent legislation allowed for some program changes and PDMP staff have:

- created prescriber report cards and medical director reports to provide comparative analysis of prescribing at an individual and clinic level.
- collected and tracked prescriptions for gabapentin.
- collected diagnosis code as a part of the prescription information reported to the PDMP when provided by prescribers to pharmacists.

Oregon does not require all prescribers or pharmacists to use the PDMP database before writing or dispensing controlled substance prescriptions.

Our follow-up work indicates Oregon could do more to promote and enhance the use of PDMP as a tool to help combat drug epidemics. Oregon does not require all prescribers or pharmacists to use the PDMP database prior to writing or dispensing controlled substance prescriptions. Also, other states allow their PDMP to share information proactively with stakeholders to help monitor and address questionable prescription activity and collect some additional prescription information that could be critical in preventing prescription drug abuse.

This report is intended to promote the best possible management of public resources.
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From: DentalCompact <dentalcompact@csg.org>
Sent: Thursday, July 28, 2022 8:34 AM
Subject: Dentist and Dental Hygienist Compact Stakeholder Review

Good morning,

Thank you for your interest in the Dentist and Dental Hygienist Compact.

The initial draft of the Dentist and Dental Hygienist Compact is now online and the public comment period will begin next week. CSG will be hosting weekly Zoom review sessions to explain the compact section by section, on Wednesdays at 1 pm ET beginning August 3. The registration link for these sessions is below. We encourage comments, questions and suggestions on compact language to be submitted via the feedback survey to ensure comments are captured.

The compact draft, the survey for feedback and information about weekly review sessions can be found on CSG's Dentist and Dental Hygienist Compact webpage: https://compacts.csg.org/compact-updates/dentistry-and-dental-hygiene/
Link to compact draft language: https://compacts.csg.org/wp-content/uploads/2022/07/Dentist-and-Dental-Hygienist-Compact-Draft.pdf
Link to registration for review sessions: https://csg-org.zoom.us/meeting/register/tZEvf-CppjosHtEt2_ZkngI9czguRdaTf-5s

The link for the feedback survey will be available next week. When the survey goes live, a link will be posted on the webpage above.

Thanks again for your participation in the development of the Dentist and Dental Hygienist Compact!

Isabel Eliassen
Policy Associate
The Council of State Governments
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The Council of State Governments

DENTIST AND DENTAL HYGIENIST COMPACT

SECTION 1. TITLE AND PURPOSE

This statute shall be known and cited as the Dentist and Dental Hygienist Compact. The purpose of this Compact is to facilitate the interstate practice of dentistry and dental hygiene with the goal of improving public access to services and supporting the ability of Dentists and Dental Hygienists to provide dentistry and dental hygiene services when relocating in Participating States. The Compact preserves the regulatory authority of Participating States to protect public health and safety through their authority to regulate the practice of dentistry and dental hygiene in their State by Dentists and Dental Hygienists who practice in their State pursuant to a Compact Privilege.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

A. **"Active-Duty Military"** means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active-duty orders pursuant to 10 U.S.C. Section 1209 and 1211.

B. **"Adverse Action"** means disciplinary action or encumbrance imposed on a license or Compact Privilege by a State Licensing Authority.

C. **"Alternative Program"** means a non-disciplinary monitoring or practice remediation process applicable to a Dentist or Dental Hygienist approved by the State Licensing Authority of a Participating State in which the Dentist or Dental Hygienist is licensed. This includes, but is not limited to, programs to which Licensees with substance abuse or addiction issues are referred in lieu of Adverse Action.

D. **"Clinical Assessment"** means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

E. **"Commissioner"** means the individual appointed by a Participating State to serve as the member of the Commission for that Participating State.

F. **"Compact"** means this Dentist and Dental Hygienist Licensing Compact.

G. **"Compact Privilege"** means the authorization granted by the Commission to allow a Licensee from a Participating State to practice as a Dentist or Dental Hygienist in a Remote State.

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H. **"Continuing Professional Development"** means a requirement, as a condition of license renewal or the renewal of a license registration, to provide evidence of successful participation in, educational or professional activities relevant to practice or area of work.

I. **"Criminal Background Check"** means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the agency responsible for retaining State criminal records in the State.

J. **"Data System"** means the Commission's repository of information about Licensees, including but not limited to examination, licensure, investigative, Compact Privilege, Adverse Action, and Alternative Program.

K. **"Dental Hygienist"** means an individual who is licensed by a State Licensing Authority to practice dental hygiene.

L. **"Dentist"** means an individual who is licensed by a State Licensing Authority to practice dentistry.

M. **"Dentist and Dental Hygienist Compact Commission" or "Commission"** means a government agency established by this Compact comprised of each State that has enacted the Compact and a national administrative body comprised of a Commissioner from each State that has enacted the Compact.

N. **"Encumbered License"** means a license that a State Licensing Authority has limited in any way other than through an Alternative Program.

O. **"Executive Board"** means the Chair, Vice Chair, Secretary and Treasurer and any other Commissioners as may be determined by Commission Rule or bylaw.

P. **"Jurisprudence Requirement"** means the assessment of an individual's knowledge of the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in a State.

Q. **"Licensee"** means an individual who currently holds an authorization from a Participating State, other than a Compact Privilege, or other privilege, to practice as a Dentist or Dental Hygienist in that State.

R. **"Model Compact"** the model for the Interstate Dentist and Dental Hygienist Compact on file with the Council of State Governments or other entity as designated by the Commission**.**

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S. **"Participating State"** means a State that has enacted the Compact and been admitted to the Commission in accordance with the provisions herein and Commission Rules.

T. "**Qualifying License"** means a license that is not an Encumbered License issued by a Participating State to practice dentistry or dental hygiene.

U. **"Remote State"** means a Participating State where a Licensee who is not licensed as a Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.

V. **"Rule"** means a regulation promulgated by an entity that has the force of law.

W. **"Scope of Practice"** means the procedures, actions, and processes a Dentist or Dental Hygienist licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, Rules and regulations, case law, and other processes available to the State Licensing Authority or other government agency.

X. **"Significant Investigative Information"** means information, records, and documents received or generated by a State Licensing Authority pursuant to an investigation for which a determination has been made that there is probable cause to believe that the Licensee has violated a statute or regulation that is considered more than a minor infraction for which the State Licensing Authority could pursue adverse action against the Licensee.

Y. **"State"** means any state, commonwealth, district, or territory of the United States of America that regulates the practices of dentistry and dental hygiene.

Z. **"State Licensing Authority"** means the agency or other entity of a State that is responsible for the licensing and regulation of Dentists and Dental Hygienists.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

A. In order to join the Compact and thereafter continue as a Participating State, a State must:

1. Enact a compact that is not materially different from the Model Compact as determined in accordance with Commission Rules;

2. Participate fully in the Commission's Data System;

3. Have a mechanism in place for receiving and investigating complaints about its Licensees;

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4. Notify the Commission, in compliance with the terms of the Compact and Commission Rules, of any Adverse Action or the availability of Significant Investigative Information regarding a Licensee;

5. Fully implement a Criminal Background Check requirement, within a time frame established by Commission Rule, by receiving the results of a qualifying Criminal Background Check;

6. Comply with the Commission Rules applicable to a Participating State;

7. Utilize the National Board Examinations of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule as a requirement for licensure;

8. Require for licensure that applicants graduate from a predoctoral dental education program, leading to the D.D.S. or D.M.D. degree, or a dental hygiene education program accredited by the Commission on Dental Accreditation or another agency permitted by Commission Rule;

9. Require for licensure that applicants successfully complete a Clinical Assessment;

10. Have Continuing Professional Development requirements as a condition for license renewal or renewal of license; and

11. Pay a participation fee to the Commission as established by Commission Rule.

B. When conducting a Criminal Background Check the State Licensing Authority shall:

1. Consider that information in making a licensure decision;

2. Maintain documentation of completion of the Criminal Background Check and background check information to the extent allowed by State and federal law; and

3. Report to the Commission whether it has completed the Criminal Background Check and whether the individual was denied a license.

C. The Commission shall grant a Licensee of a Participating State who does not hold an Encumbered License in any other Participating State, the Compact Privilege in a Remote State in accordance with the terms of the Compact and Commission Rules. If a Remote State has a Jurisprudence Requirement, the Commission shall not grant the Licensee the Compact Privilege for that Remote State unless and until the Commission is informed by the Remote State or Licensee that the Licensee has satisfied the Jurisprudence Requirement.

SECTION 4. COMPACT PRIVILEGE

A. To exercise the Compact Privilege under the terms and provisions of the Compact, the Licensee shall:

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1. Have a Qualifying License as a Dentist or Dental Hygienist in a Participating State.

2. Be eligible for a Compact Privilege in any Remote State in accordance with D, G and H of this section;

3. Apply to the Commission whenever the Licensee is seeking a Compact Privilege within one or more Remote States;

4. Pay any applicable Commission and Remote State fees for a Compact Privilege in the Remote State;

5. Meet any Jurisprudence Requirements established by a Remote State in which the Licensee is seeking a Compact Privilege;

6. Have passed a National Board Examination of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule as a requirement for licensure;

7. Have graduated from a predoctoral dental education program, leading to the D.D.S. or D.M.D. degree, or a dental hygiene education program accredited by the Commission on Dental Accreditation or another agency permitted by Commission Rule;

8. Have successfully completed a Clinical Assessment for licensure;

9. Report to the Commission Adverse Action taken by any non-Participating State when applying for a Compact Privilege and, otherwise, within thirty (30) days from the date the Adverse Action is taken;

10. Report to the Commission when applying for a Compact Privilege the address of the Licensee's primary residence and thereafter immediately report to the Commission any change in the address of the Licensee's primary residence; and

11. Consent to accept service of process by mail at the Licensee's primary residence on record with the Commission with respect to any action brought against the Licensee by the Commission or a Participating State, and consent to accept service of a subpoena by mail at the Licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted by the Commission or a Participating State.

B. The Licensee must comply with the requirements of subsection A of this section to maintain the Compact Privilege in the Remote State. If those requirements are met, the Compact Privilege will continue as long as the Licensee maintains a Qualifying License and pays any applicable renewal fees.

C. A Licensee providing dentistry or dental hygiene in a Remote State under the Compact Privilege shall function within the Scope of Practice authorized by the Remote State for a Dentist or Dental Hygienist licensed in that State.

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D. A Licensee providing dentistry or dental hygiene pursuant to Compact Privilege in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, remove by Adverse Action a Licensee's Compact Privilege in the Remote State for a specific period of time, and impose fines or take any other necessary actions to protect the health and safety of its citizens. If a Remote State imposes an Adverse Action against a Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote States. A Licensee whose Compact Privilege in a Remote State is removed for a specified period of time is not eligible for a Compact Privilege in any other Remote State until the specific time for removal of the Compact Privilege has passed and all encumbrance requirements are satisfied.

E. If a license in a Participating State is an Encumbered License, the Licensee shall lose the Compact Privilege in a Remote State and shall not be eligible for a Compact Privilege in any Remote State until the license is no longer encumbered.

F. Once an Encumbered License in a Participating State is restored to good standing, the Licensee must meet the requirements of subsection A of this section to obtain a Compact Privilege in a Remote State.

G. If a Licensee's Compact Privilege in a Remote State is removed by the Remote State, the individual shall lose or be ineligible for the Compact Privilege in any Remote State until the following occur:

1. The specific period of time for which the Compact Privilege was removed has ended; and

2. All conditions for removal of the Compact Privilege have been satisfied.

H. Once the requirements of subsection G of this section have been met, the Licensee must meet the requirements in subsection A of this section to obtain a Compact Privilege in a Remote State.

SECTION 5. ACTIVE-DUTY MILITARY PERSONNEL OR THEIR SPOUSES

An Active-Duty Military individual and their spouse shall not be required to pay to the Commission for a Compact Privilege the fee otherwise charged by the Commission. If a Remote State chooses to charge a fee for a Compact Privilege, it may choose to charge a reduced fee or no fee to an Active-Duty Military individual and their spouse for a Compact Privilege.

SECTION 6. ADVERSE ACTIONS

A. A Participating State in which a Licensee is licensed shall have exclusive authority to impose Adverse Action against the Qualifying License issued by that Participating State.

B. A Participating State may take Adverse Action based on the Significant Investigative Information of a Remote State, so long as the Participating State follows its own procedures for imposing Adverse Action.

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C. Nothing in this Compact shall override a Participating State's decision that participation in an Alternative Program may be used in lieu of Adverse Action and that such participation shall remain non-public if required by the Participating State's laws. Participating States must require Licensees who enter any Alternative Program in lieu of discipline to agree not to practice in any other Participating State during the term of the Alternative Program without prior authorization from such other Participating State.

D. Any Participating State in which a Licensee is applying to practice or is practicing pursuant to a Compact Privilege may investigate actual or alleged violations of the statutes and regulations authorizing the practice of dentistry or dental hygiene in any other Participating State in which the Dentist or Dental Hygienist holds a license or Compact Privilege.

E. A Remote State shall have the authority to:

1. Take Adverse Actions as set forth in Section 4.D against a Licensee's Compact Privilege in the State;

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a State Licensing Authority in a Participating State for the attendance and testimony of witnesses, or the production of evidence from another Participating State, shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State where the witnesses or evidence are located; and

3. If otherwise permitted by State law, recover from the Licensee the costs of investigations and disposition of cases resulting from any Adverse Action taken against that Licensee.

F. Joint Investigations

1. In addition to the authority granted to a Participating State by its respective dentist or dental hygienist licensure act or other applicable State law, a Participating State may jointly investigate Licensees with other Participating States.

2. Participating States shall share any Investigative Information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. Authority to Continue Investigation.

1. After a Licensee's Compact Privilege in a Remote State is terminated, the Remote State may continue an investigation of the Licensee that began when the Licensee had a Compact Privilege in that Remote State.

2. If the investigation yields what would be Significant Investigative Information had the Licensee continued to have a Compact Privilege in that Remote State, the Remote State

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shall report the presence of such Information to the Data System as required by Section 8.B.6 as if it was Significant Investigative Information.

SECTION 7. ESTABLISHMENT OF THE COMMISSION.

A. The Compact Participating States hereby create and establish a joint government agency and national administrative body known as the Dentist and Dental Hygienist Compact Commission. The Commission is an instrumentality of the Compact States acting jointly and not an instrumentality of any one state. The Commission shall come into existence on or after the effective date of the Compact as set forth in Section 11.A.

B. Participation, Voting, and Meetings

1. Each Participating State shall have and be limited to one (1) Commissioner. The Commission may by Rule or bylaw establish a term of office of a Commissioner or term limits.

2. The Commissioner shall be a member or designee of the State Licensing Authority.

3. Any Commissioner may be removed or suspended from serving as a Commissioner as provided by the law of the State from which the Commissioner is appointed or the Commission's Rules or bylaws.

4. The Participating State shall fill a vacancy of its Commissioner in the Commission within sixty (60) days of the vacancy.

5. Each Commissioner shall be entitled to one (1) vote with regard to all matters that are voted upon by the Commissioners.

6. A Commissioner shall vote in person or by such other means as provided in the Commission's bylaws. The bylaws may provide for Commissioner participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Commission's bylaws.

C. The Commission shall have the following powers and duties:

1. Establish code of conduct and conflict of interest policies;

2. Establish the fiscal year of the Commission;

3. Establish bylaws;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;

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6. Promulgate Commission Rules to facilitate and coordinate implementation and administration of this Compact. The Rules shall have the force and effect of law and shall be binding on all Participating States;

7. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Licensing Authority to sue or be sued under applicable law shall not be affected;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Participating State;

10. Hire employees and engage contractors, elect officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

11. Accept and dispose of equipment, supplies, materials and services, and provide for financing of the Commission and payments of its debts and expenses, provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

12. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

13. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

14. Establish a budget and make expenditures;

15. Borrow money;

16. Appoint committees, including standing committees composed of Commissioners, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Commission's bylaws;

17. Provide and receive information from, and cooperate with, law enforcement agencies;

18. Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers of the Commission as provided in the Commission's bylaws;

19. Reserve for itself, in addition to those reserved exclusively to the Commission under the Compact, powers that the Executive Board may not exercise;

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20. Approve or disapprove a State's participation in the Compact based upon its determination as to whether the State's Compact legislation departs in a material manner from the model Compact language;

21. In its discretion, establish a period of time a Compact Privilege shall be in effect without renewal.

22. As set forth in the Commission Rules, charge a fee to a Licensee for the grant of a Compact Privilege in a Remote State and thereafter, as may be established by Commission Rule, charge the Licensee a Compact Privilege renewal fee for each renewal period in which the Licensee exercises or intends to exercise the Compact Privilege in that Remote State. Nothing herein shall be construed to prevent a Remote State from charging a Licensee a fee for a Compact Privilege or renewals of a Compact Privilege, or a fee for the Jurisprudence Requirement if the Remote State imposes such a requirement for the grant of a Compact Privilege;

23. Maintain and certify records and information provided to a Participating State as the authenticated business records of the Commission, and designate a person to do so on the Commission's behalf; and

24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. Meetings of the Commission

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least thirty (30) days prior to the public meeting.

2. Notwithstanding subsection D.1 of this section, the Commission may convene a public meeting by providing at least twenty-four (24) hours prior notice on the Commission's website, and any other means as provided in the Commission's Rules, for any of the reasons it may dispense with notice of proposed rulemaking under Section 9.L.

3. The Commission may convene in a closed, non-public meeting or non-public part of a public meeting to receive legal advice or to discuss:

   a. Non-compliance of a Participating State with its obligations under the Compact;

   b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

   c. Current, threatened, or reasonably anticipated litigation;

   d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

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e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or committee charged with the responsibility of investigation or determination of compliance issues pursuant to the Compact;

j. Legal advice;

k. Matters specifically exempted from disclosure by federal or Participating State law; or

l. Other matters as provided by Commission Rule.

4. If a meeting, or portion of a meeting, is closed pursuant to subsection D.3 of this section, the presiding officer shall make an announcement that the meeting or portion of the meeting shall be closed and shall reference each relevant exempting provision.

5. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

E. The Commission shall prepare and provide to the Participating States an annual report of its activities.

F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate sources of revenue, donations, and grants of money, equipment, supplies, materials, and services.

3. The Participating States' annual assessment fees and the Licensees' Compact Privilege fees and any applicable renewal fees shall be used to cover the cost of the operations and activities of the Commission and its staff and must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for Participating States shall be allocated based upon a formula to be determined by Commission Rule.

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4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any Participating State, except by and with the authority of the Participating State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

G. The Executive Board

1. The Executive Board shall have the power to act on behalf of the Commission according to the terms of this Compact and Commission Rules.

2. The Commission may remove any member of the Executive Board as provided in the Commission's bylaws.

3. The Executive Board shall meet at least annually.

4. The Executive Board shall have the following duties and responsibilities:

   a. Recommend to the Commission changes to the Commission's Rules or bylaws, changes to this Compact legislation, fees to be paid by Compact Participating States such as annual dues, and any Commission Compact fee charged to Licensees for the Compact Privilege;

   b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

   c. Prepare and recommend the budget;

   d. Maintain financial records on behalf of the Commission;

   e. Monitor Compact compliance of Participating States and provide compliance reports to the Commission;

   f. Establish additional committees as necessary;

   g. Exercise the powers and duties of the Commission during the interim between Commission meetings, except for issuing proposed rulemaking or adopting Commission Rules or bylaws, or exercising any other powers and duties exclusively reserved to the Commission by the Commission's Rules; and

   h. Other duties as provided in the Commission's Rules or bylaws.

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5. All meeting of the Executive Board at which it votes or plans to vote on matters in exercising the powers and duties of the Commission shall be open to the public and public notice of such meetings shall be given as public meetings of the Commission are given.

6. The Executive Board may convene in a closed, non-public meeting for the same reasons that the Commission may convene in a non-public meeting as set forth in Section 7.D 3 and shall announce the closed meeting as the Commission is required to under Section 7.D.4 and keep minutes of the closed meeting as the Commission is required to under Section 7.D.5.

H. Qualified Immunity, Defense, and Indemnification

1. The Commissioners, officers, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

2. The Commission shall defend any Commissioner, officer, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or, as determined by the Commission, that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel, and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any Commissioner, officer, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

4. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses in any proceedings as authorized by Commission Rules.

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5. Nothing herein shall be construed as a limitation on the liability of any Licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable State laws.

6. Nothing herein shall be construed to designate the venue or jurisdiction to bring actions for alleged acts of malpractice, professional misconduct, negligence, or other such civil action pertaining to the practice of dentistry or dental hygiene. All such matters shall be determined exclusively by State law other than this Compact.

7. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a Participating State's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation.

8. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the Participating States or by the Commission.

SECTION 8. DATA SYSTEM

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, Adverse Action, Alternative Program and the reporting of the existence of Significant Investigative Information, on all Licensees in Participating States.

B. Notwithstanding any other provision of State law to the contrary, a Participating State shall submit a uniform data set to the Data System on all individuals to whom this Compact is applicable as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse Actions against a license or Compact Privilege and information related thereto;

4. Alternative Program participation, the beginning and ending dates of such participation, and other information related to such participation not made confidential under Participating State law;

5. Any denial of an application for licensure, and the reason(s) for such denial (excluding the reporting of any Criminal history record information where prohibited by law); and

6. The presence of Significant Investigative Information; and

7. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. Significant Investigative Information pertaining to a Licensee in any Participating State will only be available to other Participating States.

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D. It is the responsibility of each Participating State to report any Adverse Action it takes against a license or Compact Privilege, including upon an applicant for a license, and to monitor the database to determine whether Adverse Action has been taken against a Licensee or license applicant. Adverse Action information pertaining to a Licensee in any Participating State will be available to any other Participating State. Participating States may obtain from the Data System information of any Adverse Action taken against a Licensee or an individual applying for a license.

E. Participating States contributing information to the Data System may, in accordance with a State or federal law so requiring, designate information that may not be shared with the public without the express permission of the contributing State. Notwithstanding any such designation, such information shall be reported to the Commission through the Data System.

F. Any information submitted to the Data System that is subsequently expunged Pursuant to federal law or the laws of the Participating State contributing the information shall be removed from the Data System upon reporting of such by the Participating State to the Commission.

G. The records and information provided to a Participating State pursuant to this Compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Participating State.

SECTION 9. RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the Rules adopted thereunder. Commission Rules shall become binding as of the date specified in its adoption of each Rule.

B. No Rule of the Commission shall conflict with the laws of a Participating State that establishes the Scope of Practice of a Licensee in that Participating State.

C. The Commission shall promulgate reasonable Rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event the Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review, as determined by a court of competent jurisdiction, the Rules to which the judicial determination applies shall be invalid and have no force and effect.

D. If a majority of the legislatures of the Participating States rejects a Commission Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Participating State or to any State applying to participate in the Compact.

E. Commission Rules shall be adopted at a regular or special meeting of the Commission.

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F. Prior to promulgation and adoption of a final Rule or Rules by the Commission, and at least thirty (30) days in advance of the meeting at which the Rule will be considered and voted upon, the Commission shall place a Notice of Proposed Rulemaking on the website of the Commission or other publicly accessible platform and provide written Notice of Proposed Rulemaking to the State Licensing Authority of each Participating State;

G. The Notice of Proposed Rulemaking shall include:

1. The time, date and location of a public hearing on the proposed rule and the proposed time, date, and location of the meeting in which the proposed Rule will be considered and voted upon;

2. The text of the proposed Rule and the reason for the proposed Rule;

3. A request for comments on the proposed Rule from any interested person and the date by which written comments must be received; and

4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing or provide any written comments.

H. Prior to adoption of a proposed Rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

I. If the hearing is to be held via electronic means, the Commission shall publish in the Notice of Proposed Rulemaking the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall as directed in the notice of the public hearing, not less than five (5) business days before the scheduled date of the hearing, notify the Commission of their desire to appear and testify at the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings will be recorded. A copy of the recording and the written Comments, data, facts, opinions, and arguments received in response to the proposed rulemaking will be made available to a person upon request.

4. Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

J. Following the public hearing the Commission shall consider all written and oral comments received.

K. The Commission shall, by majority vote of all Commissioners, take final action on the proposed Commission Rule and shall determine the effective date of the Rule, if adopted, based on the rulemaking record and the full text of the Rule.

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1. If adopted, the Rule shall be posted on the Commission's website.

2. The Commission may adopt changes to the proposed Rule provided the changes do not enlarge the original purpose of the proposed Rule.

3. The Commission shall provide on its website an explanation of the reasons for substantive changes made to the proposed Rule as well as reasons for substantive changes not made that were recommended by commenters.

4. The Commission shall determine a reasonable effective date for the Rule. Except for an emergency as provided in subsection L, the effective date of the Rule shall be no sooner than thirty (30) days after issuing the notice that it adopted the Rule.

L. Upon a determination that an emergency exists, the Commission may consider and adopt an emergency Rule with twenty-four (24) hours prior notice, without the opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. For the purposes of this provision, an emergency Rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Participating State funds;

3. Meet a deadline for the promulgation of a Rule that is established by federal law or Rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made to the Commission as set forth in the notice of revisions and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive and judicial branches of State government in each Participating State shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

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2. The Commission shall be entitled to receive service of process in any such proceeding regarding the enforcement or interpretation of the Compact or the Commission's Rules and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission with service of process shall render a judgment or order in such proceeding void as to the Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Participating State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall provide written notice to the defaulting State and other Participating States. The notice shall describe the default, the proposed means of curing the default and any other action that the Commission may take, and shall offer remedial training and specific technical assistance regarding the default.

2. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the Commissioners of the Participating States, and all rights, privileges and benefits conferred by this Compact upon such State may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

3. Termination of participation in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor and the majority and minority leaders of the defaulting State's legislature, and to the State Licensing Authority of each of the Participating States.

4. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.

6. The defaulting State may appeal its termination from the Compact by the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

7. If a State has been terminated from participation in the Compact, the State shall immediately provide notice to all Licensees within that State of such termination:

    a. Licensees who have been granted a Compact Privilege in that State shall retain the Compact Privilege for one hundred eighty (180) days following the effective date of such termination.

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b. Licensees who are licensed in that State who have been granted a Compact Privilege in a Participating State shall retain the Compact Privilege for one hundred eighty (180) days unless the Licensee also has a license in a Participating State or obtains a license in a Participating State before the one hundred eighty (180)-day period ends, in which case the Compact Privilege shall continue.

C. Dispute Resolution

1. Upon request by a Participating State, the Commission shall attempt to resolve disputes related to the Compact that arise among Participating States and between Participating and non-Participating States.

2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.

2. If compliance is not secured after all means to secure compliance have been exhausted, by majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia, or the federal district where the Commission has its principal offices, against a Participating State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under applicable federal or State law.

E. Legal Action Against the Commission

1. A Participating State may initiate legal action against the Commission in the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

2. No person other than a Participating State shall enforce this compact against the Commission.

SECTION 11.EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

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A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth Participating State.

