

**OREGON BOARD OF DENTISTRY
MINUTES
August 19, 2016**

MEMBERS PRESENT: Julie Ann Smith, D.D.S., M.D., M.C.R., President
Todd Beck, D.M.D., Vice President
Amy B. Fine, D.M.D.
Alton Harvey Sr.
Jose Javier, D.D.S.
Yadira Martinez, R.D.H.
James Morris
Alicia Riedman, R.D.H.
Brandon Schwindt, D.M.D.
Gary Underhill, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Daryll Ross, Investigator (portion of meeting)
Harvey Wayson, Investigator (portion of meeting)
Daniel Blickenstaff, D.D.S., Investigator (portion of meeting)
Michelle Lawrence, D.M.D., Consultant (portion of meeting)
Teresa Haynes, Acting Office Manager (portion of meeting)
Haley Huntington, Office Specialist (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lynn Ironside, R.D.H., ODHA; Kyle Johnstone, ODHA; Conor McNulty, ODA; Mary Harrison, ODAA; Ken Yates, ODA; Phillip T. Marucha, D.M.D., OHSU; Sean Benson, D.D.S., OHSU; Pamela Lynch, R.D.H, EPDH; Denise Fjordbeck, Dept. of Justice; Harold Hickock; Adele Montgomery; Tom Riedman; Caroline Maier, R.D.H.; James Brown; Thomas Haymore, D.M.D.

Call to Order: The meeting was called to order by the President at 7:32 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

NEW BUSINESS

MINUTES

Dr. Fine moved and Mr. Harvey seconded that the minutes of the June 17, 2016 Board meeting be approved as amended. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Dr. Javier moved and Dr. Fine seconded that the minutes of the July 13, 2016 Special Teleconference Board meeting be approved as presented. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

ASSOCIATION REPORTS

Oregon Dental Association

Conor McNulty, ODA Executive Director, introduced Ken Yates, ODA, Director of Government Affairs. Mr. McNulty reported positive progress with workforce discussions and the pilot program process. Mr. McNulty also reported on Water Treatment Notice by municipalities and the ODA's support of public process regarding the 90 day notice of addition or deletion to fluoride in the water system that will be entering into the legislative session.

Oregon Dental Hygienists' Association

Ms. Ironside reported that the Annual ODHA Conference will be taking place November 11-13, 2016 and introduced Kyle Johnstone, ODHA. Mr. Johnstone reported that the ODHA will be providing training for registered dental hygienists to work with older patients more effectively and that the ODHA is working to expand dental healthcare practices to underserved populations in Oregon.

Oregon Dental Assistants Association

Ms. Harrison reported that the ODAA and DANB are providing a scholarship for ODAA members looking to expand their certificate.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report

Ms. Martinez reported that she attended the Dental Examiner Review Board (DERB) meeting and that there were not any major changes in WREB examinations. Dr. Fine reported that WREB passed a rule that will not allow anyone that holds a place of leadership, such as a committee member, to also hold a place of leadership within a different testing organization. Dr. Fine stated that a WREB Operative Committee meeting will be held in October.

AADB Liaison Report

Dr. Beck reported that he has been assigned to a taskforce for a dental compact that includes Oregon looking to adjoin multiple states under common licensure regulations to increase portability of licensees. Dr. Beck also stated that the next meeting will be held October 18-19 and that more information will be available after he attends the meeting.

ADEX Liaison Report

Dr. Fine reported that she attended their annual meeting in Chicago, Illinois and a Patient-Centered Curriculum Integrated Format has been implemented in regard to patient involvement in exams. This format allows for a student exam to occur during a regular school day, ensuring that the patient is a patient of record.

CDCA Liason Report

Dr. Fine reported that the CDCA is looking to combine the two annual meetings into one annual meeting.

Committee Meetings

Rules Oversight Committee recommends the following rules be moved to a public rulemaking hearing on October 20, 2016:

OAR 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 establishes the following fees:

(a) \$25 per hour for the time required to locate and remove non-public records or for filling special requests;

(b) Up to ten (10) pages at no cost; more than 10 pages, \$0.50 for each page plus postage necessary to mail the copies;

(c) \$0.10 per name and address for computer-generated lists on paper or labels; \$0.20 per name and address for computer-generated lists on paper or labels sorted by specific zip code;

(d) Data files on diskette or CD:

(A) All Licensed Dentists -- \$50;

(B) All Licensed Dental Hygienists -- \$50;

(C) All Licensees -- \$100.