1. On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the first ten Participating States ("Charter Participating States") to determine if the statute enacted by each such Charter Participating State is materially different than the Model Compact.

    a. A Charter Participating State whose enactment is found to be materially different from the Model Compact shall be entitled to the default process set forth in Section 10.B.

    b. If any Participating State later withdraws from the Compact or its participation is terminated, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Participating States should be less than ten. Participating States enacting the Compact subsequent to the ten initial Charter Participating States shall be subject to the process set forth in Section 7.C.20 to determine if their enactments are materially different from the Model Compact and whether they qualify for participation in the Compact.

2. Participating States enacting the Compact subsequent to the ten initial Charter Participating States shall be subject to the process set forth in Section 7.C.20 to determine if their enactments are materially different from the Model Compact and whether they qualify for participation in the Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

B. Any State that joins the Compact subsequent to the Commission's shall be subject to the Commission's Rules and bylaws as they exist on the date on which the Compact becomes law in that State. Any Rule or bylaw that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.

C. Any Participating State may withdraw from this Compact by enacting a statute repealing the same.

1. A Participating State's withdrawal shall not take effect until one hundred eighty (180) days after enactment of the repealing statute. During this one hundred eighty (180) day-period, all Compact Privileges that were in effect in the withdrawing State and were granted to Licensees licensed in the withdrawing State shall remain in effect. If any Licensee licensed in the withdrawing State is also licensed in another Participating State or obtains a license in another Participating State within the one hundred eighty (180) days, the Licensee's Compact Privileges in other Participating States shall not be affected by the passage of the 180 days.

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2. Withdrawal shall not affect the continuing requirement of the State Licensing Authority of the withdrawing State to comply with the investigative, Alternative Program and Adverse Action reporting requirements of the Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this compact, a State shall immediately provide notice of such withdrawal to all Licensees within that State. Such withdrawing State shall continue to recognize all licenses granted pursuant to this compact for a minimum of one hundred eighty (180) days after the date of such notice of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any State licensure agreement or other cooperative arrangement between Participating States and between a Participating and non-Participating State that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the Participating States. No amendment to this Compact shall become effective and binding upon any Participating State until it is enacted materially in the same manner into the laws of all Participating States as determined by the Commission.

SECTION 12. CONSTRUCTION AND SEVERABILITY

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Participating State, a State seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

C. Notwithstanding subsection B or this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of Section10.B, terminate a Participating State's participation in the Compact, if it determines that a constitutional requirement of a Participating State is, or would be with respect to a State seeking to participate in the Compact, a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Participating State, the Compact shall remain in full force and effect as to the remaining Participating States and in full force and effect as to the Participating State affected as to all severable matters.

SECTION 13. BINDING EFFECT OF COMPACT AND OTHER LAWS

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A. Nothing herein shall prevent the enforcement of any other law of a Participating State that is not inconsistent with the Compact.

B. Any laws of a Participating State in conflict with the Compact are superseded to the extent of the conflict.

C. All agreements between the Commission and the Participating States are binding in accordance with their terms.

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Interstate Occupational Licensure Compacts – *Discipline and Governance*

The Council of State Governments

Dentistry and Dental Hygiene Compact
Technical Assistance Group
December 8, 2021

Overview

- Compact Governance
- Licensee Discipline and Reporting
- Admission of Member States
- Member State Compliance

Compact Governance

Compact Commission

- Has ultimate legal responsibility
- Comprised of one delegate (or "commissioner") from each state
  - Appointee is typically chosen by the state licensing board
  - This creates dual duties, i.e., to the delegate's employer, and as a fiduciary to the Commission

Executive Board

- Usually comprised of the elected officers of the Commission
- May also include “at large” member(s)
- May also include *ex officio* members (non-voting)
  - Executive Director/Compact Administrator
  - National organization representative

Executive Board

- Delegation of Commission authority to Executive Board
  - EB usually meets more frequently than full Commission
  - May be more efficient for handling routine business

Open Meetings

- Both full Commission and Executive Board meetings are ordinarily conducted as public meetings
  - The model compact legislation identifies specific reasons why a meeting, or portion of a meeting, may be closed

Commission Duties

- Meet at least once annually
- Adopt bylaws
- Adopt rules
- Manage its finances
- Hire staff
- Establish an office
- Accept grants/ donations
- Perform other appropriate functions

Legal Aspects of Governance

- “Layers” of guidance
- Jurisdiction/Venue
- Liability and Qualified Immunity
- Indemnification

"Layers" of Guidance

- Main sources of guidance for a Commission:
  - The model compact legislation
  - Duly promulgated commission rules
  - Commission bylaws
    - *Robert's Rules of Order* often designated as the "gap filler"
  - Commission policies

Jurisdiction/Venue

- Compacts generally provide for jurisdiction and venue in the state where the compact maintains its principal office
  - This may be a source of lobbying by interest groups during the legislative process

Jurisdiction/Venue

- But, it is vital to note that these provisions do not affect where individual practitioners can be sued
  - For example, will *not* limit where a plaintiff's attorney can file a malpractice action against a licensed healthcare provider

Jurisdiction/Venue

- These provisions are vital to ensure consistency and uniformity in case law involving the interstate commission

Liability and Immunity

- Compact legislation typically includes a form of qualified or limited immunity for:
  - Commission members
  - Officers
  - Staff
  - Representatives

Liability and Immunity

- Limitations of official immunity:
  - Must be within scope of Commission duties
  - No protection for intentional, willful or wanton misconduct

Liability and Immunity

- Important note:
  - Just as with the venue provisions, the Compact does *not* provide any level of immunity for licensed practitioners in the provision of healthcare
  - This is often misunderstood by trial lawyers' groups in the legislative process

Indemnification

- Compact legislation typically covers any settlement or judgment against Commission officials
  - Again, limited to official acts in the course of Commission business
  - Does *not* include indemnification for intentional, willful or wanton misconduct

Licensee Discipline and Reporting

Disciplinary Authority

- It is important to distinguish types of practice:
  - Practice under a ***state license***
  - Practice pursuant to an ***interstate privilege***

License vs. Privilege

- **License**
  - Discipline by the issuing state
  - A remote state may not impose discipline against a home state license
- **Privilege**
  - Discipline by the remote state where the individual is practicing
  - Discipline limited to the privilege to practice

Effect of Discipline

- **License**
  - Discipline by an issuing state against a *license* typically results in ***both:***
    - Loss or restrictions within the issuing state, and
    - Loss of the interstate privilege to practice, ***but…***
- **Privilege**
  - Discipline by a remote state against a *practice privilege* typically results in:
    - Loss of the privilege to practice in that remote state
    - In some compacts, this may also trigger an automatic loss of privileges in *all* other compact states, ***and…***

Effect of Discipline

- **License**
  - …a remote practice privilege *might* still be permitted if *written authorization* is given by *both* the home state and the remote state
- **Privilege**
  - …may *also* be a basis for a *home state* to take action against the ***license*** it issued

Disciplinary Jurisdiction

- Compact architecture can vary on which state has jurisdiction in investigating potential disciplinary matters

Disciplinary Jurisdiction

- In some compacts
  - The remote state where the alleged violation occurred under a practice privilege will be the primary investigating state
  - The remote state would then report its finding to the home state which issued the license

Disciplinary Jurisdiction

- In other compacts
  - The remote state where an alleged violation occurred under a practice privilege would refer the matter to the home state where the license was issued
  - That home state would then have primary disciplinary authority

Disciplinary Scenario 1

Nursing

Scenario 1 (Nursing)

- Mary is a resident of Texas (a compact state) and holds a Texas multistate license
- Mary accepts a temporary travel nurse assignment in Louisiana (a compact state)
- While practicing in LA, she violates the LA nurse practice act
- The hospital reports Mary to the LA Board
- LA Board receives the complaint and after a preliminary inquiry, decides that an investigation is warranted.
- LA Board conducts the investigation because that is where the violation occurred
- LA Board turns on the Nurse Alert in the licensee's Nursys file, as appropriate
- LA Board staff notifies TX that one of their multistate license holders is under investigation
- LA Board treats the licensee as if the licensee were a resident of LA, applying its state laws to the case when disciplining the compact privilege
- At the conclusion of the investigation, LA Board sends the licensee investigative file to TX Board
- TX Board takes action on the multistate license as if the violation occurred in TX, applying its own state laws (no repeat investigation.)
- TX Board converts the multistate license to single state, as appropriate

Disciplinary Scenario 2

Physical Therapy

Scenario 2 (PT)

- Mary is a resident of TX (a compact state) and holds a Louisiana compact privilege.
- While practicing in LA, she violates the LA PT practice act
- Someone reports Mary to the LA PT Board
- LA PT Board receives the complaint and decides that an investigation is warranted
- LA PT Board conducts the investigation because that is where the violation occurred
- LA PT Board flags Mary's record in the Federation of State Boards of Physical Therapy Exam Licensure and Disciplinary Database (ELDD) as under investigation once probable cause is met
- The investigation flag is displayed in the party state investigations queue for all other member state PT boards that are a party to that individual
- LA PT Board treats the compact privilege holder as if they held a regular licensee in LA, applying its state laws to the case when disciplining the compact privilege
- At the conclusion of the investigation, LA Board either enters the disciplinary action into the ELDD
  - Or removes the flag if no action is taken
- If disciplinary action is taken, *all* compact privileges for that individual are terminated immediately
  - Ineligible for compact privileges for at least 2 years
  - Doesn't affect any regular licenses held by the individual.
- Any state where the individual is licensed may choose to take its own actions

Disciplinary Scenario 3

EMS

Scenario 3 (EMS)

- In 2015, at the age of 18, Paul was arrested, charged and pled guilty to one count of burglary in the State of Colorado
- Paul was sentenced to 2 years of probation, which he completed successfully
- Paul has had no criminal record since then
- Paul completes paramedic school in 2021 and applies for a license from the Colorado Department of Public Health (compact state)
- Paul's 2015 conviction constitutes grounds for denial of a paramedic license
- However, CO DPH believes Paul does not pose a threat to public health or safety and issues a probationary license to Paul
- As part of the decision to issue the license, DPH and Paul enter into a stipulation agreement
- The agreement indicates that Paul may practice in a remote state under the EMS Compact interstate practice privilege, but only if any remote state in which he intends to practice provides such authorization in writing

Reporting

- Healthcare-related interstate commissions typically maintain centralized/coordinated database
- This is *essential* to permit member states to keep their promises to all other member states
  - Remember, a Compact is both a state law *and* an agreement between the member states!

Reporting

- Members states typically have the obligation to report to the Commission:
  - Any adverse actions by a home (licensing) state
    - Typically includes any findings of a violation of statute or regulation that results in discipline against a license
  - Any privilege to practice restrictions by a remote/distant state

Reporting

- Investigatory information
  - Some compacts require the reporting of active open, investigations prior to adjudication
  - Typically requires a finding of probable cause of a violation that could result in disciplinary action
    - Reportable even if the allegations have not yet been conclusively proven

Reporting

- Some variation in compact requirements on reporting investigatory information
  - Some may require reporting *only* that there is investigatory information available
  - Instead of reporting the substantive information to the commission, the onus may be on a state to inquire directly to another

Nonpublic Information

- Compact may permit the withholding of information specifically designated under state law as confidential or non-public

Alternative Programs

- Under a compact, a state typically reserves sole authority to determine if a licensee is eligible to participate in an alternative program
  - Substance abuse, addiction, etc.
  - Impaired professional programs

Alternative Programs

- The compact may establish rules regarding admission into such a program
  - May result in temporary loss of practice privileges during the duration of the program
  - May require specific approval to continue to practice under the privilege

Alternative Programs

- Again, key to this is the reporting of the alternative program participation by the licensee
- Reporting such participation to the commission does *not* mean:
  - The report must become public
  - The underlying details are disclosed to the commission

Admission of Member States

New States

- One issue that comes up is a state enacting legislation with some deviations from the model compact legislation
  - This creates potential legal problems
  - Can also impair proper administration of the compact
  - Should be discouraged whenever possible

Model Compact Deviations

- However, some deviations are purely cosmetic
  - Some states may have numbering conventions or codifying rules that require specific language be added to the statute
  - Other states may have drafting requirements
    - Example: no “whereas” or purpose clauses in legislation

Model Compact Deviations

- Some states may enact the compact law with substantive changes to the legislation
  - This may be due to:
    - Political pressure
    - State constitutional limitations

The Challenge

- The challenge for an interstate commission is to have a process in place to determine which changes are cosmetic or ***non-substantive***, and which are ***material***

The Challenge

- Since an interstate compact is an agreement between states, the terms enacted by all states must be consistent or a court could find no such agreement exists

Example: PSYPACT

Process for Review of New State Laws or Amendments to Compacts

10.5 Process for Review of New State Laws or Amendments to Compacts:

A. Upon enactment by a state of a law intended as that state's adoption of the Compact, the Executive Board shall review the enacted law to determine whether it contains any provisions which materially conflict with the Compact model legislation.

1. To the extent possible and practicable, this determination shall be made by the Executive Board after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Board prior to the law's effective date, the Executive Board shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to the law's effective date shall not impair or prevent the application of the process set forth in this Section 10.5.

2. If the Executive Board determines that the enacted law contains no provision which materially conflicts with the Compact model legislation, the state shall be admitted as a party to the Compact and to membership in the Commission pursuant to Article X of the Compact upon the effective date of the state's law and thereafter be subject to all rights, privileges, benefits and obligations of the Compact, these Rules and the bylaws.

3. In the event the enacted law contains one or more provisions which the Executive Board determines materially conflicts with the Compact model legislation, the state shall be ineligible for membership in the Commission or to become a party to the Compact, and the state shall be so notified within fifteen (15) days of the Executive Board's decision.

4. A state deemed ineligible for Compact membership and Commission participation pursuant to this Section 10.5 shall not be entitled to any of the rights, privileges or benefits of a Compact State as set forth in the Compact, these Rules and/or the bylaws. Without limiting the foregoing, a state deemed ineligible for membership and participation shall not be entitled to appoint a Commissioner, to submit to and/or receive data from the Coordinated Licensure Information System and/or to avail itself of the default and technical assistance provisions of the Compact. Psychologists licensed in a state deemed ineligible for membership and participation hereunder shall be ineligible for the Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice set forth in the Compact and

Examples of Deviations That Might Disqualify a State

- Materially altering the rights or obligations of member states
- Eliminating qualified immunity for the Commission or its officials
- Enlarging choice of venue
- Imposing undue restrictions on privileges to practice compared to the model legislation
- Allowing state to negate Commission rules
- Eliminating fees applicable to the state

Member State Compliance

Member State Compliance

- After a state is admitted to the commission, its legislature could enact subsequent laws
  - Some might directly amend the previously-enacted compact
  - Some might be other, non-compact laws that nevertheless conflict with or limit the operation of the compact in that state

Example: Telehealth Laws

- As a result of the pandemic, some states have enacted or updated their telehealth/telemedicine laws
- In some cases, those laws have posed conflicts with interstate practice privileges

Other Compliance Issues

- Member states may also come into non-compliance with their compact obligations in other ways
  - Non-payment of fees or assessments
  - Failure to report required data to the commission
  - Failure to enforce disciplinary or adverse action obligations

Member State Compliance

- Model compact typically includes provisions to deal with non-compliance by a member state
- This is different than a state attempting to gain initial entry into the compact
- As a member state, there are additional due process considerations

Member State Compliance

- For existing member states found to be out of compliance, the model compact legislation will typically include a process for:
  - Notice and opportunity to be heard
  - Time for implementation of remedial measures
  - Technical advice or assistance to the state

Withdrawal

- For withdrawal, a compact typically requires:
  - Enactment of a statute repealing the compact
    - May specify a time period (i.e., “one year after enactment”)
  - Mechanism for a state to be expelled for non-compliance

Questions?

The Council of State Governments

Welcome

Dentistry and Dental Hygiene Compact
TA Group Meeting
December 7-8, 2021

Benefits and Challenges of a Dental/Dental Hygiene Compact

I hope the compact achieves…

I have concerns/ am confused about…

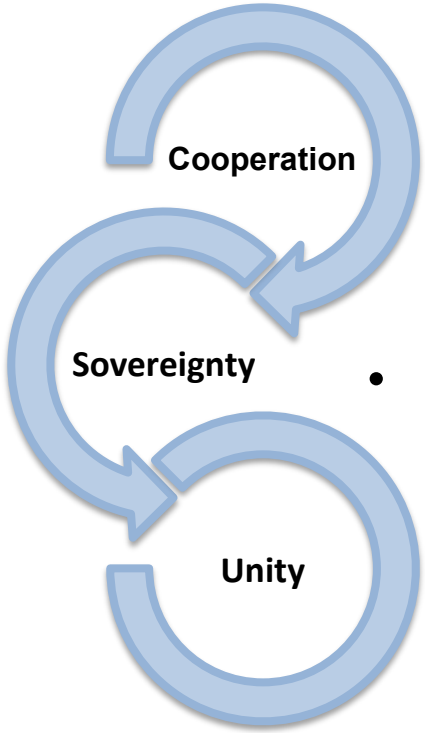
The Council of State Governments

Compacts 101

Dentistry and Dental Hygiene Compact
TA Group Meeting
December 7, 2021

What is an Interstate Compact?

*A **legal**, **legislatively enacted contract** between **two or more states** that allows states to:*



- Cooperatively address shared problems
- Maintain sovereignty over state issues
- Respond to national priorities with one voice

Three Primary Uses of Interstate Compacts

Resolve boundary disputes

Manage shared natural resources

Create administrative agencies with jurisdiction over state concerns

Compacts in the U.S. Constitution

Constitutional Authorization

The Compact Clause

"*No State shall, without the Consent of Congress . . . enter into any Agreement or Compact with another State . . .*"
(U.S. Const. Art. I, §10, cl. 3)

The Supreme Court

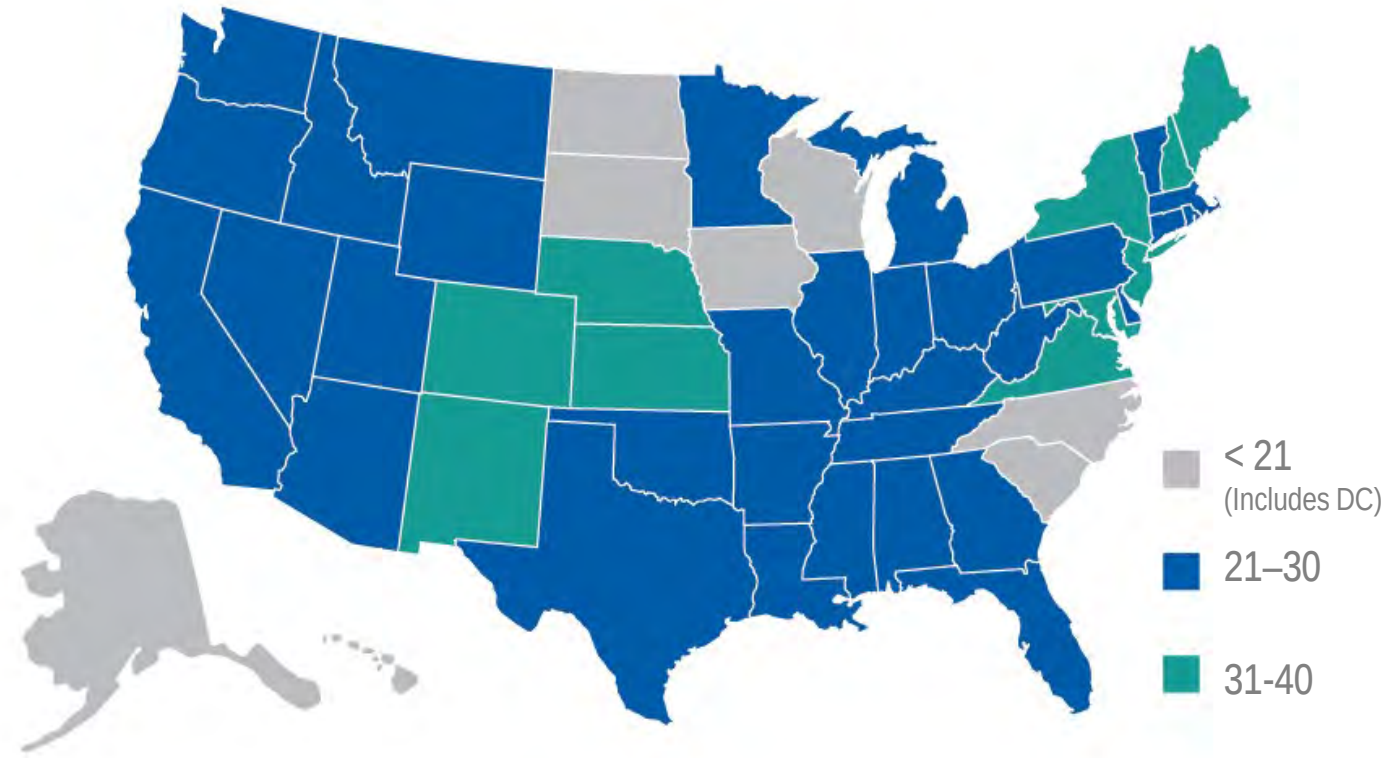
"Any" does not mean "all" and consent is not required unless the compact infringes on federal supremacy.
[Va. v. Tn 148 U.S. 503 (1893); U.S. Steel Corp. v. Multistate Tax Comm'n 434 U.S. 452 (1978)]

Compacts Today

Wide Acceptance in the States

There are approximately **250** active compacts

On average, states are members of about **25** compacts



Occupational Licensing Interstate Compacts

Facilitate Multistate Practice

Maintain or Improve Public Health and Safety

Preserve State Authority Over Professional Licensing

44 states have adopted at least one compact.
28 states have adopted at least three compacts.

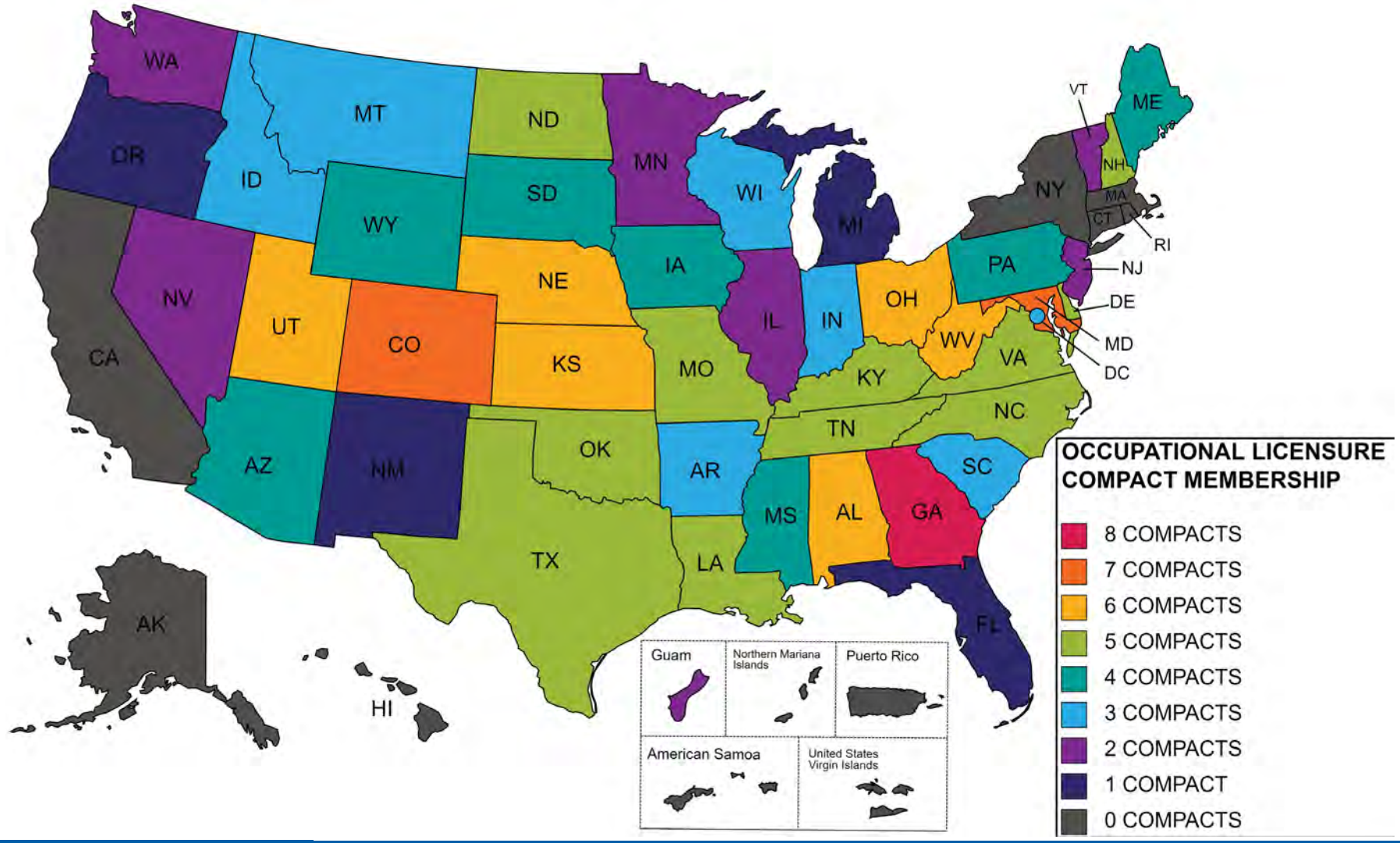
182 pieces of compact legislation have been enacted since 2016.

9 professions have active interstate compacts for occupational licensing.

Active Occupational Licensing Interstate Compacts

- Nurse Licensure Compact – 38 States
- Psychology Interjurisdictional Compact – 26 States
- Occupational Therapy Compact – 9 States
- Medical Licensure Compact – 35 States
- EMS Compact – 22 States
- Counseling Compact – 2 States
- Physical Therapy Compact – 34 States
- Audiology and Speech Language Pathology Compact – 15 States
- Advanced Practice Nursing Compact – 2 States

Occupational Licensing Interstate Compacts



Occupational Licensing Interstate Compacts Under Development

- Massage Therapy
- Social Work
- Cosmetology & Barbering
- K-12 Teaching
- Dentistry & Dental Hygiene
- Physician Assistant

Multistate Practice vs. License Transfer

Multistate Practice

I can practice in other member state(s) *without obtaining a license.*

License Transfer

If I move from one state to another, I can seamlessly obtain a *license* in the new state.

Historically, healthcare licensure compacts have been designed to facilitate multistate practice based on a valid home-state license.

Variation of Interstate Compact Models

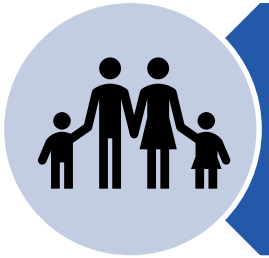
Mutual Recognition: Multistate License	Expedited Licensure	Mutual Recognition: Privilege to Practice	Telepsychology and Temporary in-person Practice

Benefits of an Interstate Compact

Benefits to Practitioners of Occupational Licensure Compacts

Increases Mobility

Leverages Advancing Technology: Tele-practice

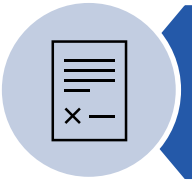


Supports relocating families (military families)

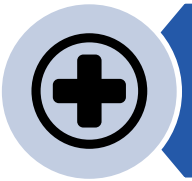
Benefits to State Boards of Occupational Licensure Compacts

Benefits to States of Occupational Licensure Compacts

Facilitates flexibility and autonomy in comparison to federal policy



Strengthens state sovereignty



Increases access to highly qualified practitioners

Strengthens labor markets

Compacts vs. Universal Recognition	Universal Recognition	Interstate Compacts
Requires practitioners to abide by the scope of practice of the state in which they are practicing	☑	☑
Allows for expeditious interstate movement of practitioners during emergencies	☑	☑
Reduces barriers for out-of-state practitioners aiming to practice within your state	☑	☑
Reduces barriers for in-state practitioners aiming to practice in multiple states	✗	☑
Allows military spouses to maintain a single home-state license for the duration of the service member's active duty, regardless of relocations, without submitting a separate application to each state's licensure board	✗	☑
Allows practitioners to work in multiple states, both in person and via telehealth/telework, without submitting a separate application to each state's licensure board, requiring verification of the current license, or obtaining a new background check	✗	☑
Brings together a coalition of states to establish uniform and enforceable interstate licensure standards that are narrowly tailored to the public protection requirements of a specific profession	✗	☑
Enhances public protection by creating a multi-state database of licensure information to facilitate collaboration on license verification and investigations of potential misconduct	✗	☑
Allows multistate practice without requiring the practitioner to change state of residence	✗	☑

Developing an Interstate Compact

Phase I
Development

TECHNICAL ASSISTANCE GROUP

- Composed of approximately 20 state officials, stakeholders and issue experts
- Examines issues, current policy, best practices and alternative structures
- Establishes recommendations as to the content of an interstate compact

DOCUMENT TEAM

- Composed of 5-8 state officials, stakeholders and issue experts
- Crafts Compact based on recommendations
- Circulates draft Compact to states and stakeholder groups for comment

FINAL PRODUCT

- Drafting team considers comments and incorporates into Compact
- Final product sent to TA Group
- Released to states for consideration

Phase II
Education and Enactment

EDUCATION

- Develop comprehensive legislative resource kit
- Develop informational website with state-by-state tracking and supporting documents
- Convene “National Briefing” to educate legislators and key state officials

STATE SUPPORT

- Develop network of “champions”
- Provide on-site technical support and assistance
- Provide informational testimony to legislative committees

STATE ENACTMENTS

- Track and support state enactments
- Prepare for transition and implementation of Compact
- Provide requested support, as needed

Phase III
Transition and Operation

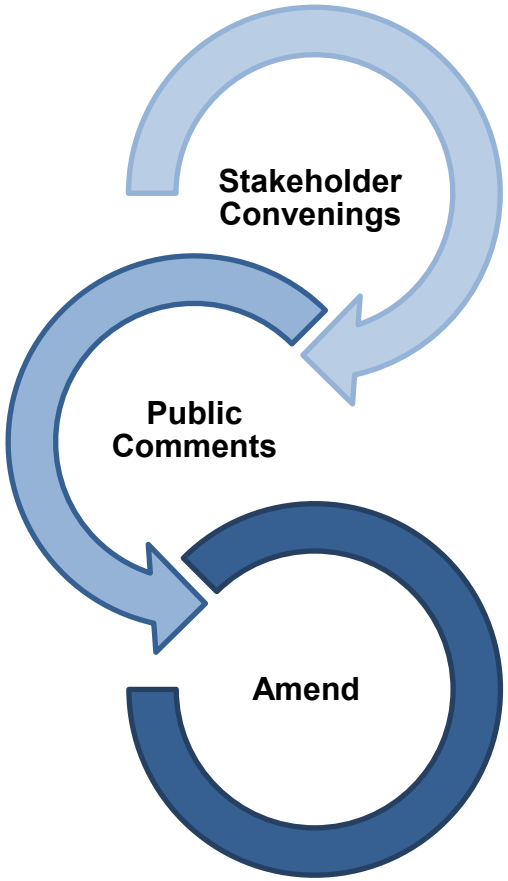
TRANSITION

- Enactment threshold met
- State notification
- Interim Executive Board appointed
- Interim committees established
- Convene first Compact meeting
- Information system development (standards, security, vendors)

OPERATION

- Ongoing state control and governance
- Staff support
- Annual assessment, if necessary
- Annual business meeting
- Information system oversight (maintenance, security, training, etc.)
- Long-term enhancements/up-grades

Licensure Compact Development Process



Throughout the entire process seek to ensure **transparency** and take the time necessary to ensure things get **done right the first time**. Compacts are difficult to revise once enacted.

Interstate Compact Governance

Key Attributes of the Compact Commission

- Commission is “stood up” when the threshold of jurisdictions pass compact legislation
- Supra-state, sub-federal nature
- Statutorily created governmental entity (authority to issue binding rules)
- Composed of member state regulatory officials (not a private entity)
- Instrumentality of the member states

Key Attributes of the Compact Commission

Composition and Responsibility

- Comprised of voting representatives from each member state
- Responsible for key decisions with respect to the Compact
- Has legal status of an interstate administrative agency with rulemaking authority

Formation of Committees

- Can form committees, including an executive committee that is responsible for making day-to-day decisions

Authority

- Created by statute with delegation of rulemaking authority within the **limitations** of the Compact statute
- Frequently granted the authority to form committees, hire staff, manage the data system and provide financial management and is responsible for implementing the policies and procedures established by the Commission

Duties

- Serve agencies of the member states and act on their behalf
- Required to administer and enforce the Compact provisions and rules
- Commission does not act on behalf of any particular group or organization

Questions?

The Council of State Governments

Elements of an Occupational Licensing Interstate Compact

Dentistry and Dental Hygiene Compact
Technical Assistance Group
December 7, 2021

Principles of Licensure Compacts

- The purpose of an occupational licensure compact is to facilitate the practice of licensed professionals in other compact member states without the requirement to be licensed in those states.
    1. The licensed professional is only required to hold a license in their home state (primary state of residence).
    2. The license must be free from encumbrances or sanctions – some compacts have a “look back period”

All occupational licensure compacts are different and distinct; however, they are all essentially the same.

What follows are the common elements for occupational licensure compacts:

Purpose Statement

The Purpose Statement of the model legislation is an important exercise for the project team to complete.

- The purpose statement is sometimes cut by legislative drafters and is not essential to the functioning of the compact, but it can be helpful for those advocating the enactment of the compact and may be beneficial for interpretation in the courts.

The Document Team will write the purpose of the compact, however the TA Group can make recommendations.

- Here is the first paragraph of the purpose statement from the Occupational Therapy Compact:
  The purpose of this Compact is to facilitate interstate practice of Occupational Therapy with the goal of improving public access to Occupational Therapy services. The Practice of Occupational Therapy occurs in the State where the patient/client is located at the time of the patient/client encounter. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure.

Purpose Statement

- A general statement about the intent of the compact is typically followed by specific bullet points that address the following:
    - Access to care
    - Public protection
    - Preserving state jurisdiction and state sovereignty
    - Streamlining regulation
    - Supporting military spouses
    - Promoting state cooperation
    - Modernizing practice and regulation (i.e. telehealth, using technology to identify licensure fraud, digital licensing record keeping)

Definitions

Definitions are the most important section of the compact.

1. Precise definitions ease the burdens of implementing the compact
2. Narrow definitions can limit the longevity of the compact

   Examples:

   - State Board
   - Compact Privilege

The Document Team will define what is necessary and leave the rest to the member states in the compact commission rules.

- The TA Group doesn't generally make recommendations about definitions, but you may do so
- The TA Group will review the definitions and provide feedback to the Document Team

State Participation

Describes the requirements for compact membership for states.

Details the obligations of membership in the compact for member states.

- These sections typically include, but are not limited to:
  - List requirements for states to join the compact (depends on the licensure uniformity among the states)
  - FBI Criminal Background Check
  - Statement that all member states must recognize the license issued by other compact member states and that this recognition authorizes practice in their jurisdiction
  - Requirement to comply with compact commission rules
  - Ability to charge a fee

The contents of this section will be driven, in part, by the presentation on current state licensure requirements.

Practitioner Participation

- The Nurse Licensure Compact (NLC) is structured a little differently – it deals with some of these issues in Section III of the NLC entitled “General Provisions and Jurisdiction”
- Section IV of the NLC “Applications for Licensure in a Party State” describes processing an application for a multistate license and residency issues for applicants
- The other mutual recognition compacts use this section to describe in detail the eligibility requirements for practitioners:
  - Hold a valid HOME STATE license
  - Identifying number
  - Obligation to pay fees
  - Jurisprudence requirements
  - Completion of CE in home state only
  - Supervision
  - Statement that a practitioner who is utilizing the compact to practice in a compact member state must follow the laws and regulations of that member state related to practice

Active Duty Military Personnel or their Spouses

Congratulations!!

This section has been completed!!!!

Adverse Actions

The project team must walk a fine line with the Adverse Action Section.

- The provisions in the compact about adverse actions must be broad enough that the members states can adopt rules and address specific circumstances.
- Conversely, the compact can not be so broad as to be absurd.

The project team must build a solid foundation for the member states.

- General elements are:
  - Powers of the member states and the home state
  - Obligations of the member states
  - Joint investigations
  - Alternative programs

Boilerplate Language

CSG had developed boilerplate language that most of the licensure compacts use for the following compact sections:

- Interstate Commission (Member State Commission)
- Rulemaking
- Data System
- Oversight, Dispute Resolution and Enforcement
- Effective Date, Withdrawal and Amendment
- Construction and Severability
- Binding Effect of Compacts

The project team isn't obligated to use this language, but CSG strongly suggests you use this language.

- The boilerplate language must be adapted to this profession
- Recommend changes to some of the boilerplate language

Member State Commission

- Appointing Authority
- Commissioners
- Code of Ethics
- Voting
- Meetings
- Term? Number of Terms?
- Executive Committee
- Non-voting members
- Financing

Rulemaking

- Scope of commission rules
- Process for adoption
- Notice of Proposed Rulemaking
- Requirements for a public hearing
- Emergency rulemaking

Data System

Nurse Licensure Compact:

- Identifying Information
- Licensure Data
- Information related to alternative program participation
- Other Information as determined by the commission

Other compacts have been more specific:

- Adverse Actions
- Denial of licensure
- Current Significant Investigative Information
- Non-confidential information related to alternative programs

Oversight, Dispute Resolution and Enforcement

Like the language for “construction and severability” there is not much for work for the TA Group with this section

- The Oversight, Dispute Resolution, and Enforcement section:
  - Details the rights of the commission in a judicial proceeding and states that the provisions of the compact and rules promulgated by the member states have the standing of “statutory law” in the member states.
  - Describes the process for determining if a state is out of compliance with the provisions of the compact and rules, termination of membership and appeal
  - Provides for dispute resolution among the party states
  - Empowers the commission to enforce the compact provisions and rules – this is important

Effective Date, Withdrawal and Amendment

- The TA Group will make a recommendation as to the number of states required for the compact to begin operation.
- Describes how a member state can withdraw from the compact.
- Describes the process for amending the compact – not recommended.

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of this Compact is declared to be contrary to the constitution of any Member State or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any Member State, the Compact shall remain in full force and effect as to the remaining Member States and in full force and effect as to the Member State affected as to all severable matters.

Binding Effect of Compact and Other Laws

- Repeats that practitioners operating under the compact in member states are required to follows the laws and regulations related to practice.

  "Any laws in a Member State in conflict with the Compact are superseded to the extent of the conflict."

- Repeats that compact rules are binding on member states.
- Notes again that lawful rules of the compact are binding upon the member states
- Restates primacy of state constitutions

State Licensure Requirements in the Dentistry and Dental Hygiene Professions

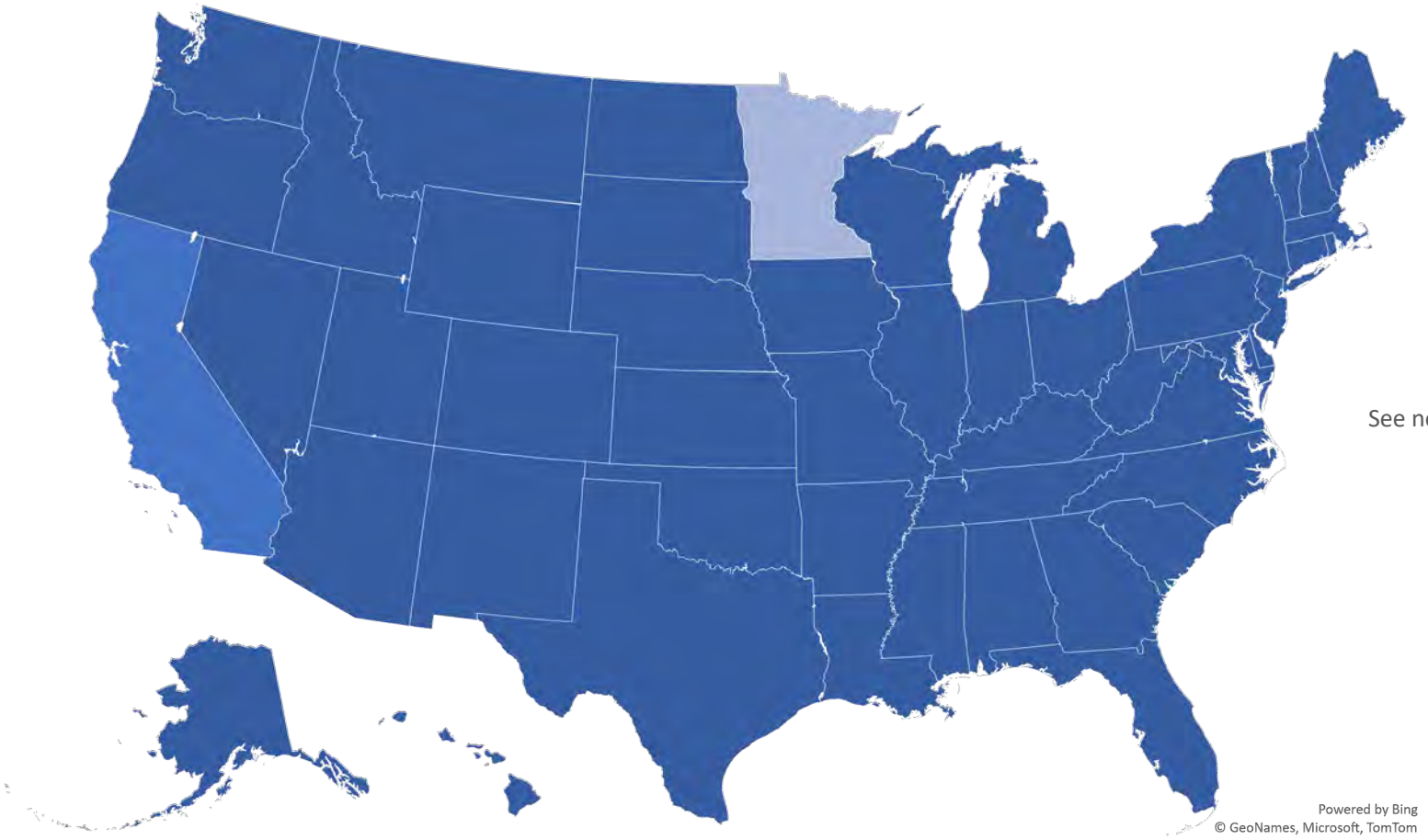
Kaitlyn Bison

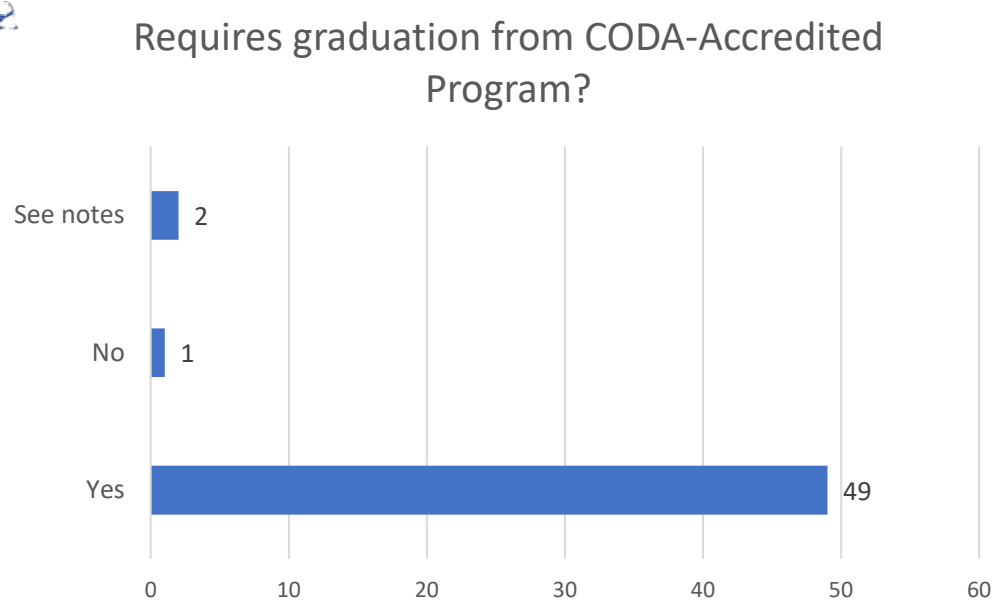
Dentistry and Dental Hygiene Compact
TA Group Meeting
December 7, 2021

Licensure Requirements in Dentistry

- **Overview:**
  - Dentists are licensed in all 50 states and Washington D.C.
  - Licensure requirements for dentistry include *Education Requirements, Written Exam (NBDE), Clinical Exam, Jurisprudence, Background Check, (and CPR Certification)*
- **Challenges:**
  - Clinical exams vary greatly by state
    - CDCA, CITA, CRDTS, SRTA, WREB, OSCE/DLOSCE, PGY-1, NDEB, PGY-2, State, NDEB of Canada
  - Background checks

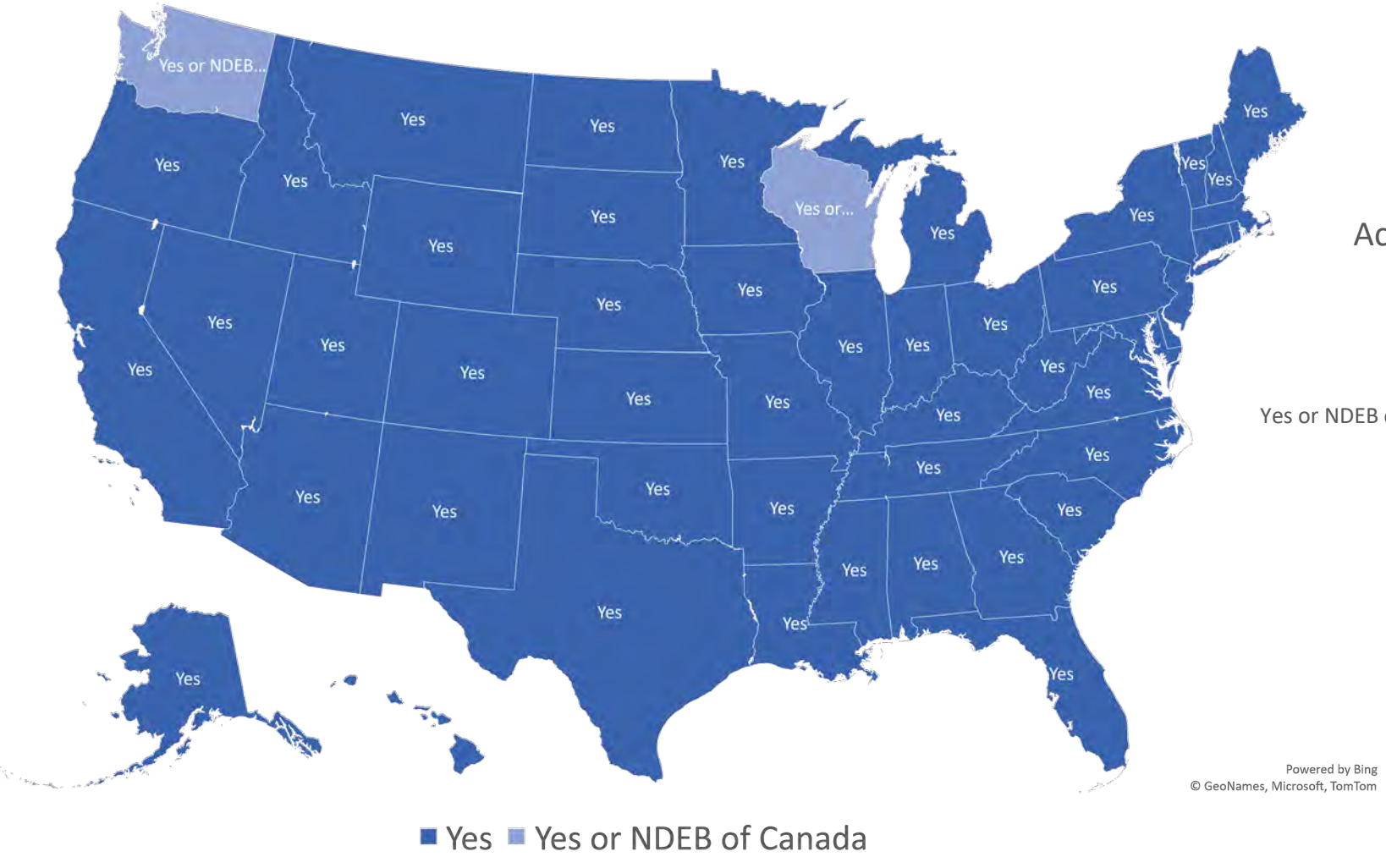
Education Requirement

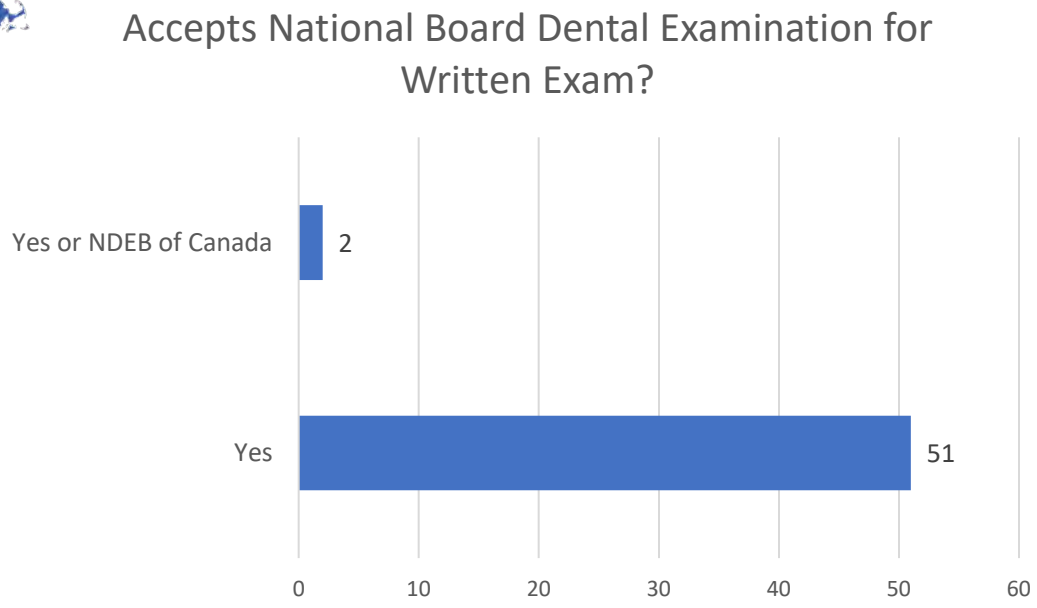




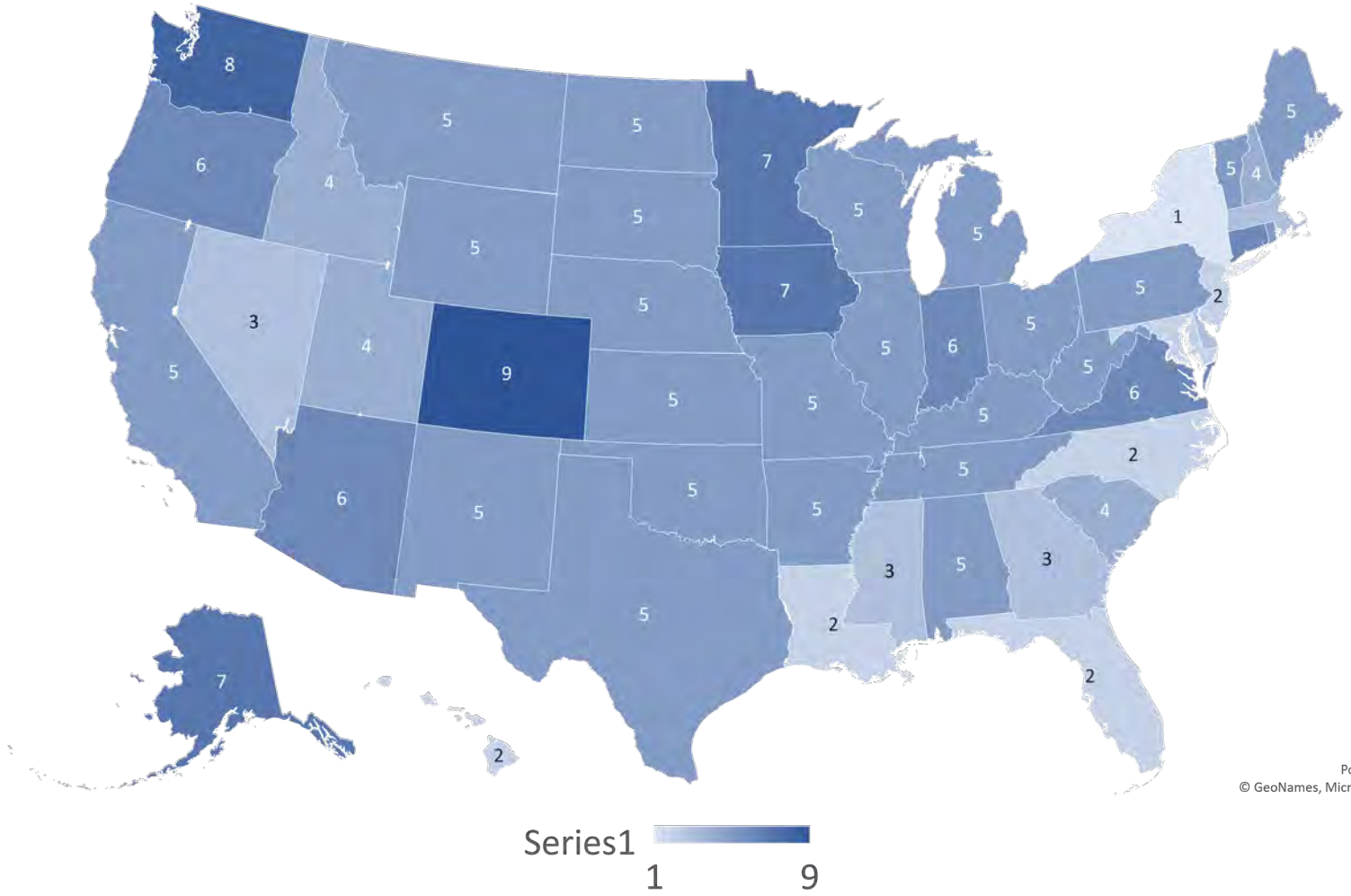
Graduation from CODA-Accredited Program See notes No (IED Review allowed)

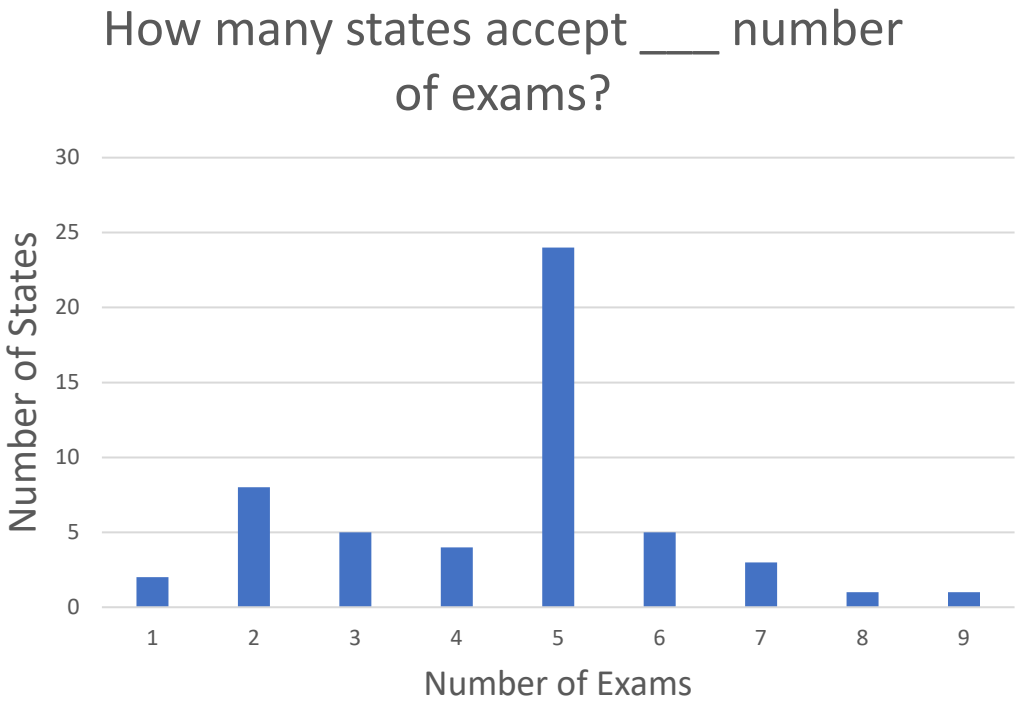
Written Exam (National Board Dental Examination)





Clinical Exam





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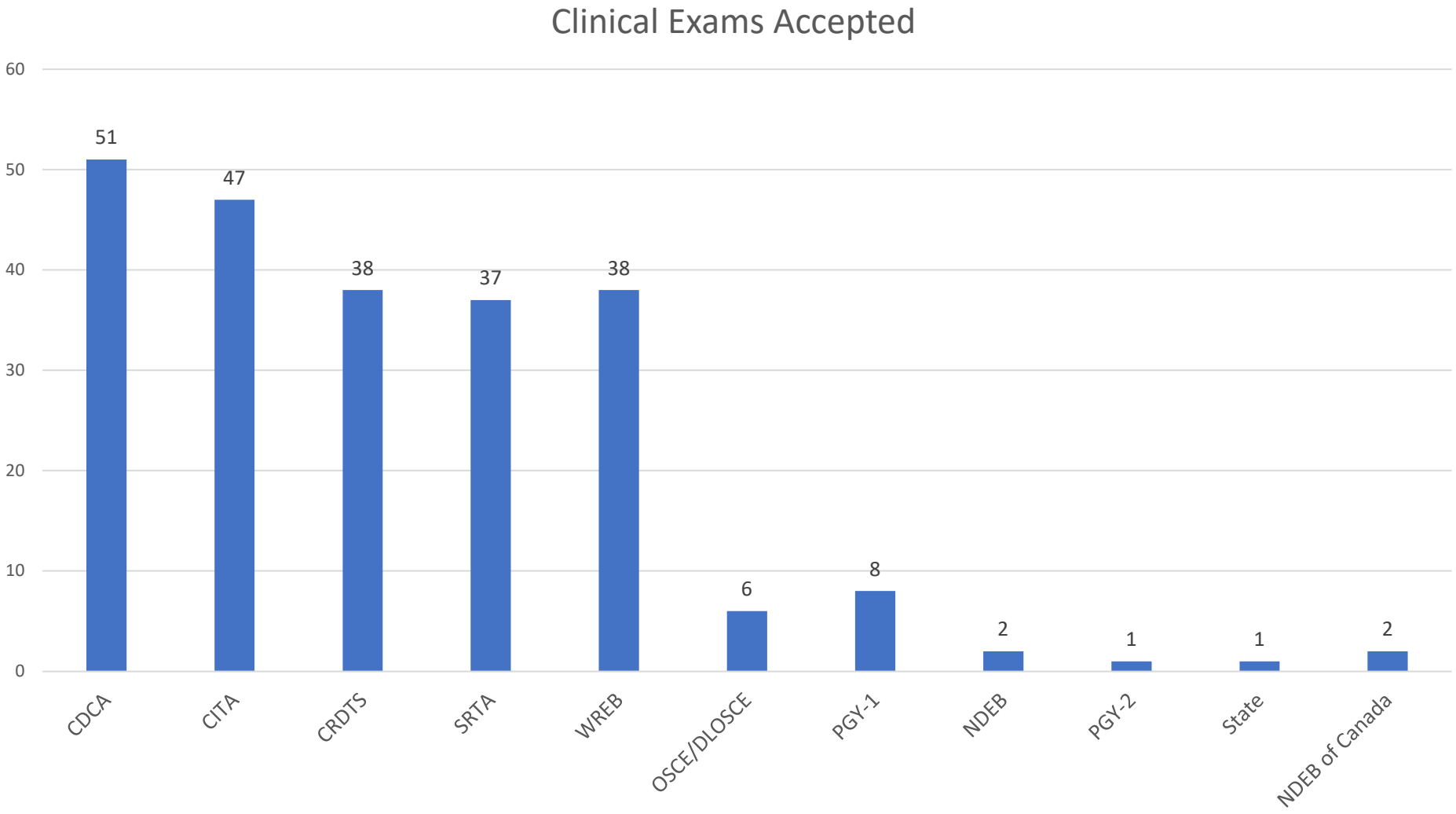
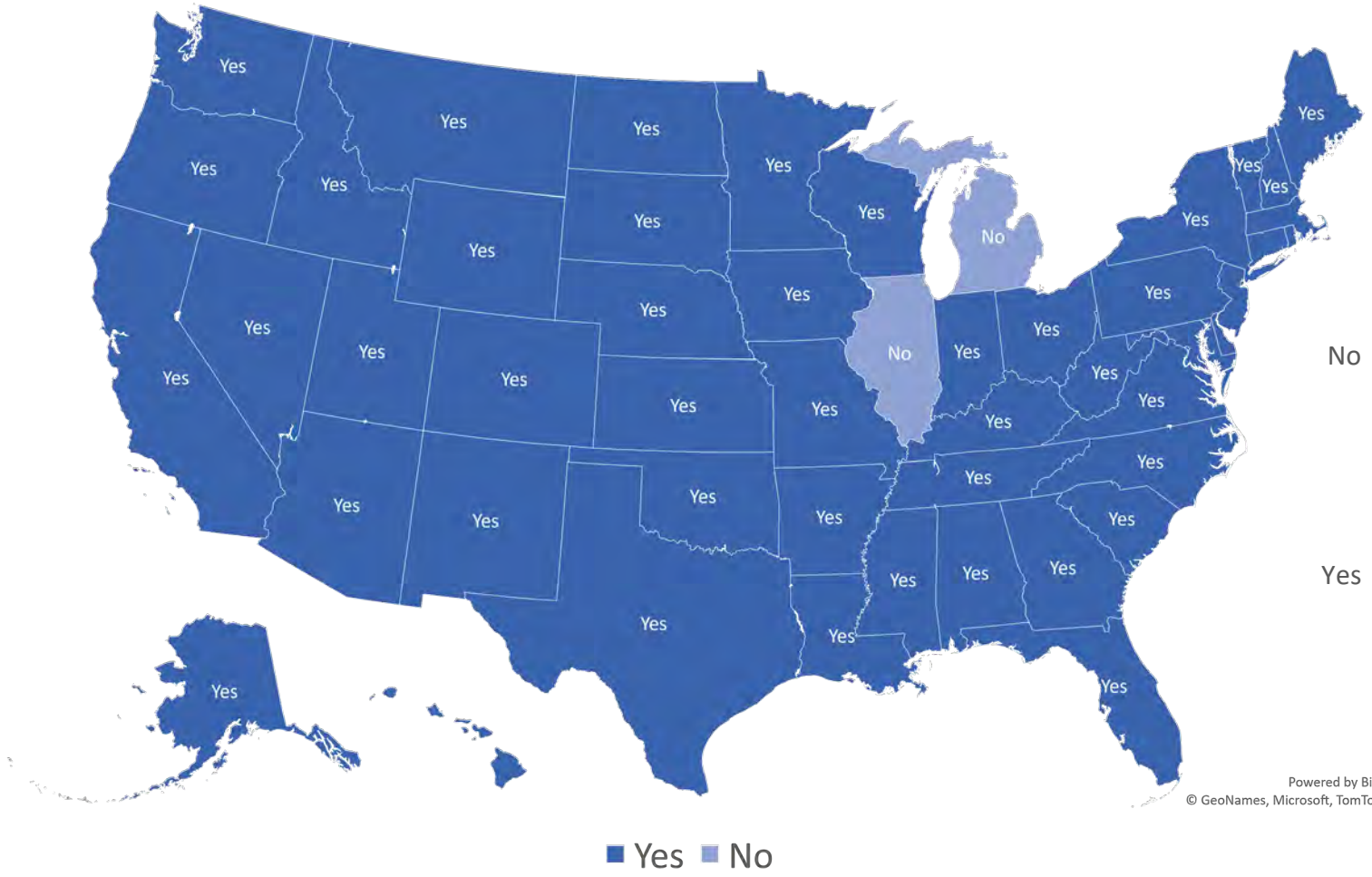
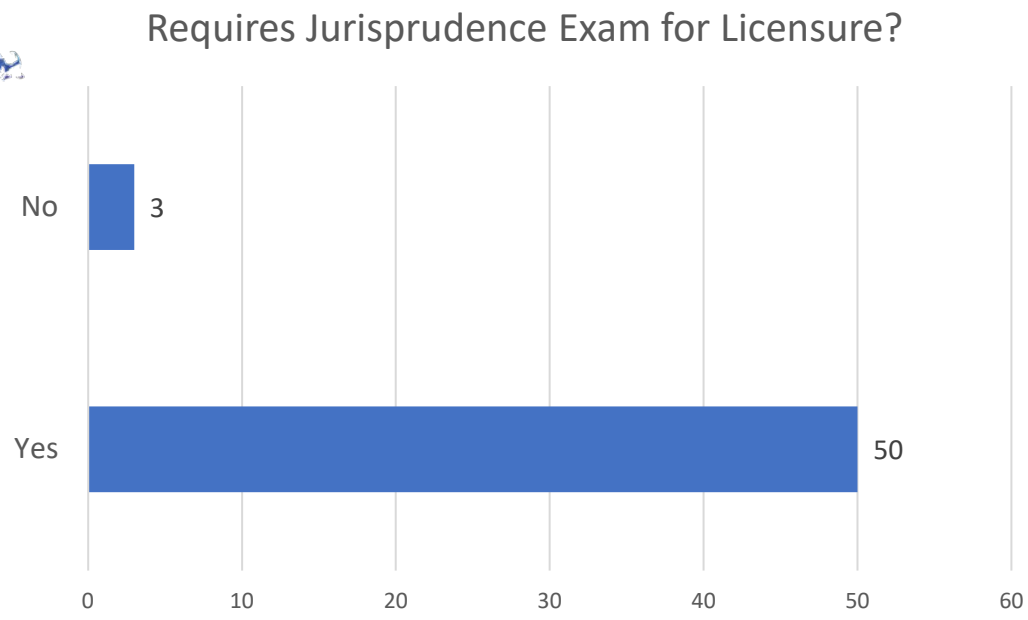
Clinical Exam

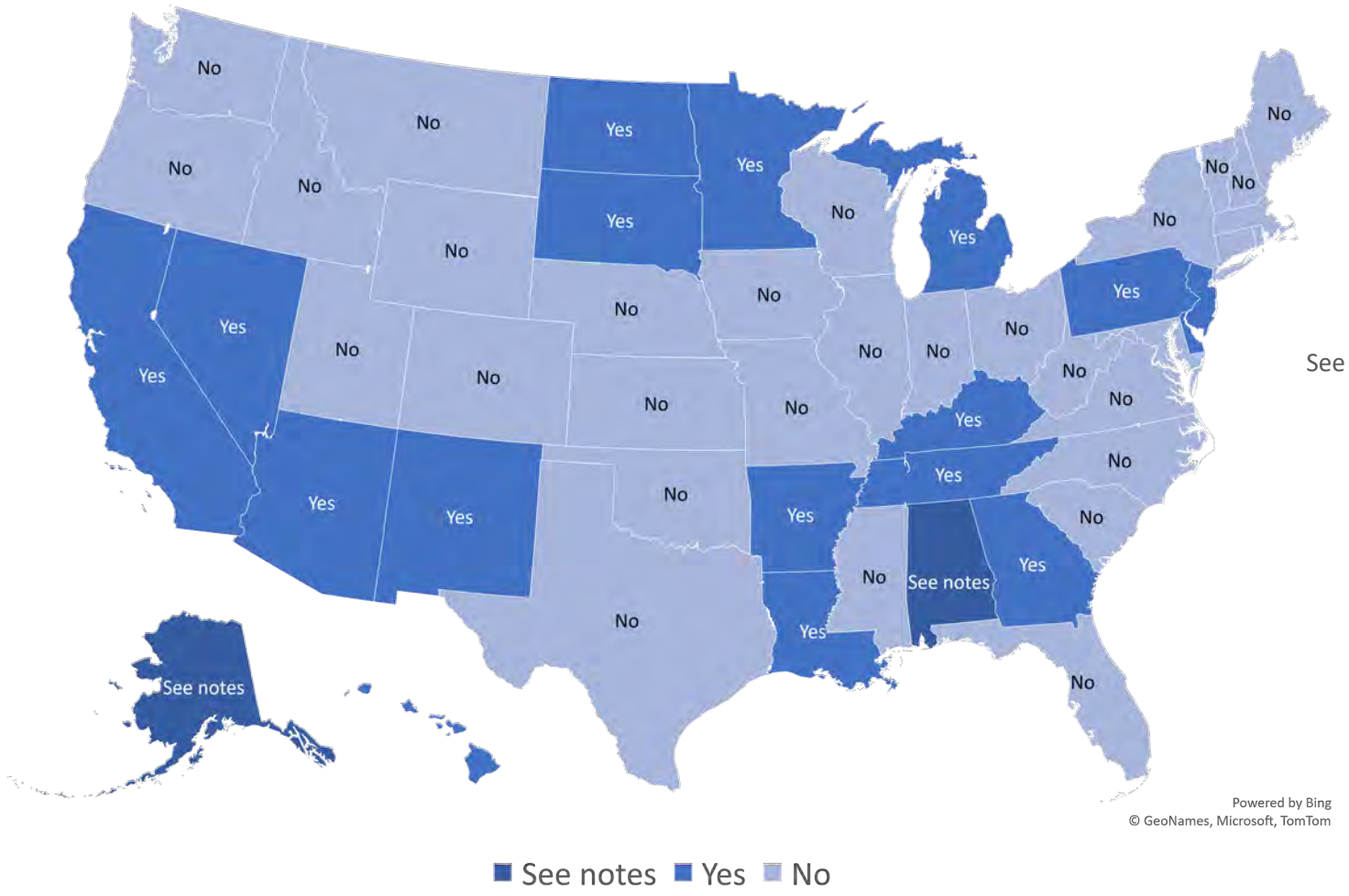


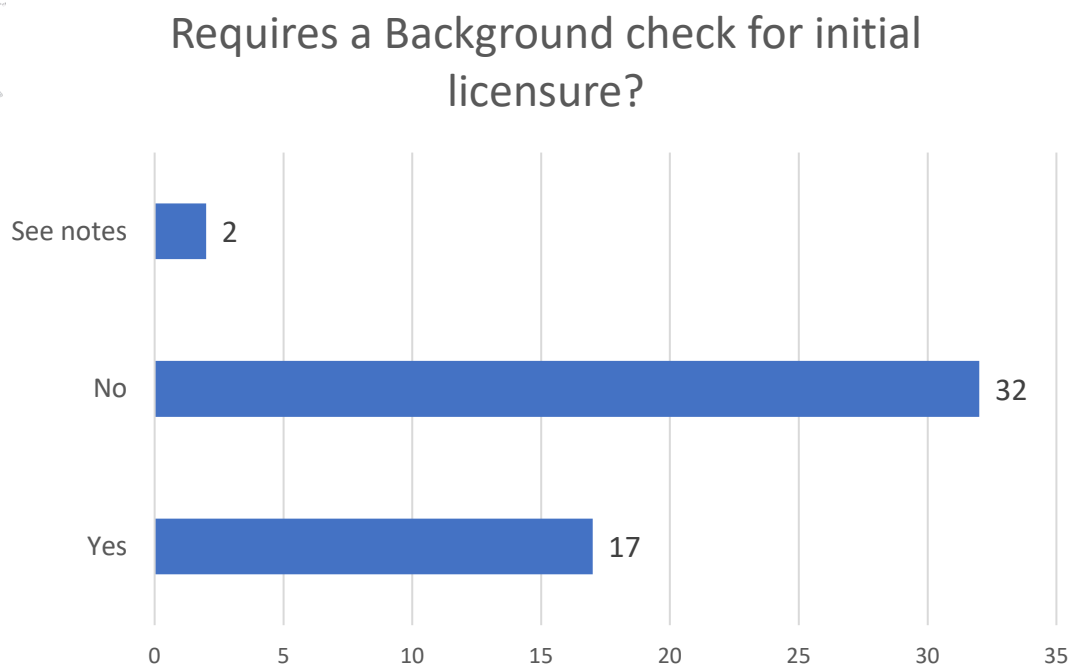
Jurisprudence Exam



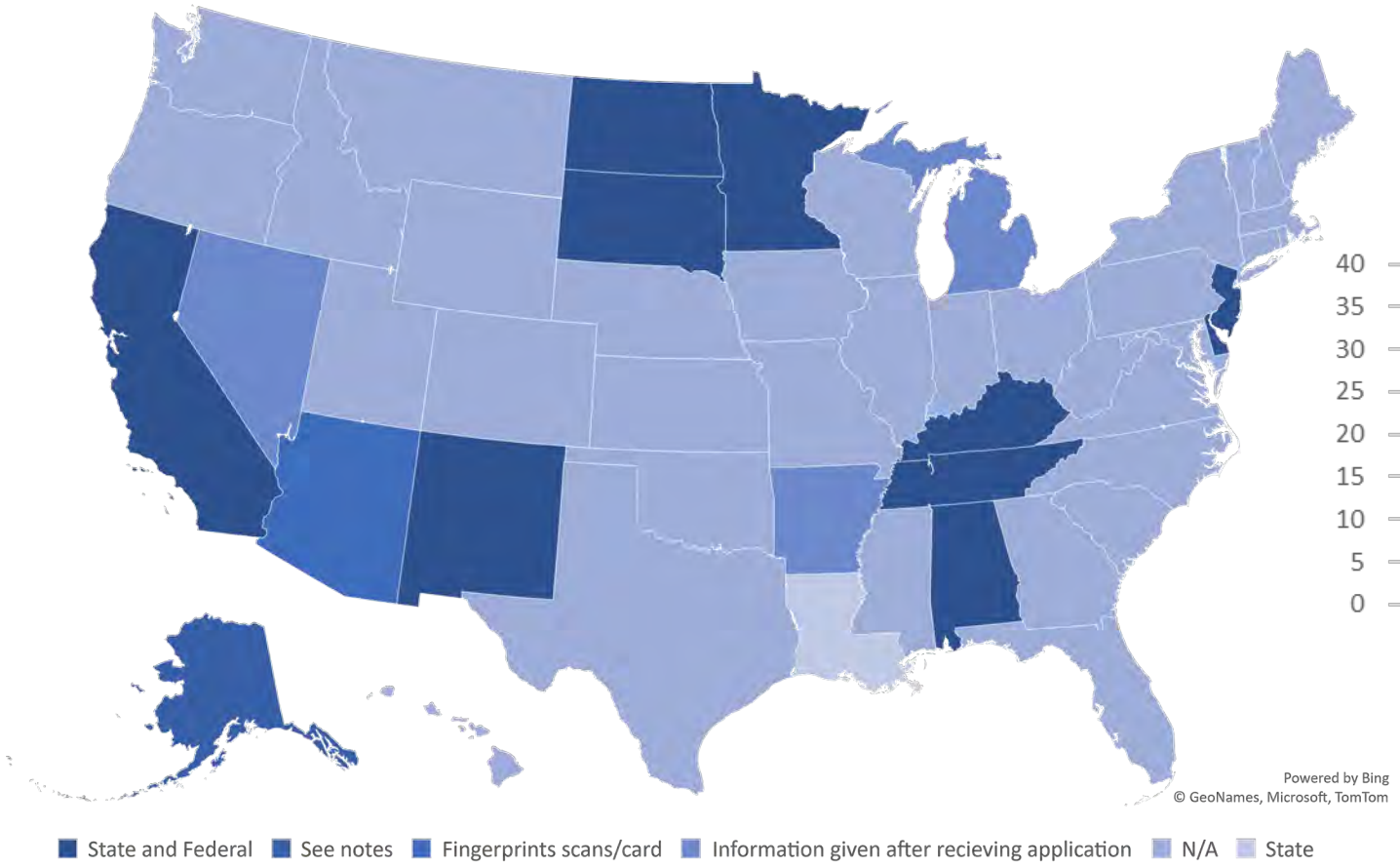


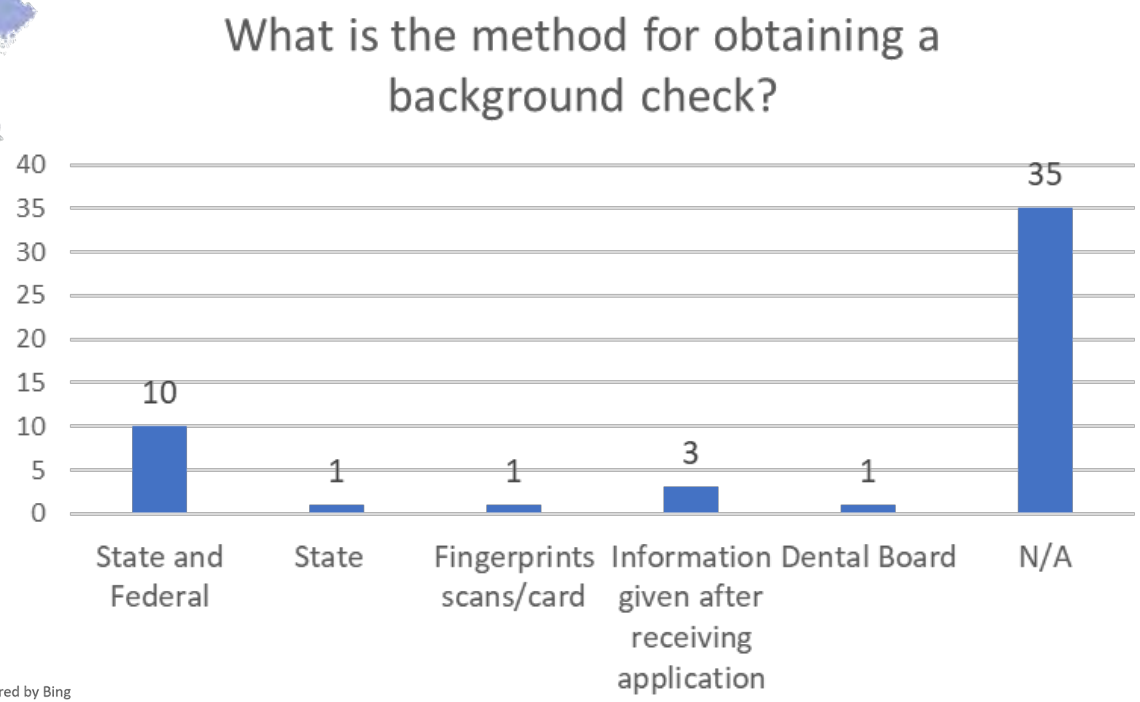
Background Check



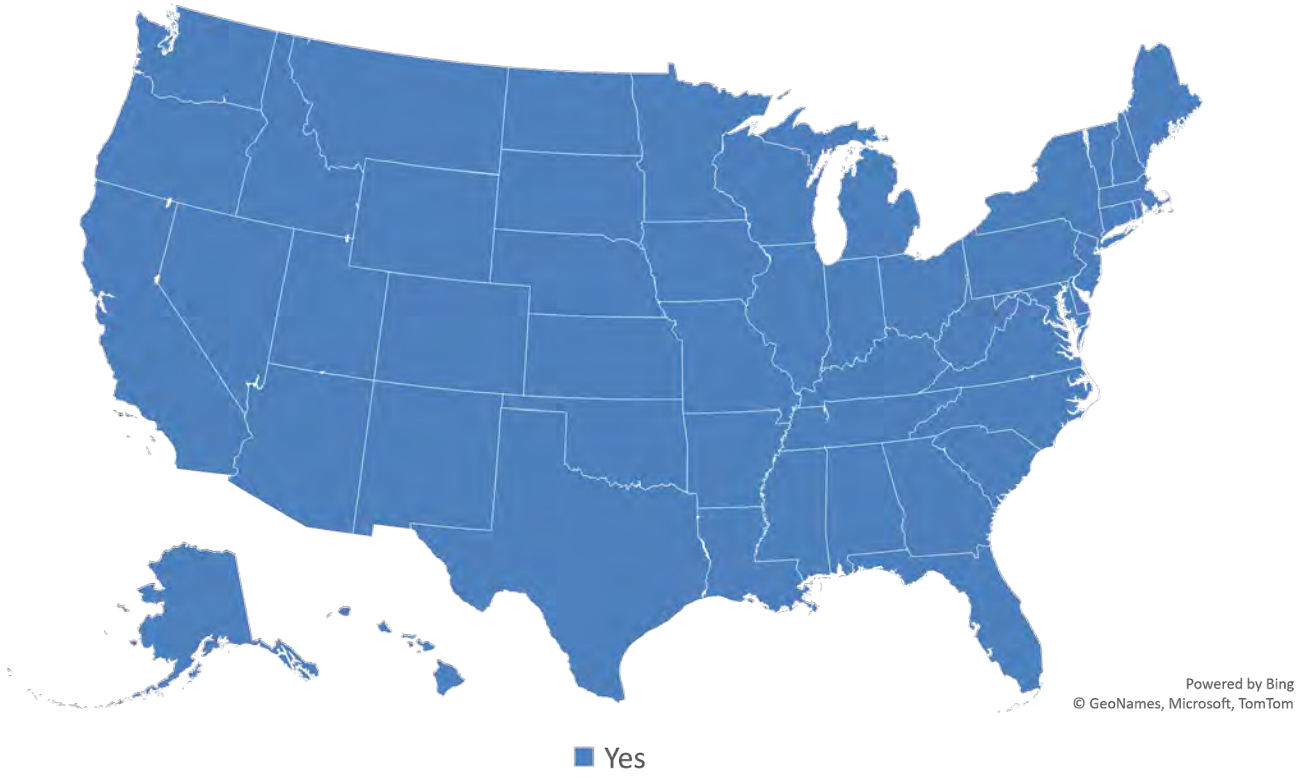


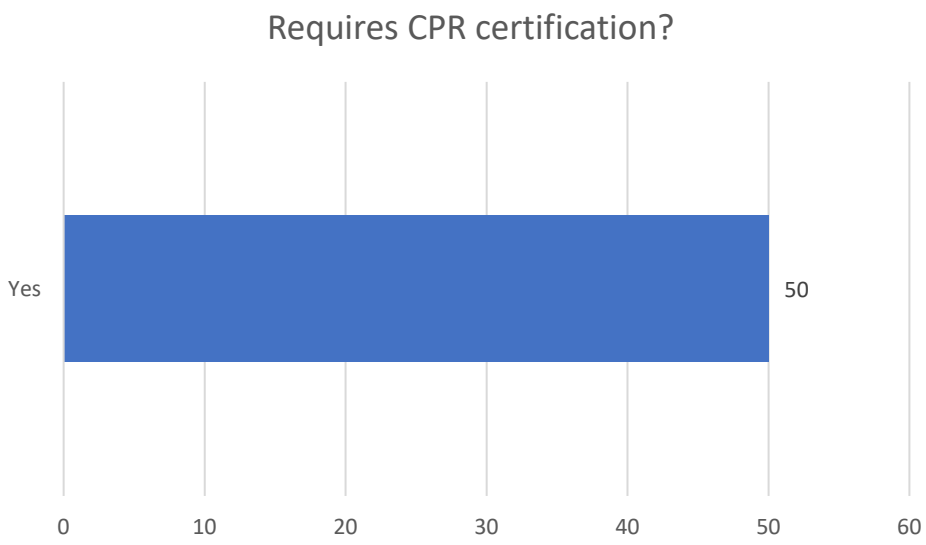
Background Check Method





CPR Certification

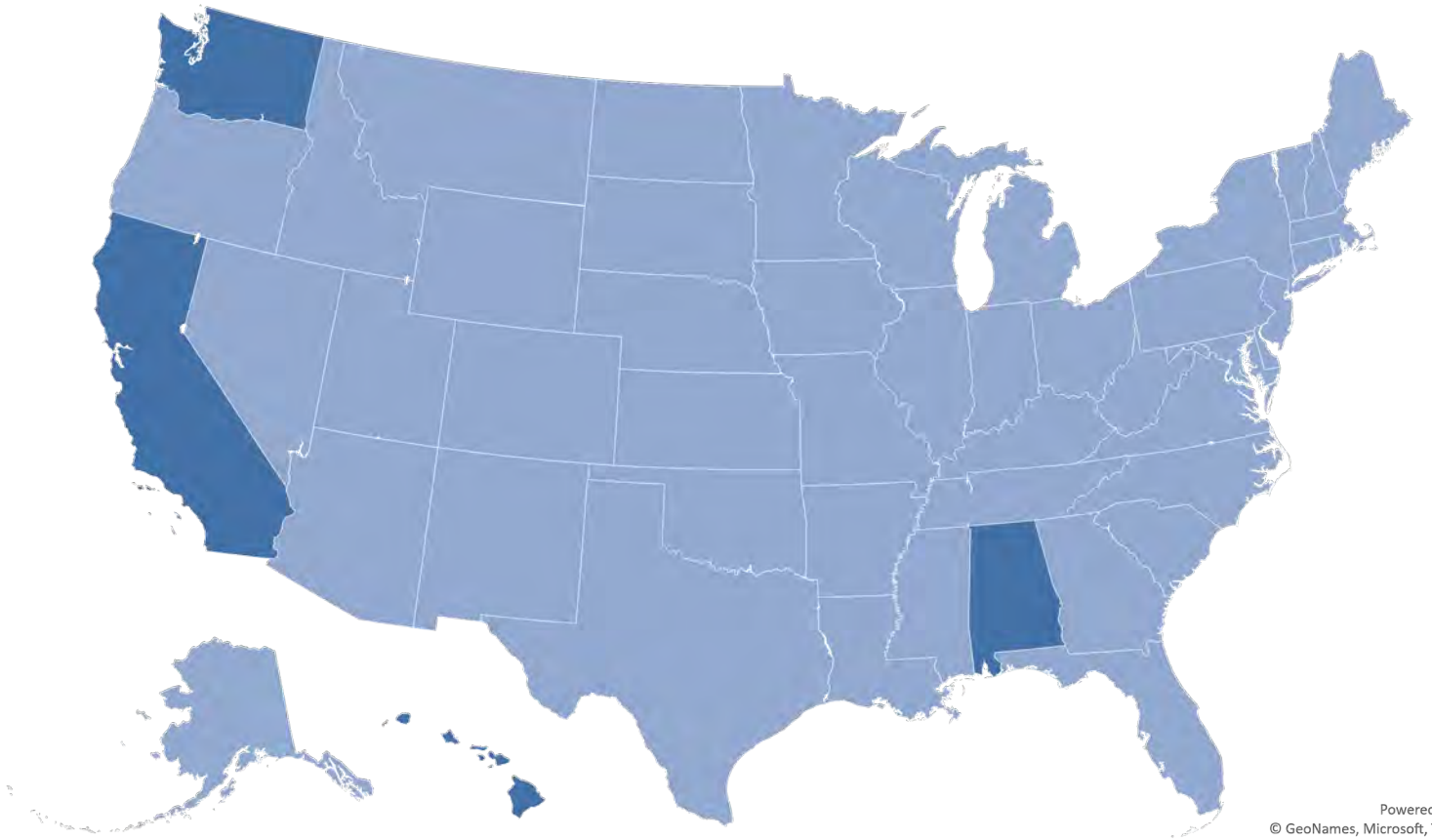


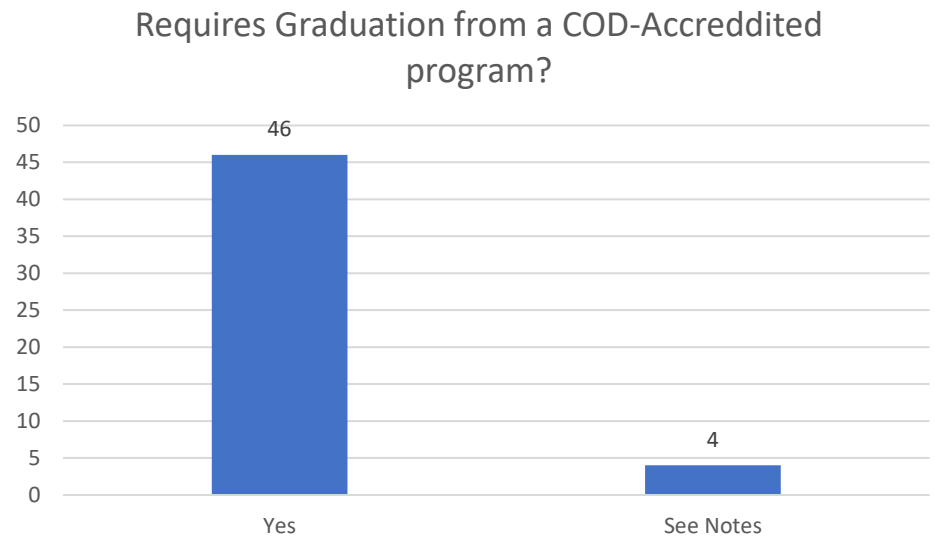


Uniformity in Dental Hygiene

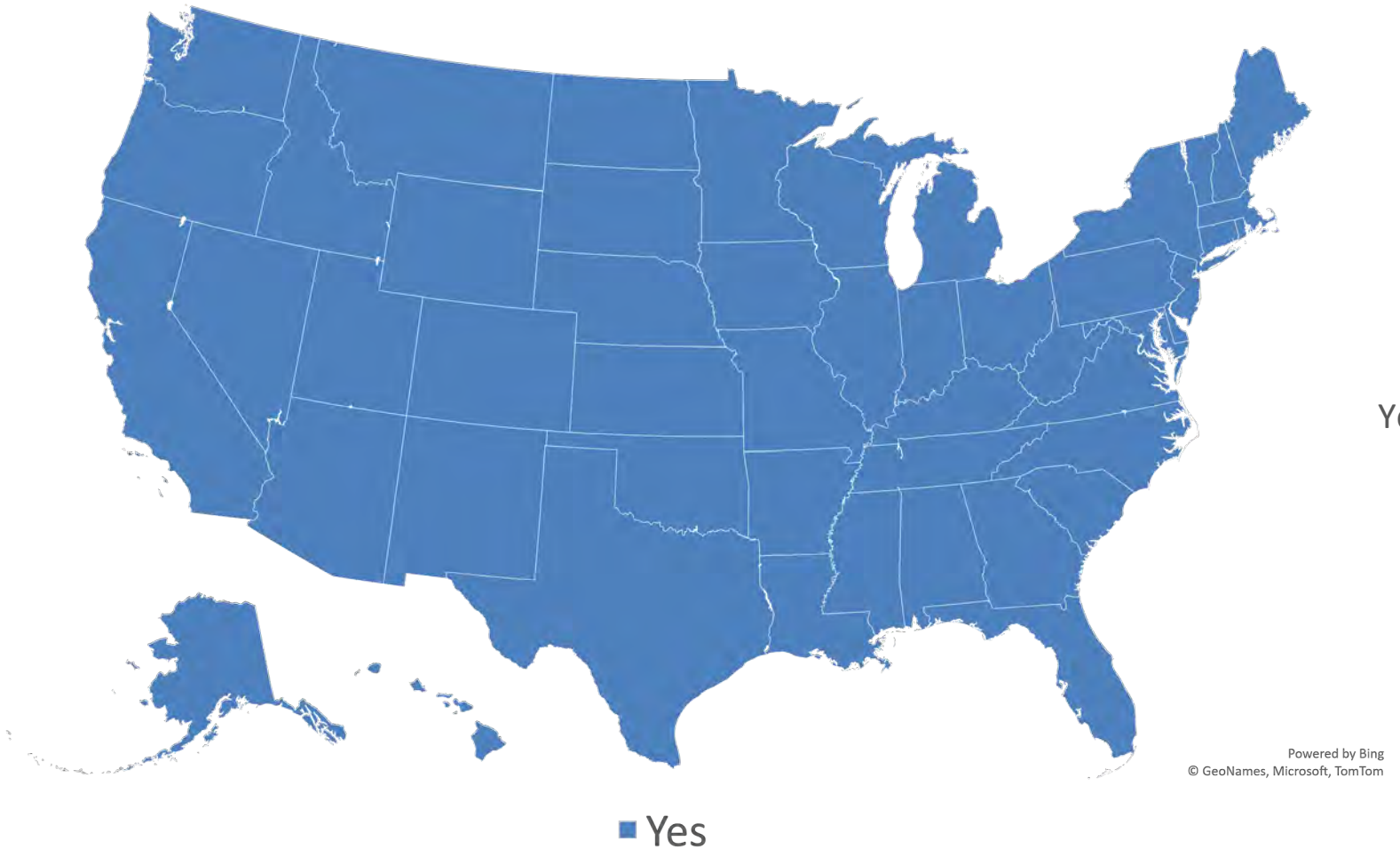
- **Overview:**
  - Dental Hygiene is licensed in all 50 states and Washington D.C.
  - Initial licensure requirements for Dental Hygiene include: *Education Requirements, Written Exam (NBDHE), Regional/ State Clinical Exam, Clinical Exam Method, Jurisprudence Exam, Background Check, and CPR Certification*
- **Challenges:**
  - Regional/ State Clinical Exam and Method vary greatly by state
    - CITA CRDTS CDCA SRTA WREB State
  - Background checks
  - Jurisprudence exam

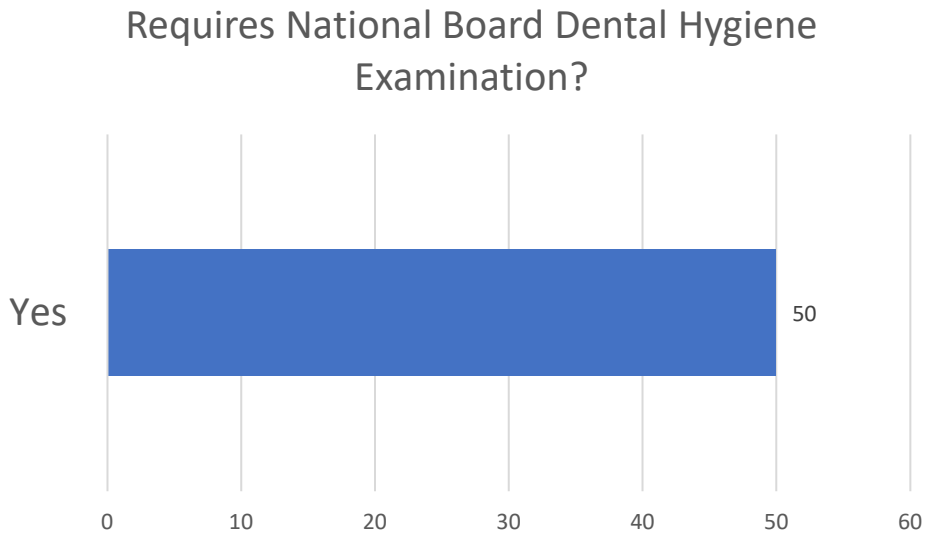
Education Requirement



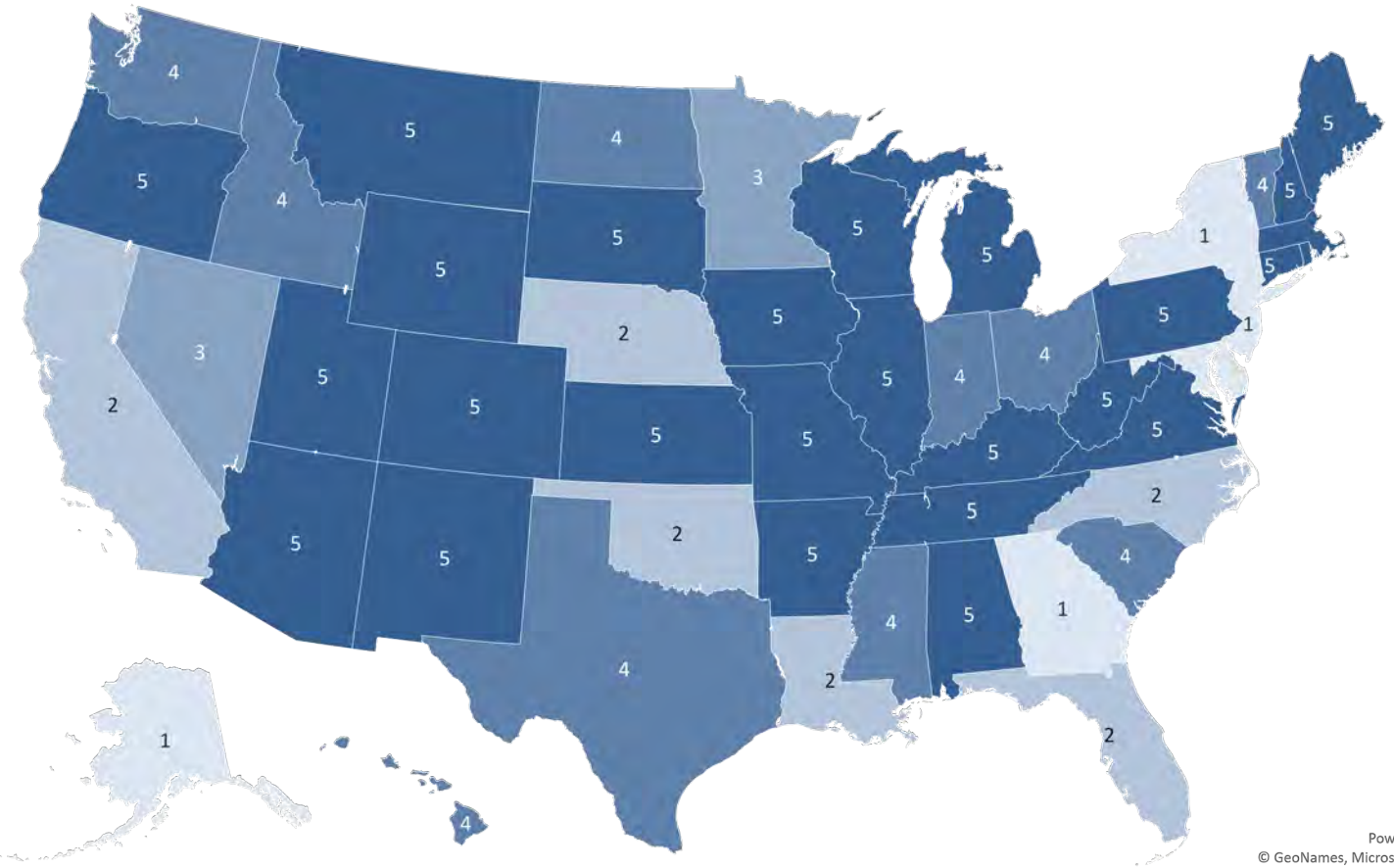


Written Exam (National Board Dental Hygiene Examination)



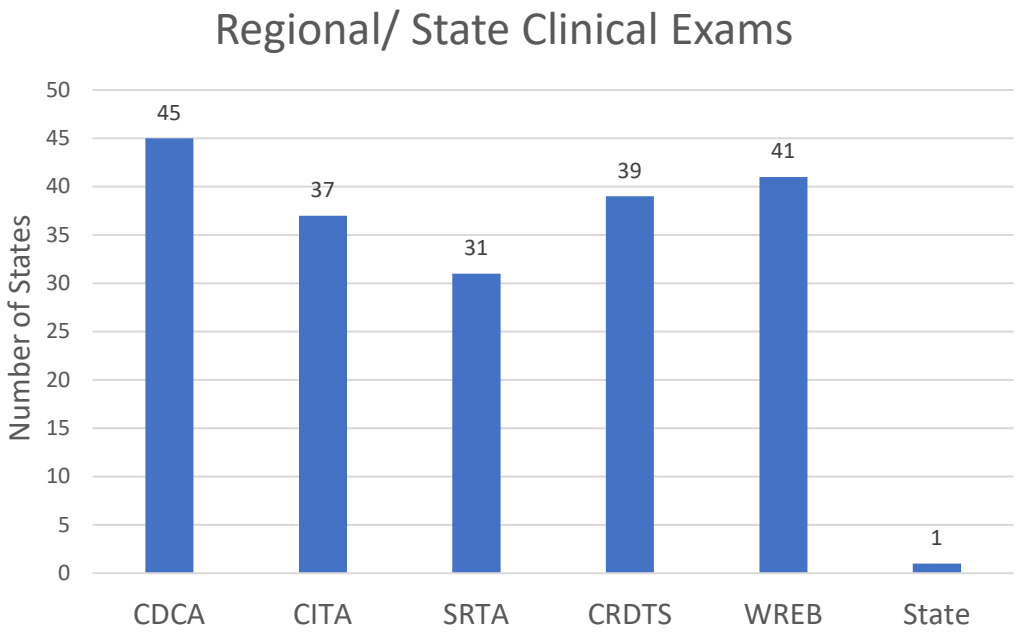


Regional/ State Clinical Exam

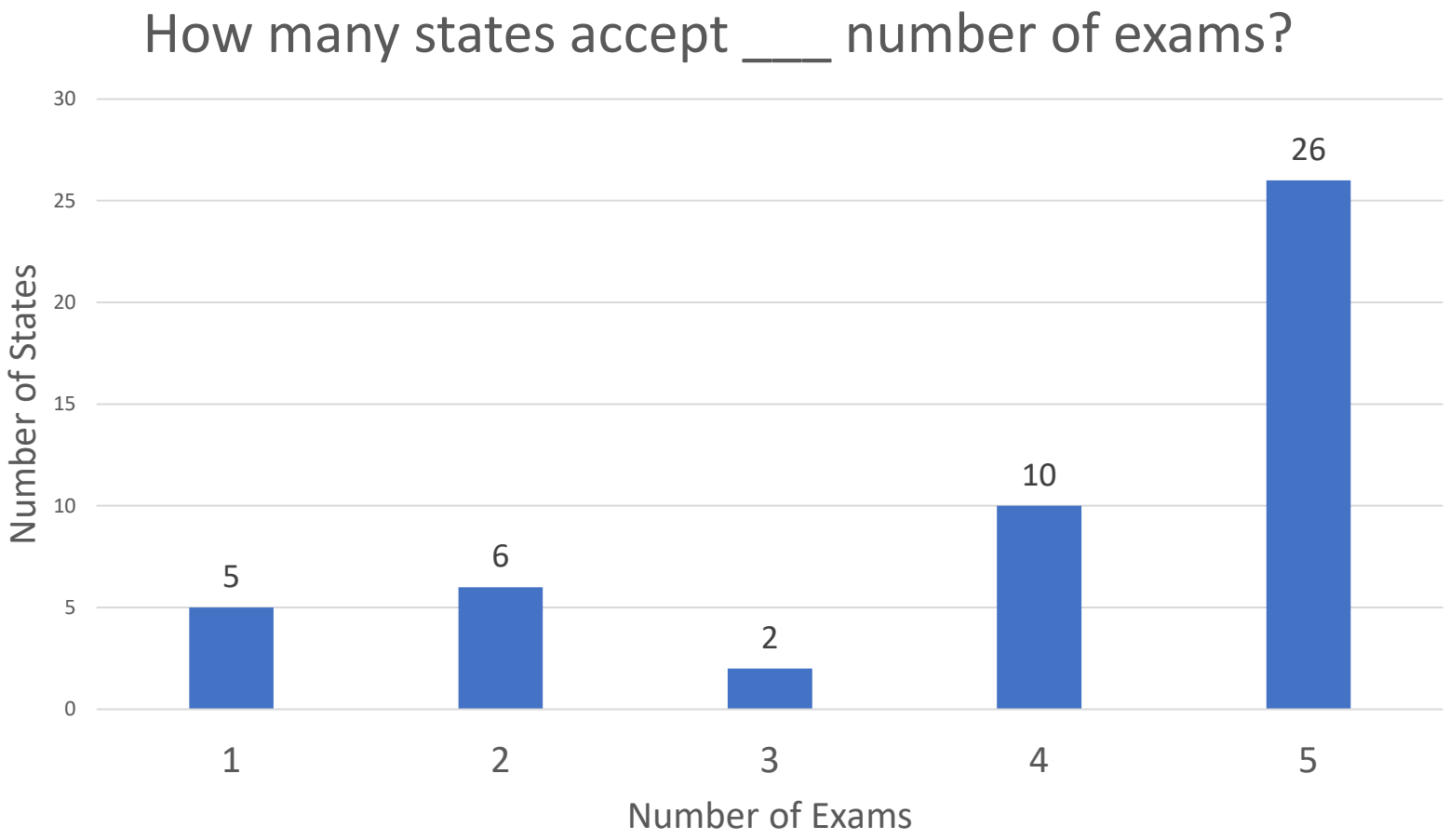


# of Regional/ State Clinical Exam

1 5



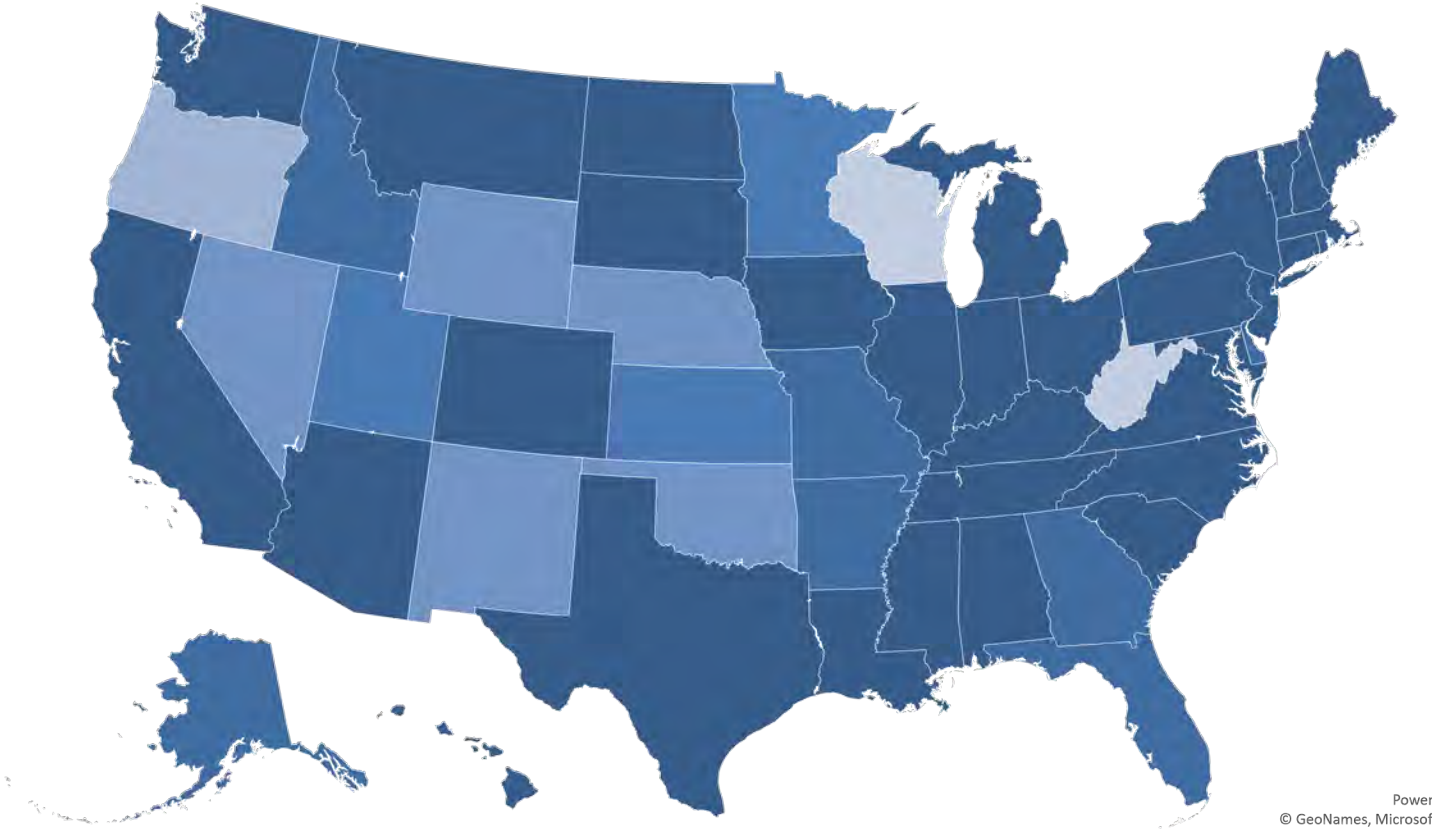
Clinical Exam

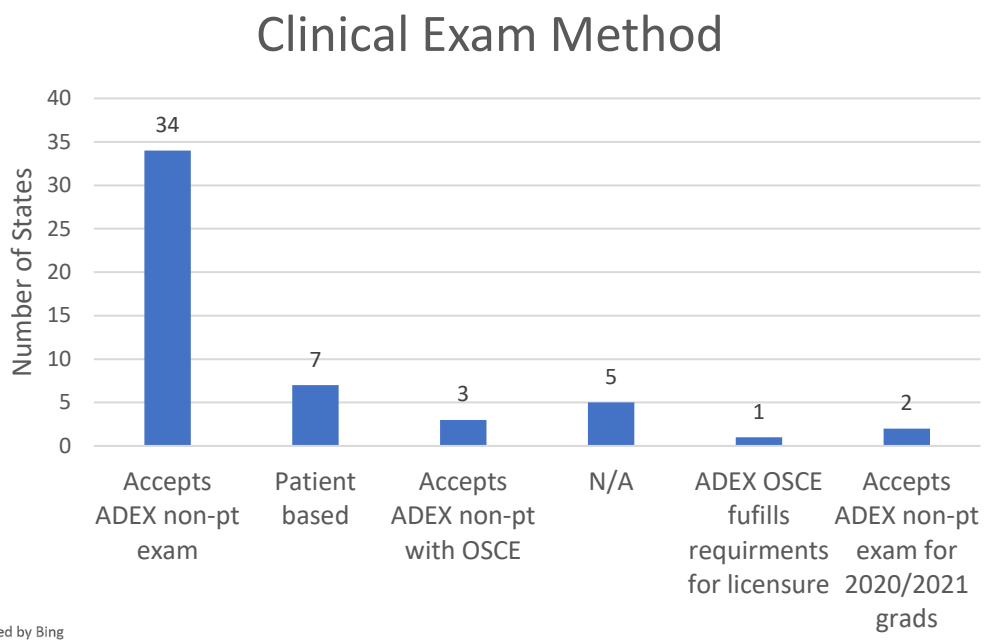


Regional/ State Clinical Exam: Notes

- The five clinical exams are: CITA, CRDTS, CDCA, SRTA, WREB
- Delaware is the only state with that only accepts a State Regional Exam

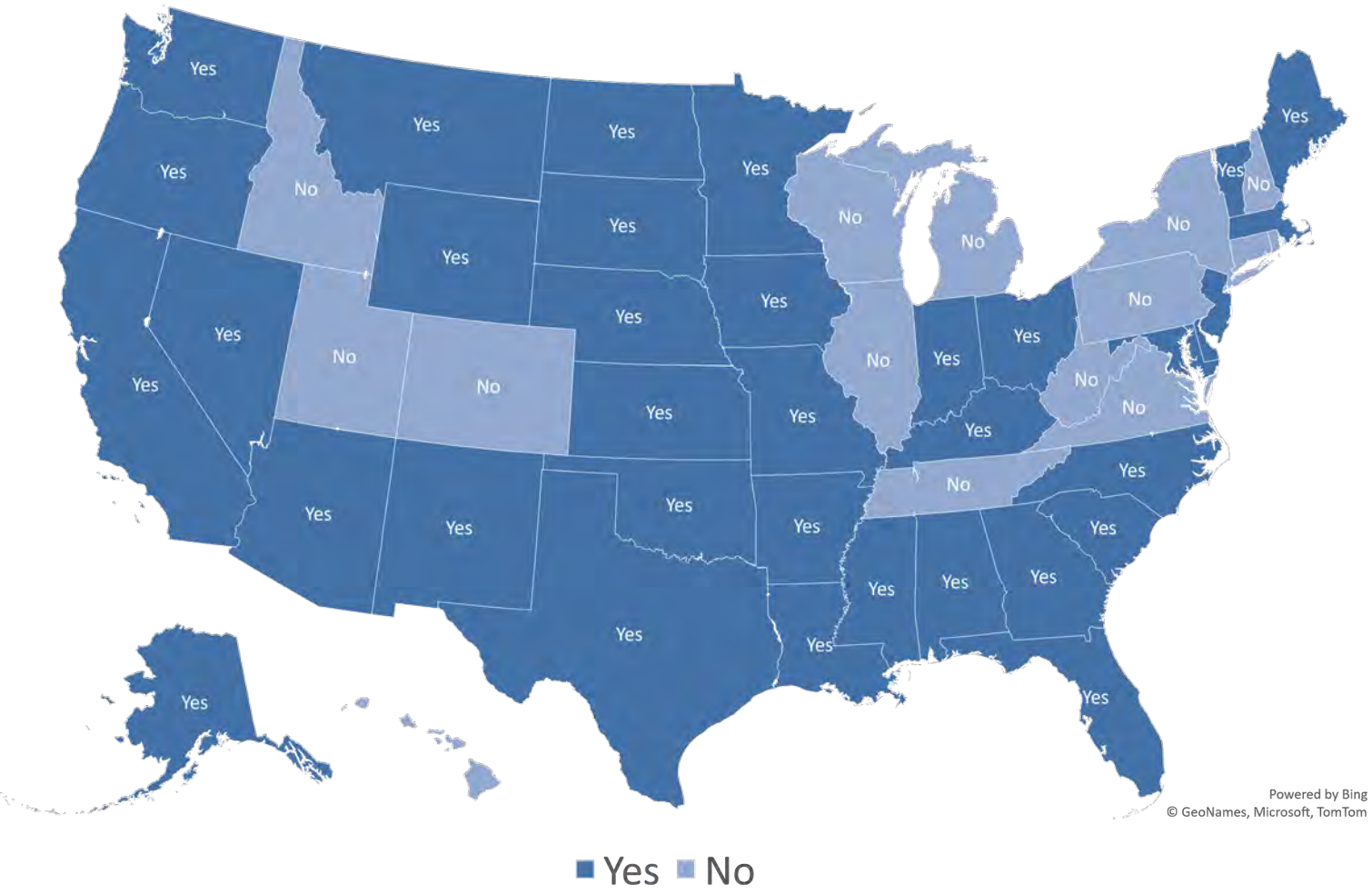
Clinical Exam Method

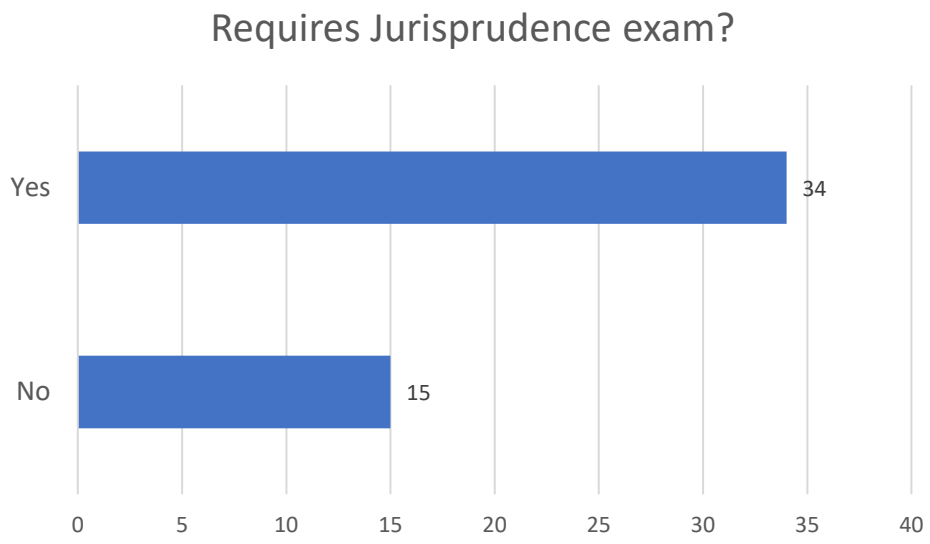




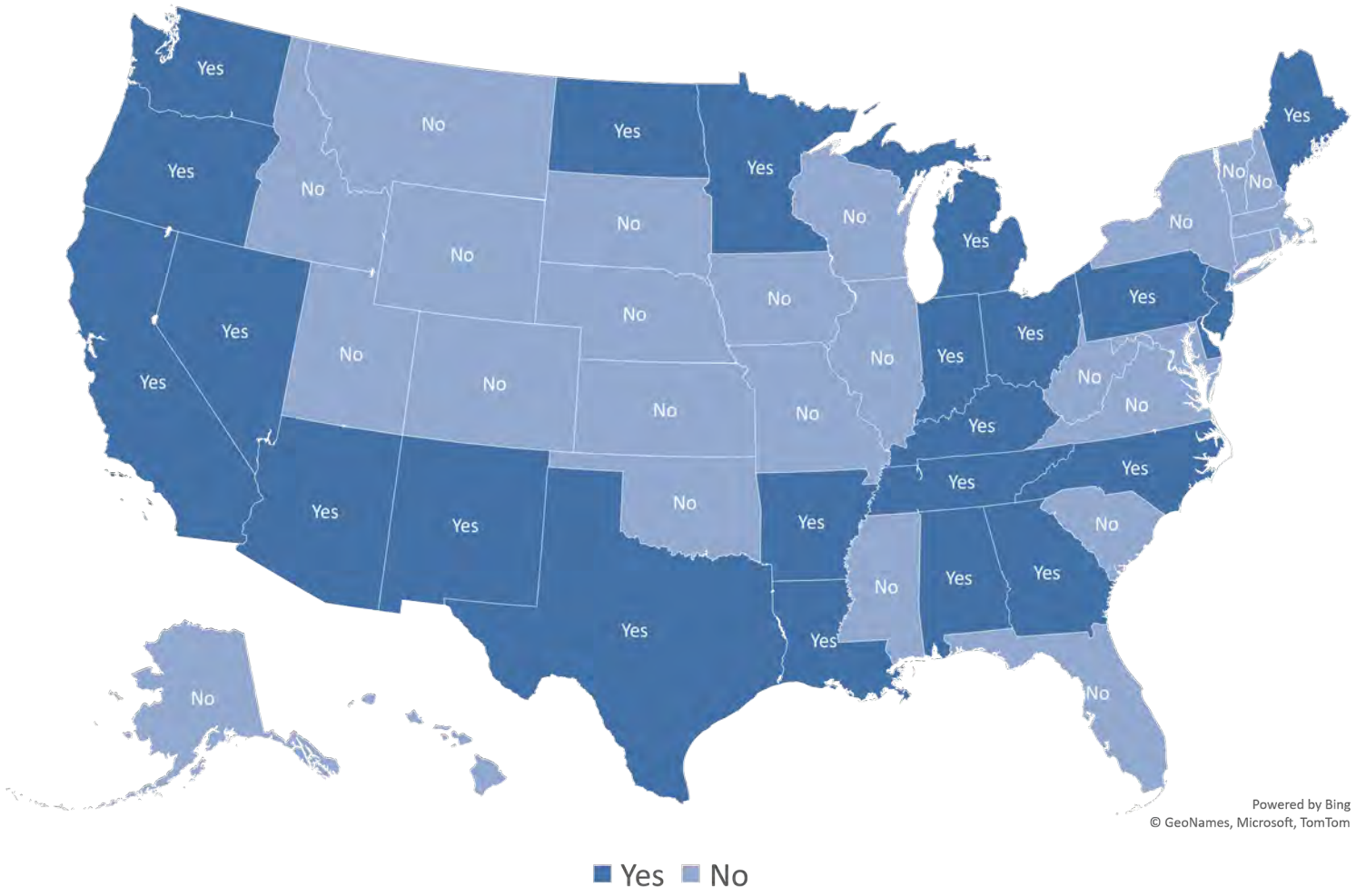
- Accepts ADEX non-pt exam
- Accepts ADEX non-pt with OSCE
- ADEX OSCE fulfills requirements for licensure
- Patient based
- N/A
- Accepts ADEX non-pt exam for 2020/2021 grads

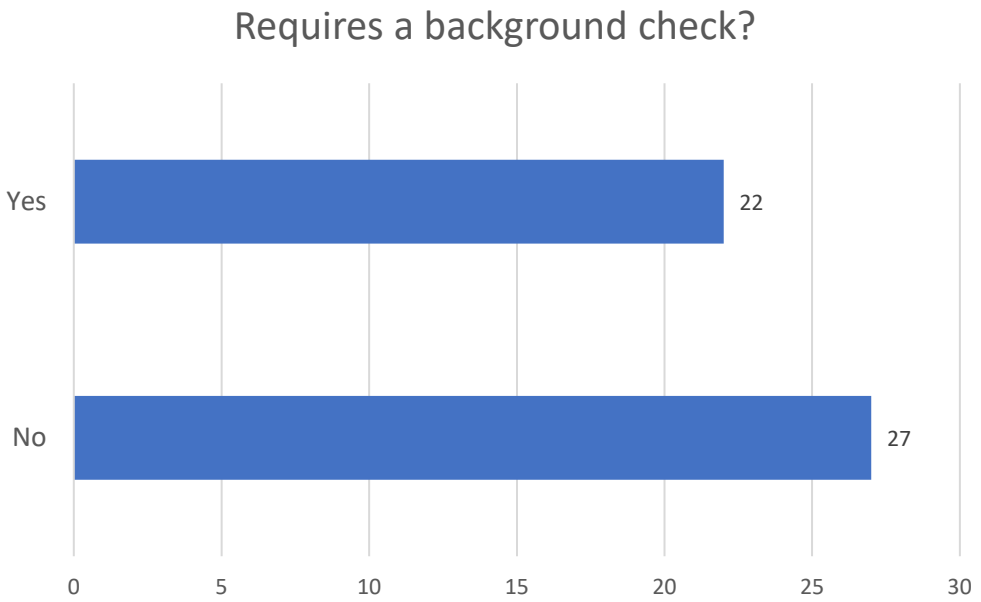
Jurisprudence Exam



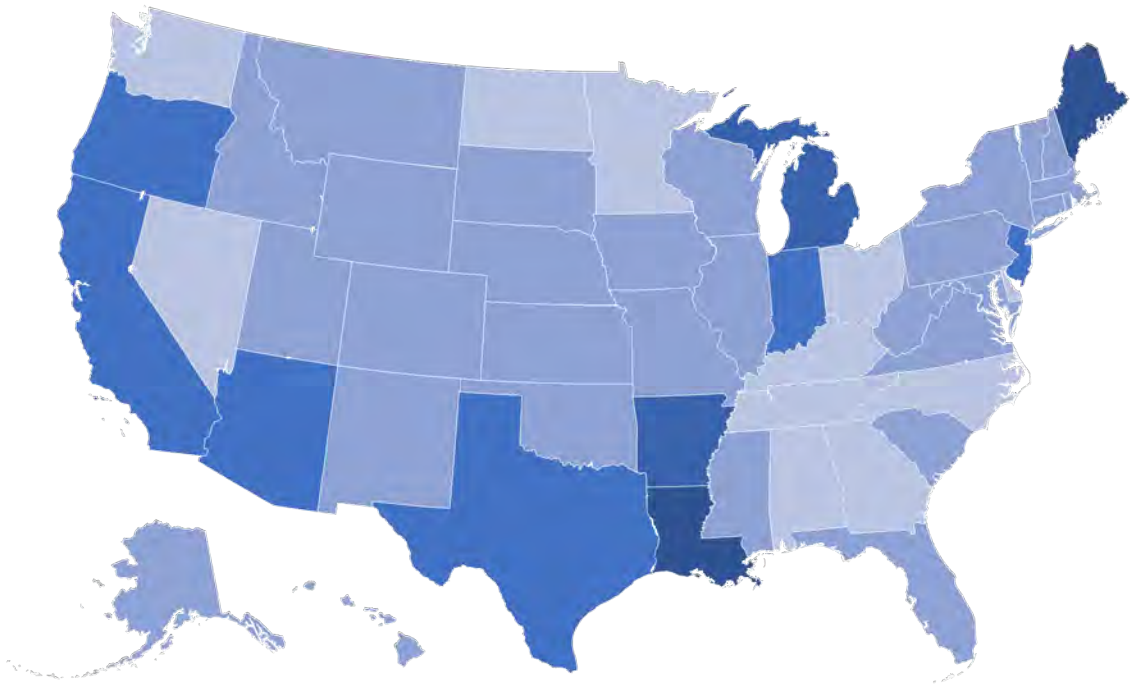


Background Check





Background Check Method



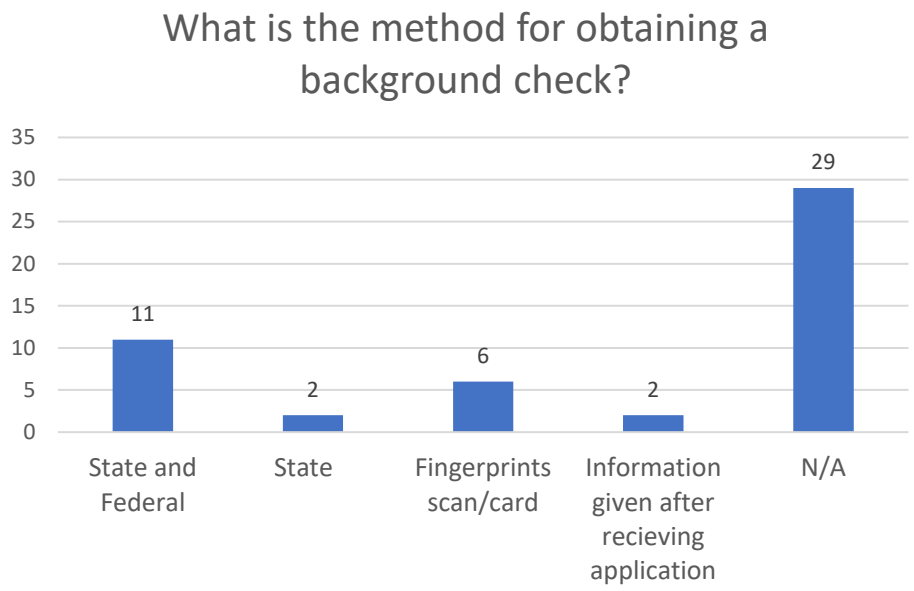
State and Federal

N/A

Fingerprints scan/card

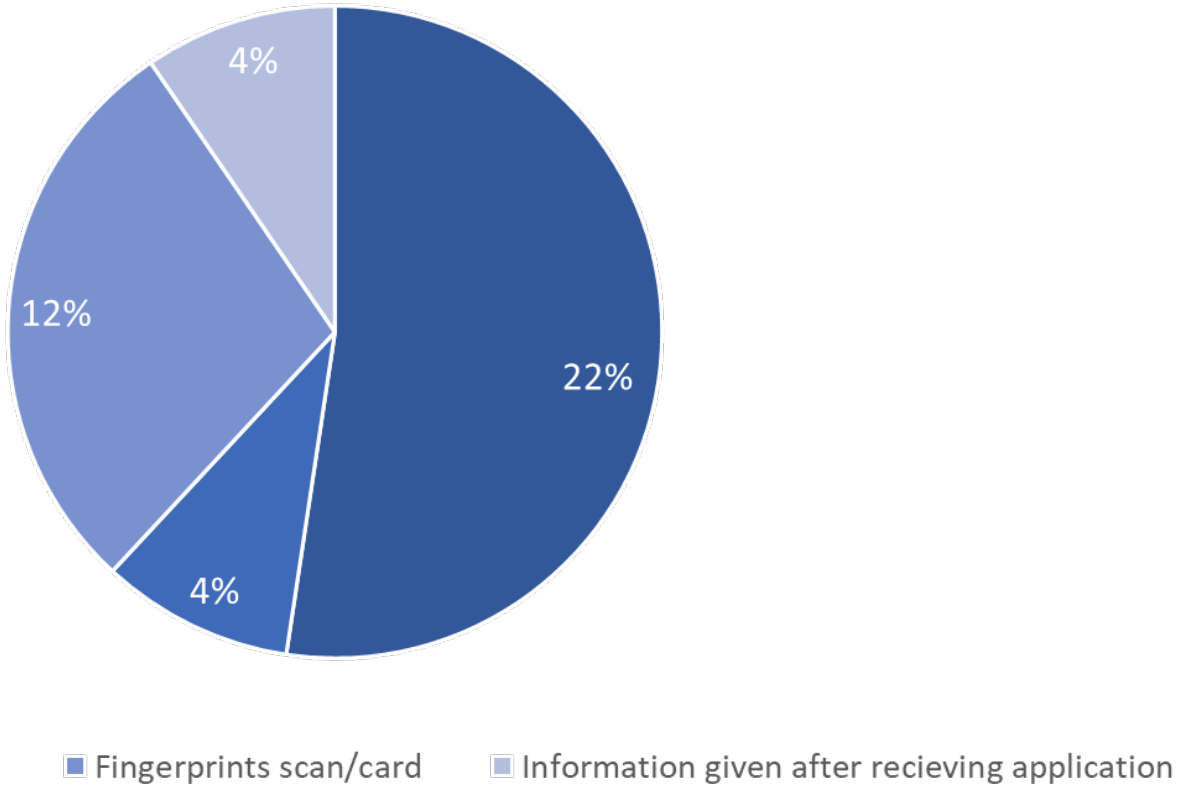
Information given after recieving application

State

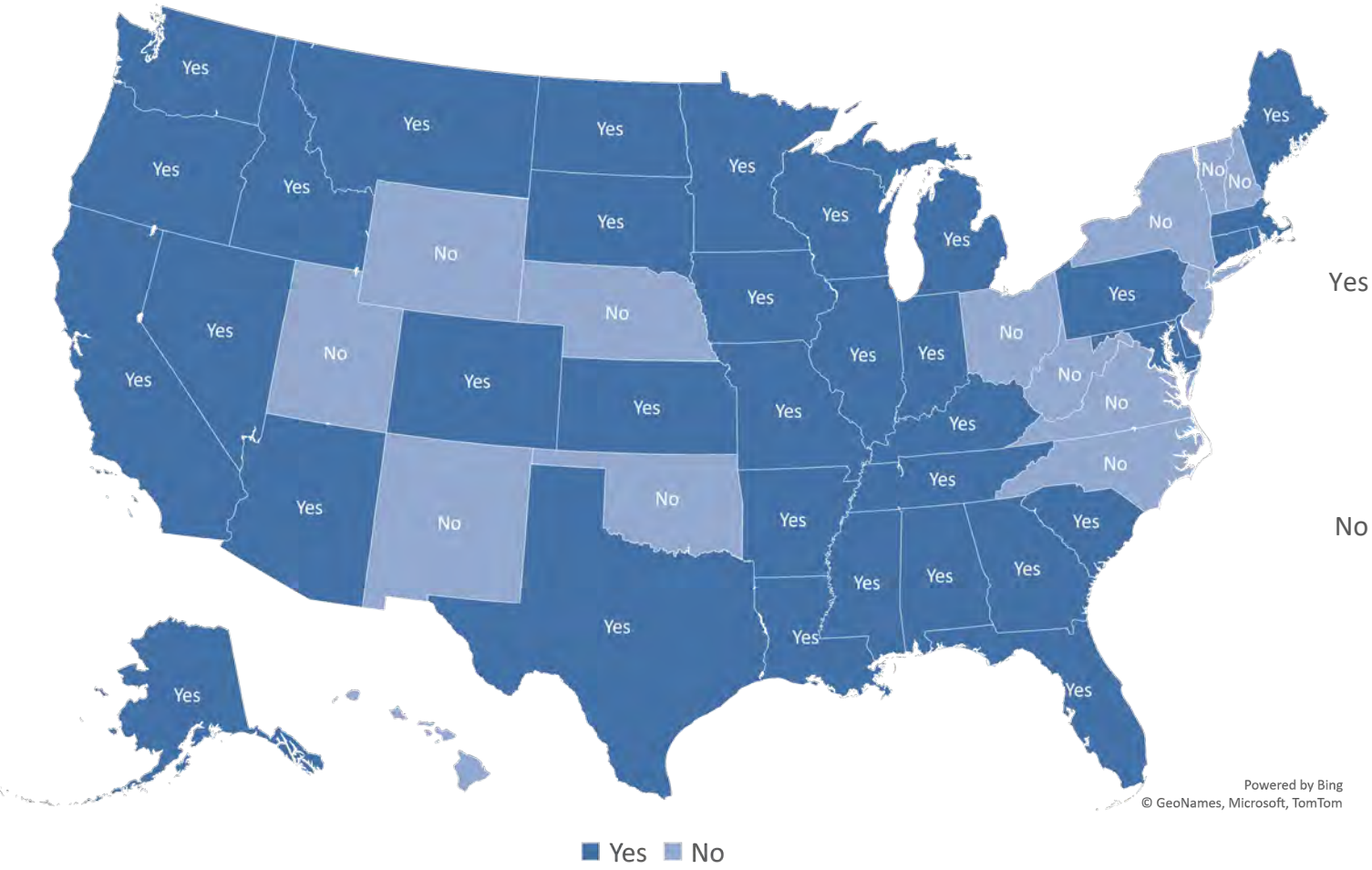


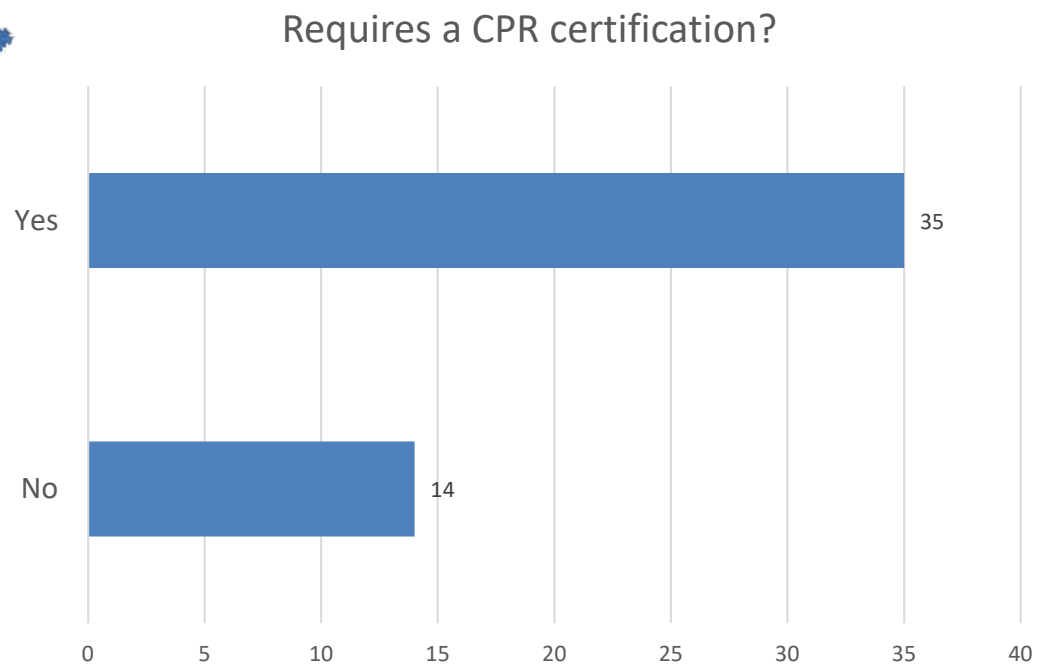
Background Check Method

What percent of background checks are done by each method?



CPR Certification





The Council of State Governments

Contact Info:

Kaitlyn Bison
kbison@csg.org

The Council of State Governments

Mobility in Dentistry and Dental Hygiene

Consider These Scenarios

I am a dentist who is licensed and resides in Virginia, and I want to open offices for practice in DC and Maryland.

I am a dental hygienist licensed and resides in Arizona and I want to move to Illinois to be closer to my family.

I am a dentist who resides in Kentucky but is licensed in Ohio. I want to expand my practice and open new offices in Indiana.

Mobility in Dentistry/Dental Hygiene

From your perspective, which of these scenarios should the compact look to solve? Should the compact treat these scenarios differently?

Do dentists/hygienists frequently hold multiple licenses?

Do dentists/hygienists frequently change their state of residence?

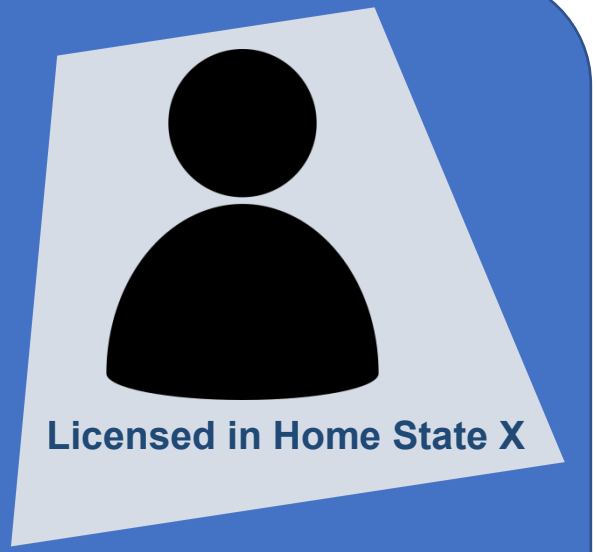
Do dentists/hygienists practice in states where they do not live?

What are the biggest needs in the dentistry and dental hygiene related to licensing portability?

The Council of State Governments

Overview of Mutual Recognition Models

Dentistry and Dental Hygiene Compact
Technical Assistance Group
December 8, 2021



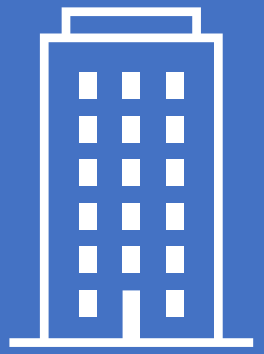
Licensed in Home State X

Chris wants to practice in Remote State Y and Remote State Z in addition to Home State X

Remote State Y

Remote State Z

Chris pays fee to the Compact Commission



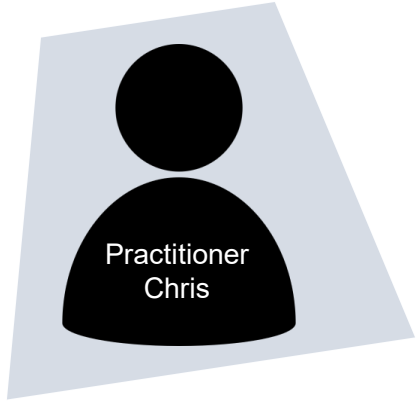
Compact Commission

- Confirms Chris's eligibility
  - ✓ Meets all practitioner participation eligibility requirements as stated in the compact
- Remits any fees to State Y and State Z
- Notifies State Y and State Z that Chris is coming

Remote State Y

Remote State Z

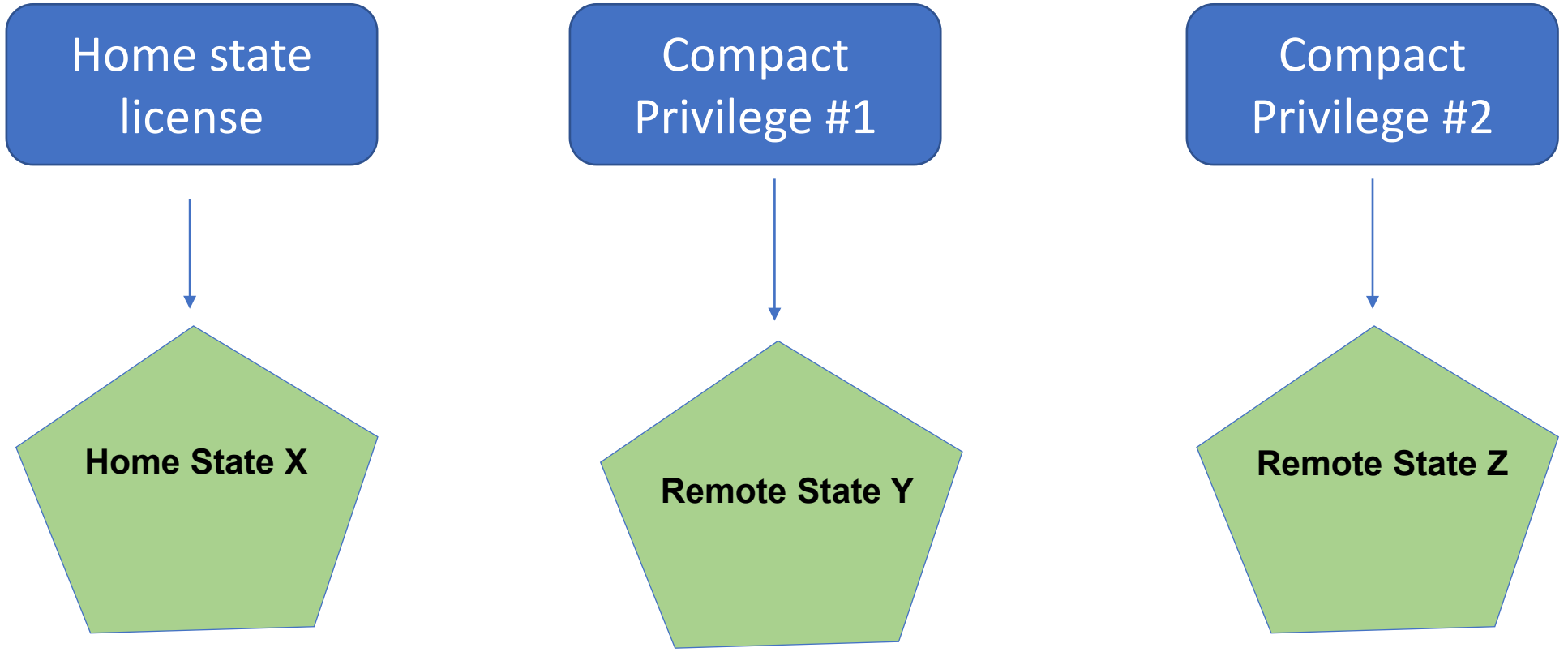
Remote States receive any required fees and are informed that Chris is coming

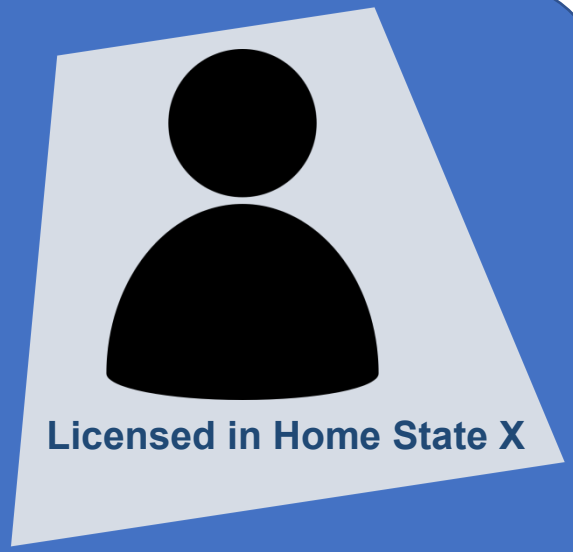


Chris receives two Compact Privileges & can now work in states X, Y and Z

The process repeats for any additional state that Chris would like to practice in

Privilege to Practice


Home state license
Compact Privilege #1
Compact Privilege #2
Home State X
Remote State Y
Remote State Z



Licensed in Home State X

Chris wants to practice in Remote State Y (compact member state) and Remote State Z (compact member state) in addition to Home State X

Remote State Y

Remote State Z

Chris contacts Home State X licensing board and applies for a multistate license.*

Pays Compact fee

note: some states issue a multistate license by default upon initial licensure if compact criteria are met

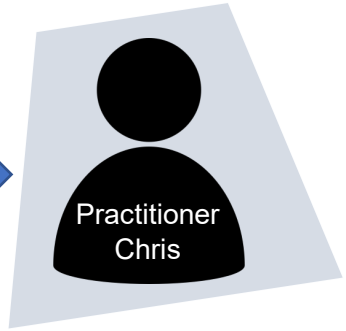
Home State X Licensing Board

- Confirms Chris's eligibility

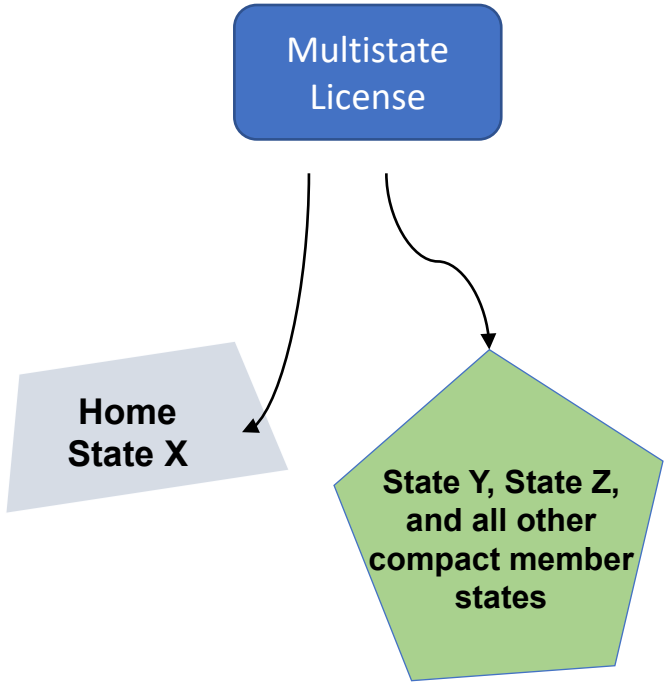
✓Meets all practitioner participation eligibility requirements as stated in the compact

- Issues a multistate license that may be used in any compact state*

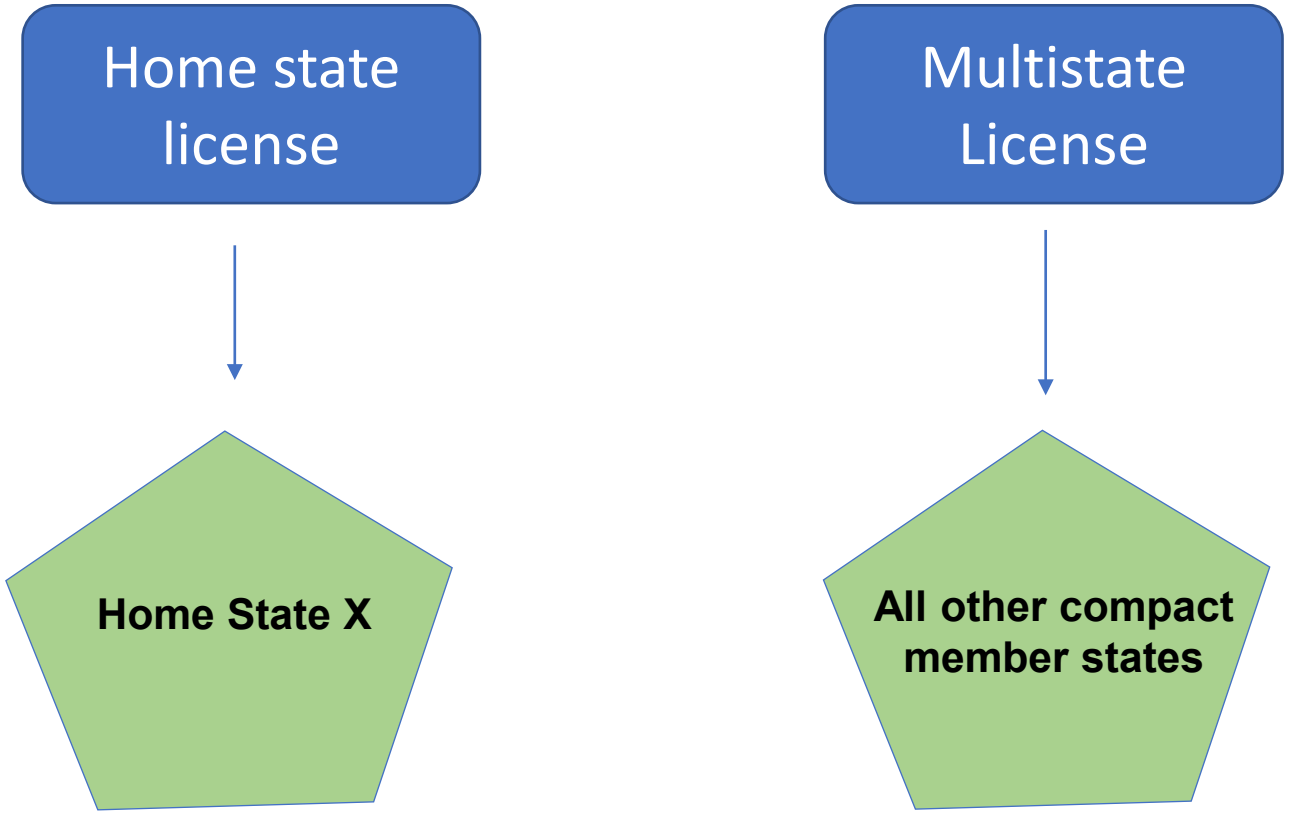
* note: States can still issue a single state license if compact criteria not met.*



Chris receives multistate license & can practice in any other compact state with no additional action



Multistate License


Home state license
Multistate License
Home State X
All other compact member states

Interstate Occupational Licensure Compacts – *Discipline and Governance*

The Council of State Governments

Dentistry and Dental Hygiene Compact
Technical Assistance Group
December 8, 2021

Overview

- Compact Governance
- Licensee Discipline and Reporting
- Admission of Member States
- Member State Compliance

Compact Governance

Compact Commission

- Has ultimate legal responsibility
- Comprised of one delegate (or "commissioner") from each state
  - Appointee is typically chosen by the state licensing board
  - This creates dual duties, i.e., to the delegate's employer, and as a fiduciary to the Commission

Executive Board

- Usually comprised of the elected officers of the Commission
- May also include “at large” member(s)
- May also include *ex officio* members (non-voting)
  - Executive Director/Compact Administrator
  - National organization representative

Executive Board

- Delegation of Commission authority to Executive Board
  - EB usually meets more frequently than full Commission
  - May be more efficient for handling routine business

Open Meetings

- Both full Commission and Executive Board meetings are ordinarily conducted as public meetings
  - The model compact legislation identifies specific reasons why a meeting, or portion of a meeting, may be closed

Commission Duties

- Meet at least once annually
- Adopt bylaws
- Adopt rules
- Manage its finances
- Hire staff
- Establish an office
- Accept grants/ donations
- Perform other appropriate functions

Legal Aspects of Governance

- “Layers” of guidance
- Jurisdiction/Venue
- Liability and Qualified Immunity
- Indemnification

"Layers" of Guidance

- Main sources of guidance for a Commission:
  - The model compact legislation
  - Duly promulgated commission rules
  - Commission bylaws
    - *Robert's Rules of Order* often designated as the "gap filler"
  - Commission policies

Jurisdiction/Venue

- Compacts generally provide for jurisdiction and venue in the state where the compact maintains its principal office
  - This may be a source of lobbying by interest groups during the legislative process

Jurisdiction/Venue

- But, it is vital to note that these provisions do not affect where individual practitioners can be sued
  - For example, will *not* limit where a plaintiff's attorney can file a malpractice action against a licensed healthcare provider

Jurisdiction/Venue

- These provisions are vital to ensure consistency and uniformity in case law involving the interstate commission

Liability and Immunity

- Compact legislation typically includes a form of qualified or limited immunity for:
  - Commission members
  - Officers
  - Staff
  - Representatives

Liability and Immunity

- Limitations of official immunity:
  - Must be within scope of Commission duties
  - No protection for intentional, willful or wanton misconduct

Liability and Immunity

- Important note:
  - Just as with the venue provisions, the Compact does *not* provide any level immunity for licensed practitioners in the provision of healthcare
  - This is often misunderstood by trial lawyers' groups in the legislative process

Indemnification

- Compact legislation typically covers any settlement or judgment against Commission officials
  - Again, limited to official acts in the course of Commission business
  - Does *not* include indemnification for intentional, willful or wanton misconduct

Licensee Discipline and Reporting

Disciplinary Authority

- It is important to distinguish types of practice:
  - Practice under a ***state license***
  - Practice pursuant to an ***interstate privilege***

License vs. Privilege

- **License**
  - Discipline by the issuing state
  - A remote state may not impose discipline against a home state license
- **Privilege**
  - Discipline by the state where the individual is practicing
  - Discipline limited to the privilege to practice

Effect of Discipline

- **License**
  - Discipline by an issuing state against a *license* typically results in ***both:***
    - Loss or restrictions within the issuing state, and
    - Loss of the interstate privilege to practice, ***but…***
- **Privilege**
  - Discipline by a remote state against a *practice privilege* typically results in:
    - Loss of the privilege to practice in that remote state
    - In some compacts, this may also trigger an automatic loss of privileges in *all* other compact states, ***and…***

Effect of Discipline

- **License**
  - …a remote practice privilege *might* still be permitted if *written authorization* is given by *both* the home state and the remote state
- **Privilege**
  - …may *also* be a basis for a *home state* to take action against the ***license*** it issued

Disciplinary Jurisdiction

- Compact architecture can vary on which state has jurisdiction in investigating potential disciplinary matters

Disciplinary Jurisdiction

- In some compacts
  - The remote state where the alleged violation occurred under a practice privilege may be the primary investigating state
  - The remote state would then report its finding to the home state which issued the license

Disciplinary Jurisdiction

- In other compacts
  - The remote state where an alleged violation occurred under a practice privilege would refer the matter to the home state where the license was issued
  - That home state would then have primary disciplinary authority

Disciplinary Scenario 1

Nursing

Scenario 1 (Nursing)

- Mary is a resident of Texas (a compact state) and holds a Texas multistate license
- Mary accepts a temporary travel nurse assignment in Louisiana (a compact state)
- While practicing in LA, she violates the LA nurse practice act
- The hospital reports Mary to the LA Board
- LA Board receives the complaint and after a preliminary inquiry, decides that an investigation is warranted.
- LA Board conducts the investigation because that is where the violation occurred
- LA Board turns on the Nurse Alert in the licensee's Nursys file, as appropriate
- LA Board staff notifies TX that one of their multistate license holders is under investigation
- LA Board treats the licensee as if the licensee were a resident of LA, applying its state laws to the case when disciplining the compact privilege
- At the conclusion of the investigation, LA Board sends the licensee investigative file to TX Board
- TX Board takes action on the multistate license as if the violation occurred in TX, applying its own state laws (no repeat investigation.)
- TX Board converts the multistate license to single state, as appropriate

Disciplinary Scenario 2

Physical Therapy

Scenario 2 (PT)

- Mary is a resident of TX (a compact state) and holds a Louisiana compact privilege.
- While practicing in LA, she violates the LA PT practice act
- Someone reports Mary to the LA PT Board
- LA PT Board receives the complaint and decides that an investigation is warranted
- LA PT Board conducts the investigation because that is where the violation occurred
- LA PT Board flags Mary's record in the Federation of State Boards of Physical Therapy Exam Licensure and Disciplinary Database (ELDD) as under investigation once probable cause is met
- The investigation flag is displayed in the party state investigations queue for all other member state PT boards that are a party to that individual
- LA PT Board treats the compact privilege holder as if they held a regular licensee in LA, applying its state laws to the case when disciplining the compact privilege
- At the conclusion of the investigation, LA Board either enters the disciplinary action into the ELDD
  - Or removes the flag if no action is taken
- If disciplinary action is taken, *all* compact privileges for that individual are terminated immediately
  - Ineligible for compact privileges for at least 2 years
  - Doesn't affect any regular licenses held by the individual.
- Any state where the individual is licensed may choose to take its own actions

Disciplinary Scenario 3

EMS

Scenario 3 (EMS)

- In 2015, at the age of 18, Paul was arrested, charged and pled guilty to one count of burglary in the State of Colorado
- Paul was sentenced to 2 years of probation, which he completed successfully
- Paul has had no criminal record since then
- Paul completes paramedic school in 2021 and applies for a license from the Colorado Department of Public Health (compact state)
- Paul's 2015 conviction constitutes grounds for denial of a paramedic license
- However, CO DPH believes Paul does not pose a threat to public health or safety and issues a probationary license to Paul
- As part of the decision to issue the license, DPH and Paul enter into a stipulation agreement
- The agreement indicates that Paul may practice in a remote state under the EMS Compact interstate practice privilege, but only if any remote state in which he intends to practice provides such authorization in writing

Reporting

- Healthcare-related interstate commissions typically maintain centralized/coordinated database
- This is *essential* to permit member states to keep their promises to all other member states
  - Remember, a Compact is both a state law *and* an agreement between the member states!

Reporting

- Members states typically have the obligation to report to the Commission:
  - Any adverse actions by a home (licensing) state
    - Typically includes any findings of a violation of statute or regulation that results in discipline against a license
  - Any privilege to practice restrictions by a remote/distant state

Reporting

- Investigatory information
  - Some compacts require the reporting of active open, investigations prior to adjudication
  - Typically requires a finding of probable cause of a violation that could result in disciplinary action
    - Reportable even if the allegations have not yet been conclusively proven

Nonpublic Information

- Compact may permit the withholding of information specifically designated under state law as confidential or non-public

Alternative Programs

- Under a compact, a state typically reserves sole authority to determine if a licensee is eligible to participate in an alternative program
  - Substance abuse, addiction, etc.
  - Impaired professional programs

Alternative Programs

- The compact may establish rules regarding admission into such a program
  - May result in temporary loss of practice privileges during the duration of the program
  - May require specific approval to continue to practice under the privilege

Alternative Programs

- Again, key to this is the reporting of the alternative program participation by the licensee
- Reporting such participation to the commission does *not* mean:
  - The report must become public
  - The underlying details are disclosed to the commission

Admission of Member States

New States

- One issue that comes up is a state enacting legislation with some deviations from the model compact legislation
  - This creates potential legal problems
  - Can also impair proper administration of the compact
  - Should be discouraged whenever possible

Model Compact Deviations

- However, some deviations are purely cosmetic
  - Some states may have numbering conventions or codifying rules that require specific language be added to the statute
  - Other states may have drafting requirements
    - Example: no “whereas” or purpose clauses in legislation

Model Compact Deviations

- Some states may enact the compact law with substantive changes to the legislation
  - This may be due to:
    - Political pressure
    - State constitutional limitations

The Challenge

- The challenge for an interstate commission is to have a process in place to determine which changes are cosmetic or ***non-substantive***, and which are ***material***

The Challenge

- Since an interstate compact is an agreement between states, the terms must be consistent or a court could find no such agreement exists

Example: PSYPACT

Process for Review of New State Laws or Amendments to Compacts

10.5 Process for Review of New State Laws or Amendments to Compacts:

A. Upon enactment by a state of a law intended as that state's adoption of the Compact, the Executive Board shall review the enacted law to determine whether it contains any provisions which materially conflict with the Compact model legislation.

1. To the extent possible and practicable, this determination shall be made by the Executive Board after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Board prior to the law's effective date, the Executive Board shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to the law's effective date shall not impair or prevent the application of the process set forth in this Section 10.5.

2. If the Executive Board determines that the enacted law contains no provision which materially conflicts with the Compact model legislation, the state shall be admitted as a party to the Compact and to membership in the Commission pursuant to Article X of the Compact upon the effective date of the state's law and thereafter be subject to all rights, privileges, benefits and obligations of the Compact, these Rules and the bylaws.

3. In the event the enacted law contains one or more provisions which the Executive Board determines materially conflicts with the Compact model legislation, the state shall be ineligible for membership in the Commission or to become a party to the Compact, and the state shall be so notified within fifteen (15) days of the Executive Board's decision.

4. A state deemed ineligible for Compact membership and Commission participation pursuant to this Section 10.5 shall not be entitled to any of the rights, privileges or benefits of a Compact State as set forth in the Compact, these Rules and/or the bylaws. Without limiting the foregoing, a state deemed ineligible for membership and participation shall not be entitled to appoint a Commissioner, to submit to and/or receive data from the Coordinated Licensure Information System and/or to avail itself of the default and technical assistance provisions of the Compact. Psychologists licensed in a state deemed ineligible for membership and participation hereunder shall be ineligible for the Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice set forth in the Compact and

Examples of Deviations That Might Disqualify a State

- Materially altering the rights or obligations of member states
- Eliminating qualified immunity for the Commission or its officials
- Enlarging choice of venue
- Imposing undue restrictions on privileges to practice compared to the model legislation
- Allowing state to negate Commission rules
- Eliminating fees applicable to the state

Member State Compliance

Member State Compliance

- After a state is admitted to the commission, its legislature could enact subsequent laws
  - Some might directly amend the previously-enacted compact
  - Some might be other, non-compact laws that nevertheless conflict with or limit the operation of the compact in that state

Example: Telehealth Laws

- As a result of the pandemic, some states have enacted or updated their telehealth/telemedicine laws
- In some cases, those laws have posed conflicts with interstate practice privileges

Other Compliance Issues

- Member states may also come into non-compliance with their compact obligations in other ways
  - Non-payment of fees or assessments
  - Failure to report required data to the commission
  - Failure to enforce disciplinary or adverse action obligations

Member State Compliance

- Model compact typically includes provisions to deal with non-compliance by a member state
- This is different than a state attempting to gain initial entry into the compact
- As a member state, there are additional due process considerations

Member State Compliance

- For existing member states found to be out of compliance, the model compact legislation will typically include a process for:
  - Notice and opportunity to be heard
  - Time for implementation of remedial measures
  - Technical advice or assistance to the state

Questions?

Revisiting Benefits and Challenges of a Dental Compact

I hope the compact achieves…

I have concerns/ am confused about…

NEWSLETTERS & ARTICLES OF INTEREST

CODA Alert

CODA Summer Meeting – Open Session Registration

Dear Community of Interest,

The Commission on Dental Accreditation 2022 Summer Meeting, scheduled for August 4 and 5, 2022, will be held at the ADA Headquarters with an option for Commission members to attend virtually. The meeting on August 4 is a Closed Session and not open to the public.

The meeting on August 5, which will begin at 9:00am Central Daylight Time, is an Open Session. Registered observers may only attend virtually and view and listen to the live audio of the meeting related to review of policy matters. You may register for the Open Session as a Registered Observer directly through the Zoom Webinar link provided in the button below. When you register, you will receive a confirmation email which will contain the login data, unique to you, so that you can view and listen to the August 5 Open Session either through a computer or through a phone line.

Please keep in mind, this is NOT a required meeting for the Commission's accredited Programs and other Communities of Interest. This is CODA's bi-annual public discussion of policy and other accreditation matters, which will be held virtually.

If you have multiple personnel in your organization whom you wish to listen to the Open Session, please forward this email to them and ask each person to click the button below to register for themselves, so that they each receive their own unique login data. Do not forward your confirmation email, as it contains login data unique to you.

Please keep the login and password information handy at the beginning of the Open Session on August 5, as CODA Staff will be unavailable that day to provide technology assistance related to your unique meeting login information. For CODA Meeting Materials, as available, please visit https://coda.ada.org/en/accreditation/coda-meeting-materials.

As with all Open Sessions of the Commission, observers will be silent during the Open Session and will not be allowed to ask questions or offer comments. Recording of CODA meetings is strictly prohibited.

A summary of Commission Major Actions will be published to the Post-Meeting Actions page of the Commission website within a few weeks after the Session for those who are unable to listen in to the virtual meeting. Please email Open Session questions to hooperm@ada.org.

CRDTS NEWS – JULY 2022

Celebrating 50 Years of National Testing Excellence, CRDTS remains committed to providing dental and dental hygiene candidates efficient, effective, and reliable opportunities for examination towards professional licensure, while ensuring competency and safety for the public. CRDTS' examinations are developed in conjunction with our State Board Members which ensures CRDTS is meeting the needs and requirements of each State Dental and Dental Hygiene Board or Commission

YOU, as a Member of CRDTS have a voice in the organizational decisions and the examinations which are continually assessed and enhanced with your input.

CRDTS LICENSURE EXAMINATIONS:

The CRDTS Dental and Dental Hygiene Examination Review Committees continue to review the needs of state boards, schools, and candidates. CRDTS offers Patient-Based, Simulated Patient/Manikin and hybrid examinations in both dental and dental hygiene. **CRDTS does not require an off-site written examination** at a Prometric Center. The written examination components of the CRDTS examination are administered on-site in conjunction with the clinical examination.

IMMEDIATE SCORES RELEASE:

CRDTS dental and dental hygiene examinations are graded on-site which allows for **immediate release of scores** to candidates within three hours following each testing group. This means no waiting for exam results and allows us the opportunity to offer same-exam retakes for candidates who need that option.

COMPLIMENTARY RETAKES:

CRDTS continues to allow and offer same-exam **complimentary retakes** for dental and dental hygiene candidates. CRDTS understands that many times when a candidate is unsuccessful it has less to do with skill and knowledge and more to do with nerves and unforeseen circumstances. Thus, the opportunity to retake the examination during the same exam and not have to wait weeks or months is a valuable option for candidates. Qualifications for specific information regarding onsite retakes are outlined in the CRDTS Candidate Manuals.

FEES:

For those taking CRDTS Simulated-Patient (Manikin) examinations, there is **no additional fee for the typodont supplies** (articulator, arches, mounts, etc.) and as noted above CRDTS continues to offer a **complimentary retake** as part of the initial exam fee**.** Fees for all examinations can be found on our website at crdts.org.

INDEPENDENT EXAM SITES:

With independent testing sites in Decatur, AL, Hastings, NE and our education and testing facility in Topeka, KS, CRDTS offers initial exams and retakes for both Dental and Dental Hygiene simulated patient (manikin) **exams by appointment**. CRDTS also has the ability to provide a virtual haptic Dental Examination as a supplement to procedures associated with the simulated patient restorative and prosthodontic parts for candidates whose state dental board approves this modality of examination for licensure.

REMEDIATION:

With the development of CRDTS independent testing sites, CRDTS is able to offer remediation services at all locations. Remediation plans will be customized to the specifications ordered by State Dental Boards or Commissions. Please feel free to contact Dr. Mark Edwards, CRDTS Director of Dental Examinations at mark@crdts.org or Dr. Sam Jacoby, President of CRDTS at drj@crdts.org for more information about the CRDTS Remediation Programs.

PLEASE WELCOME CRDTS' NEWEST TALENT

Ms. Amelia Hursey:

With CRDTS at our Central Office since November 29, 2021, Ms. Hursey joined us as *Materials Coordinator*. She has experience in various administrative capacities and is skilled in communication and organization. We look forward to watching Ms. Hursey grow with the organization and continue to contribute in many ways.

Ms. Ashley Holaday:

Ms. Holaday was brought on early this year as *Facilities Coordinator*. With years of dental experience as both a dental receptionist and dental assistant, Ms. Holaday is the perfect fit to manage CRDTS' multiple independent testing sites. Ms. Holaday will work from the Central Office in Topeka, KS and travel as needed. If you have questions about our independent testing sites, you can contact her at the Central Office, 785.273.0380.

Trelawny Saldana, RDH:

We are fortunate to have Ms. Saldana join our team as the *Exam Outreach Coordinator*. Trelawny joined CRDTS as an examiner in 1996 (26 years ago and still going strong) and has served our organization as a Coordinator, Team Captain, Hygiene Exam Review Committee Member, Hygiene Calibration Committee Member, and Examiner Evaluation & Assignment Committee Member. As CRDTS continues to grow, Ms. Saldana has been instrumental in helping with the dental hygiene exam, educating, and communicating with Program Directors, State Board Members and candidates. Ms. Saldana will work directly with Ms. Cindy Gaskill, RDH, Director of Dental Hygiene Examinations and can be contacted at Trelawny@crdts.org.

Staff members may be contacted through the CRDTS Central Office at 785.273.0380 or at info@crdts.org.

DANB hosts forum to address dental assistant workforce

On July 14, 2022, the Dental Assisting National Board (DANB) and the DALE Foundation hosted a forum for leaders in dentistry, oral health, and healthcare.

Held in Chicago, the Dental Assistant Stakeholder Forum on the Future Workforce was an invitation-only event, which brought together executives and strategists from more than 20 organizations to share their perspectives and identify ways to collectively work toward solutions to assure a robust, effective, and adequately staffed dental assistant workforce.

“From my conversations with leaders of other dental organizations and from the data and trends we are seeing, we recognize that the dental workforce shortage remains a top priority,” said DANB and DALE Foundation CEO Laura Skarnulis. “Workforce development, particularly for dental assistants, is a critical issue — one that impacts not only dentists and their teams, but also the patients and public they serve.”

According to DANB’s 2020-2021 Dental Assistants Salary and Satisfaction Survey, more than 40% of responding dental assistants said their practice needed to hire one or more new dental assistants, and almost 60% said that hiring has been more challenging than in previous years.

Similarly, the American Dental Association Health Policy Institute’s Economic Outlook and Emerging Issues in Dentistry report from June 13, 2022, noted that more than 39% of dentists were actively recruiting dental assistants, with 86% reporting it was extremely or very challenging to do so.

The Dental Assistant Stakeholder Forum on the Future Workforce explored these issues and more through dynamic and interactive sessions, which included reflections on the industry’s current state, along with structured activities to imagine new models and brainstorm initiatives to undertake individually and collectively.

“The organizational leaders who participated brought tremendous insights and valuable perspectives, and together, we identified many relevant imperatives and collaboration opportunities,” Skarnulis said. “It is essential to have a robust and well-trained dental assistant workforce now and in the future. To achieve this goal, we need to build on the existing foundation while also exploring new ways of working. I look forward to collaborating with a variety of partners in dentistry, oral healthcare, and beyond.”

About DANB and the DALE Foundation

DANB provides credentialing services to the dental community and is recognized by the American Dental Association as the national certifying board for dental assistants. DANB exams and certifications are recognized or required by 38 states, the District of Columbia, the U.S. Air Force and the Department of Veterans Affairs. The DALE Foundation, the official DANB affiliate, provides quality continuing education and conducts research to promote oral health. For more information, visit www.danb.org or www.dalefoundation.org.

State Dental Director Kaz Rafia Resigns
By: Nick Budnick

The Oregon Health Authority in Salem.
(This article has been updated with comment from the Oregon Health Authority.)
Oregon's dental director, Dr. Kaz Rafia, has given notice of his resignation — just short of a year after he began.
Since starting at the Oregon Health Authority on July 6, 2021, Rafia's job was to improve dental care for the more than 1 million low-income people on the Oregon Health Plan. He was well-regarded for his background, experience and dedication to reform.

Rafia did not immediately respond to requests for an interview or for comment. His supervisor, Oregon Health Authority Chief Medical Office Dana Hargunani, issued a statement in response to a request for comment.
"OHA recently received the resignation of Dr. Kaz Rafia, who is leaving for a new opportunity out of state. We have greatly appreciated Dr. Rafia's contributions to moving oral health policy forward during his time with OHA and wish him the best in his future endeavors," Hargunani said.
"We will be recruiting for a new dental director in coming weeks, however we will spend some time in an internal process to make sure we best position a future oral health professional for success. Oral health and the related health equity issues are of importance to OHA. We are committed to elevating these issues within the agency so our various teams can help to address oral health policy challenges."
Public records obtained by The Lund Report show that on Tuesday, June 7, Rafia sent Hargunani a note saying simply, "I have accepted an offer and will be resigning my position effective EOD (end of day) June 20th, 2022. Thank you for the opportunity and support."
On Friday afternoon, June 10, he shared the news with a broader number of staff, in a "Dear Colleagues" email shared widely around the agency.
"I have made the difficult decision to resign from my role as the State Dental Director, effective June 20th, 2022. It has been a privilege and an honor to work with you on improving the oral health of all Oregonians. I am especially grateful for the dedication and resourcefulness of the Oral Health Team at the Oregon Health Authority (OHA). They have all contributed significantly to our collective progress in the past year, and I know that they will continue to carry the momentum forward … Thank you for your partnership in this work. I will continue to apply my leadership in oral health work and hope that our paths will continue to cross."
Rafia was hired at a salary of $152,220. His 25 years of experience included work in private practice as well as at the nonprofit Partnership for International Medical Access-Northwest, and an academic appointment at Oregon Health & Science University.
His state job included overseeing the authority's so-called oral health roadmap, a plan that looks for ways to improve dental care quality and access, and eliminating health inequities.
Rafia's predecessor, Bruce Austin, worked at the agency from 2015 to 2020 before leaving to work as a clinical director for Capitol Dental Care.
You can reach Nick Budnick at nick@thelundreport.org or on Twitter at @NickBudnick.

Mobile medical, dental care clinics expand in Oregon and Washington

By April Ehrlich (OPB)
Aug. 8, 2022 5 a.m.

Volunteer dentists and doctors are expanding their mobile services to underserved areas in the Willamette Valley.

Two medical agencies — Kaiser Permanente Northwest and Medical Teams International — are partnering to provide mobile clinics in six Oregon counties and parts of Southwest Washington. They initially will offer 51 mobile clinics in Clackamas, Marion, Multnomah, Polk, Washington, and Lane Counties in Oregon, and Cowlitz and Clark counties in Washington. Those services may expand as the program gets underway.

Mobile clinics are a means of connecting low-income and marginalized groups with health care, by making medical services easier to access within their communities.

“We serve a little bit as a bridge between people who are feeling isolated from traditional health care settings and link them to the more appropriate health care that they can access easier,” said Cindy Breilh, Executive Director of U.S. Programs at Medical Teams International.

Medical Teams International staff provide COVID-19 testing at a mobile health care clinic in 2020. The agency is partnering with Kaiser Permanente Northwest to expand these services in the Willamette Valley.
Courtesy Medical Teams International

The Care & Connect clinics will offer emergency dental services, including restorations and extractions, as well as referrals for other low-cost specialty services. Patients can also access medical screenings for hypertension, diabetes, and mental health issues, and get COVID-19 vaccinations and referrals for primary care providers.

Kaiser and Medical Teams are also partnering with other local agencies to provide additional services, such as connecting people with food and housing resources or helping people register for Medicaid.

“Some of [the mobile clinics] are smaller health fairs; some of them are just the mobile clinic,” said Kathy Cereghino, Community Oral Health Consultant with Kaiser. “It all depends upon the community partner and what they’re wanting to offer there.”

In a press release, Kaiser Permanente says it plans to grant 14 community-based and culturally specific organizations with $20,000 each to help host the clinics and support referral work in their local community.

Seven community partners are formalizing their agreements to work with the Care & Connect program through the end of the year, Cereghino said, and each of those will hold between eight and 10 clinics. The program will partner with an additional seven local agencies to continue the program.

Most of the medical and dental professionals at these clinics are volunteers, which has posed a challenge to offering these services. Breilh said volunteerism declined significantly during the pandemic, so Medical Teams is on the lookout for more professionals who are interested in volunteering their time.

“It’s so rewarding to be able to provide health care to people who are so grateful,” Breilh said.

LICENSE RATIFICATION

16 . RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H8434	6/13/2022	BRITNEY	SAUNDERS	RDH
H8435	6/13/2022	CASANDRA	ARECHIGA	RDH
H8436	6/13/2022	TERRA	ANDERSON	RDH
H8437	6/13/2022	KANDACE	ALLIES	RDH
H8438	6/13/2022	JENNIFER	HAIR	RDH
H8439	6/22/2022	ASHLEI	BABICH	RDH
H8440	6/22/2022	CAROL	DADSON	RDH
H8441	6/22/2022	SUZANNE	ROHRER	RDH
H8442	6/22/2022	JESSICA	REYNOLDS	RDH
H8443	6/22/2022	KARRILYN	CLAYPOOL	RDH
H8444	7/12/2022	CYDNEY	HUDDLESTON	RDH
H8445	7/12/2022	AMANDA	GORDON	RDH
H8446	7/18/2022	LAURISA	SEAMAN	RDH
H8447	7/18/2022	TESSLYNN	WERNER	RDH
H8448	7/18/2022	AMANDA	ROUNDS	RDH
H8449	7/18/2022	ROCIO	PARRA	RDH
H8450	7/18/2022	JESSICA	BRUNOT	RDH
H8451	7/18/2022	ASHLEY	LOCKE	RDH
H8452	7/20/2022	JADIE	CREEGER	RDH
H8453	7/20/2022	DIANNA	OH	RDH
H8454	7/20/2022	BRENNA	FEIGLES	RDH
H8455	7/20/2022	RYLIE	BALL	RDH
H8456	7/26/2022	LINDA	LARIS-LARIS	RDH
H8457	7/26/2022	ROXANNE	BRASUELL	RDH
H8458	7/26/2022	MOLLY	ROBERTSON	RDH
H8459	7/26/2022	SARALYN	JAMISON	RDH
H8460	7/26/2022	ANELA	WRIGHT	RDH
H8461	7/26/2022	JENNIFER	GAILEY	RDH
H8462	7/26/2022	KIMBERLY	CHAN	RDH
H8463	7/26/2022	GEMA	JAIME	RDH
H8464	7/26/2022	ANNA	CAPPS	RDH
H8465	8/3/2022	CRISTINA	SALAS	RDH
H8466	8/3/2022	CODY	HOOKER	RDH
H8467	8/3/2022	MADELINE	KENWORTHY	RDH
H8468	8/3/2022	ERIN	HILL	RDH
H8469	8/3/2022	SHELLY	ELIASON	RDH
H8470	8/3/2022	CASANDRA	VAZQUEZ	RDH
H8471	8/3/2022	BRYCE	OSCKLE	RDH
H8472	8/3/2022	STEPHEN	QUIMBY	RDH
H8473	8/3/2022	RILEY	POWERS	RDH

DENTISTS

DF0052	7/18/2022	NIKOLAOS	SOLDATOS	DDS
D11619	6/10/2022	DANA	WISSEMAN	DDS
D11620	6/10/2022	EMILY	RICHARD	DMD
D11621	6/10/2022	MOLLY	PETRIE	DDS
D11622	6/10/2022	SOJEONG	KIM	DDS
D11623	6/10/2022	ANNA	SHAGHARYAN	DMD
D11624	6/10/2022	MICHAEL	MOODY	DDS
D11625	6/22/2022	RUSTY	CROFTS	DMD
D11626	6/22/2022	AMANDA	MORGENTHAL	DDS
D11627	6/22/2022	AMRITA	CHAKRABORTY	DDS
D11630	7/12/2022	PAULINE	FLAMION CURTO	DDS
D11631	7/12/2022	YEON JIN	JUNG	DMD
D11632	7/12/2022	AUSTIN	HOUSOS	DMD
D11633	7/12/2022	AUSTIN	WEICHLEIN	DMD
D11634	7/12/2022	KODY	CROOK	DMD
D11635	7/12/2022	AKBAR	KHAN	DMD
D11636	7/12/2022	ANDREW	SHIELDS III	DMD
D11637	7/12/2022	REETI	BANERJEE	DDS
D11638	7/18/2022	BRENT	ACCURSO	DDS
D11639	7/18/2022	BRENT	MARTIN	DMD
D11640	7/18/2022	JOYCE	NIMMO	DMD
D11641	7/18/2022	LEE	HANSON	DMD
D11642	7/18/2022	JONATHAN	FARIS	DMD
D11643	7/18/2022	THOMAS	BONAR	DMD
D11644	7/18/2022	MEGAN	PETER	DMD
D11645	7/18/2022	SAMUEL	COSTE	DMD
D11646	7/18/2022	QUINN	WALKER	DDS
D11647	7/18/2022	ELLY	TRIPLETT	DDS
D11648	7/18/2022	BRYON	ALGER	DMD
D11649	7/20/2022	JESSICA	CONVERSE	DMD
D11650	7/20/2022	MICHELLE	BLOEMERS	DMD
D11651	7/20/2022	NICHOLAS	AHN	DMD
D11652	7/20/2022	ANDREW	AMAN	DDS
D11653	7/20/2022	MACAELAN	HANRAHAN	DMD
D11654	7/20/2022	PATRICIA	NUNEZ	DDS
D11655	7/20/2022	REBECCA	VANLAEKEN	DMD
D11656	7/20/2022	COLE	THOMPSON	DMD
D11657	7/20/2022	RUCHA	KAPADIA	DDS
D11658	7/20/2022	VY	TRAN	DMD
D11659	7/20/2022	MY	LAC	DMD
D11660	7/26/2022	LUKE	HARDEN	DDS
D11661	7/26/2022	CAITLIN	CHUNG	DMD
D11662	7/26/2022	MITALI	DHEBRI	DDS
D11663	7/28/2022	KATHERINE	DOLAN	DMD
D11664	8/3/2022	MITCHELL	HARBOLT	DMD

D11665	8/3/2022	WEN	WU	DMD
D11666	8/3/2022	ALBENA	ZAHARIEV	DMD
D11667	8/3/2022	GWEN	HRYCIW	DMD
D11668	8/3/2022	RONALD	RABE	DMD
D11669	8/3/2022	EMILY	GOFF	DMD
D11670	8/3/2022	ANGELA	LOPEZ-LOVERICH	DDS
D11671	8/3/2022	ASHLEY	LEE	DDS
D11672	8/3/2022	RACHEL	MEEK	DMD
D11673	8/3/2022	RACHEL	KIM	DMD
D11674	8/3/2022	ADAM	LAWSON	DMD
D11675	8/3/2022	HANNAH	HAWKINS	DMD

LICENSE, PERMIT & CERTIFICATION

Pacific University Oregon

Dental Hygiene Studies
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August 10, 2022

Oregon Board of Dentistry
1500 SW 1st Avenue, Ste. 770
Portland, OR 97201

Dear Board Members,

A revised proposal to add Interim Therapeutic Restorative (ITR) training to the Dental Hygiene Program at Pacific University is attached for your review and approval. We hope to add the training to our curriculum this academic year.

This ITR curriculum is designed to meet the requirements of the Oregon Board of Dentistry that will allow expanded practice dental hygienists with a collaborative agreement to place ITRs after diagnosis by a dentist.

Please contact me if you have questions or if I can provide additional clarification.

Thank you for considering this proposal.

Kristen L Thomas

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Pacific University
School of Dental Hygiene Studies

Proposal for Interim Therapeutic Restorative (ITR) Curriculum
Original Submission: June 3, 2022 | Revised Submission: August 10, 2022

Initial Interim Therapeutic Restorative (ITR) training will be added to restorative dental hygiene curriculum at Pacific University. **DHS 445 Restorative Dental Procedures,** a course that is offered during the senior year, fall semester focuses on the overview of dental materials (amalgam, composite, glass ionomer, and resin-modified glass ionomer), their characteristics, manipulation, mannikin placement, and technique. Subsequent patient experience will be added to **DHS 446 Restorative Clinic**, a course offered in the senior spring semester that focuses on the manipulation and placement of dental materials after the removal of decay for patients scheduled for restorative care.

Objectives
Upon completion of this unit of instruction, the student will be able to:

1. Discuss the governing legislation, policy, and administrative rules as they relate to ITR.
2. Define interim therapeutic restorations (ITR) and discuss how it differs from atraumatic restorative technique (ART).
3. Explain the science of partial caries removal.
4. Discuss benefits, indications, contraindications & alternatives for ITR.
5. Describe the materials and instruments necessary to place ITRs.
6. Recognize the benefits & risks of glass ionomer restorative material.
7. Perform and interpret pulp vitality tests to determine potential pulpal involvement and appropriateness of ITR procedure.
8. Place ITRs using appropriate materials, instruments & technique.
9. Identify ITR codes, evaluation, tracking, follow-up protocols and adverse outcome protocols.
10. Discuss the rationale for referring patients to the collaborative dentist.

Didactic Hours	Laboratory Skills Practice Hours	Clinical Skills Practice Hours
2	8	20

Laboratory Skills Practice
Practice and evaluation of ITR placement on training manikins will begin in DHS 445 Restorative Dental Procedures. Students will practice the removal of false, decayed dentin from pre-prepared, Class I and Class V typodont teeth and then place a glass ionomer temporary restoration. Evaluation criteria for ITR placement technique includes sealed margins (free of voids), light or no occlusal contact, and minimal excess material

(flash) rated at "acceptable" or "unacceptable" in each category and based on existing restorative board criteria (CRDTS and WREB). All practice and evaluation will be done under the supervision of faculty and students will be required to pass 5 out of 10 ITR restoration experiences to demonstrate competency.

Clinical Skills Practice
Students will practice and be evaluated on placing ITRs and definitive restorations on patients during DHS 446 Restorative Dental Clinic. Students will identify appropriate candidates for ITR based on assessment methods including pulp vitality testing.

Patients identified as appropriate candidates for ITR will be referred to collaborating outside providers for definitive treatment or have the option of receiving care in our Restorative Hygiene Clinic if deemed appropriate by the supervising dentist. All instances of ITR practice by students will be guided and supervised by Restorative faculty employed in the Restorative Hygiene Clinic. After students have been evaluated for their soft decay removal technique with hand instrument excavation, patients will still receive complete caries removal and prep by a licensed provider as needed and a definitive restoration placed by the hygiene student.

Evaluation Methods
Didactic instruction will be evaluated through quiz, critical thinking assignment, and exam and must be passed at 75%. Laboratory and clinical skills will be evaluated through both process and product evaluations that include the evaluation of occlusal contacts, sealed margins, and limited to no excess. All evaluations must be successfully completed at an acceptable level (see Appendices A and B).

Documentation
Each dental hygiene student must complete or acquire the following documentation for each patient care experience:

- A consent form completed by the patient, the student, and supervising faculty
- Completed ITR evaluation forms (see Appendices A and B)
- Radiographs
- Intraoral images:
    - Pre-operative prior to treatment
    - The finalized tooth preparation after excavation has been completed
    - Post-operative images that include marks from articulating paper demonstrating that the restoration is out of occlusion

All laboratory and clinical evaluation forms will be completed by supervising faculty and stored in the electronic health record platform AxiUm and will include the elements found in Appendices A and B.

Appendices

A. ITR Evaluation Form – Laboratory Experience
B. ITR Evaluation Form – Clinical Patient Experience
C. Equipment list

Student Name: _____

Appendix A: ITR Evaluation Forms

ITR Evaluation Form and Documentation – Laboratory Experience

Restoration #1 (tooth # & surface): **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #2 (tooth # & surface): **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #3 (tooth # & surface): **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #4 (tooth # & surface): **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #5 (tooth # & surface): **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Student Name: _____

Appendix B: ITR Evaluation Forms

ITR Evaluation Form and Documentation – Clinical Patient Experience

Restoration #1 (tooth # & surface): **Chart #:** **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #2 (tooth # & surface): **Chart #:** **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #3 (tooth # & surface): **Chart #:** **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #4 (tooth # & surface): **Chart #:** **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Restoration #5 (tooth # & surface): **Chart #:** **Date:**

Criteria	Acceptable	Not Acceptable	Supervisor Initials
Occlusion (light or no contact)			
Margins (sealed, < 0.5mm deficiency)			
Minimal Excess (< 1.0mm excess)			

Faculty Comments:

Appendix C: Equipment List

Equipment List

The following equipment list outlines the equipment utilized and necessary to complete ITR laboratory and clinical patient training and is available at Pacific University:

Materials – Glass Ionomer and Related Items

- GC Cavity Conditioner
- Fuji II LC Capsules – any shade
- GC Top-Coat
- Amalgamator
- Glass Ionomer "gun"
- Curing light

Materials – Disposable

- Cotton tipped applicators or cotton pellets
- Microbrushes
- Zirc plastic matrix strips (as needed)
- Premier wood wedges (assorted sizes)
- Endo Ice (as needed)
- Gloves (assorted sizes)
- Masks (level 3, KN95, and N95)
- Articulating paper

Instruments

- Mirror
- Explorer
- Tanner 3
- Spoon excavator – small
- Discoid-cleoid carver – small
- Articulating paper forceps
- Interproximal carver (IPC) and/or gold knife
- Probe (to measure excess or deficiency)

Miscellaneous

- Typodont with full dentition and pre-drilled preps
- Intraoral camera