(e) \$60 per year for copies of minutes of all Board and committee meetings;

(f) Written verification of licensure -- \$2.50 per name; and

(g) Certificate of Standing -- \$20.

Stat. Auth.: ORS 183, 192, 670 & 679

Stats. Implemented: ORS 192.420, 192.430 & 192.440

Hist.: DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0080; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-31-91; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99

Dr. Schwindt moved and Dr. Fine seconded that the Board move OAR 818-001-0082 – Access to Public Records as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-001-0083 – Relief from Public Disclosure

Upon the receipt of a written request of an individual who has been disciplined by the Oregon Board of Dentistry, the Board shall remove from its website, and other publicly accessible print and electronic publications under the Board's control, all information related to disciplining the individual under ORS 679.140 and any findings and conclusions made by the Board during the disciplinary proceeding, if:

(1) The request is made 10 years or more after the date on which any disciplinary sanction ended;

(2) The individual was not disciplined for financially or physically harming a patient as determined by the Board;

(3) The individual informed the Board of the matter for which the individual was disciplined before the Board received information about the matter or otherwise had knowledge of the matter;

(4) The individual making the request, if the individual is or was a licensee, has not been subjected to other disciplinary action by the Board following the imposition of the disciplinary sanction; and

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(5) The individual fully complied with all disciplinary sanctions imposed by the Board.

Dr. Schwindt moved and Dr. Fine seconded that the Board move OAR 818-001-0083 – Relief from Public Disclosure as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 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.

(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 Permit **Background Check** - \$100.00;

(c) Applications for Licensure:

(A) Dental — General and Specialty — \$345;

(B) Dental Faculty — \$305;

(C) Dental Hygiene — \$180;

(D) Licensure Without Further Examination — Dental and Dental Hygiene — \$790.

(d) Examinations:

(A) Jurisprudence — \$0;

~~(B) Dental Specialty:~~

~~(i) If only one candidate applies for the exam, a fee of \$2,000.00 will be required at the time of application; and~~

~~(ii) If two candidates apply for the exam, a fee of \$1,000.00 will be required at the time of application; and~~

~~(iii) If three or more candidates apply for the exam, a fee of \$750.00 will be required at the time of application.~~

(e) 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

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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.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200 & 680.205

Hist.: DE 6-1985(Temp), f. & ef. 9-20-85; DE 3-1986, f. & ef. 3-31-86; DE 1-1987, f. & ef. 10-7-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, corrected by DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0085; DE 2-1989(Temp), f. & cert. ef. 11-30-89; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-31-91; DE 1-1992(Temp), f. & cert. ef. 6-24-92; DE 2-1993, f. & cert. ef. 7-13-93; OBD 1-1998, f. & cert. ef. 6-8-98; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction, 8-2-99; OBD 5-2000, f. 6-22-00, cert. ef. 7-1-00; OBD 8-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2009(Temp), f. 6-11-09, cert. e. 7-1-09 thru 11-1-09; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2011(Temp), f. 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2012, f. & cert. ef. 1-27-12; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 2-2015(Temp), f. & cert. ef. 6-26-15 thru 12-22-15; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

Dr. Schwindt moved and Dr. Beck seconded that the Board move OAR 818-001-0087 Fees as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-012-0005 – Scope of Practice

(1) No dentist may perform any of the procedures listed below:

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;
- (i) Dermabrasion;
- ~~(j) Lip augmentation;~~
- (j) (k)** Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (k) (l)** Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

- (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), and
- ~~(b) Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation, or~~
- (b) (c)** Holds privileges either:

(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital

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setting; or

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A **and dermal fillers** to treat a condition that is within the scope of the practice of dentistry after completing a minimum of ~~46~~ **20** hours in a hands on clinical course(s), **which includes both Botulinum Toxin Type A and dermal fillers, and in which** the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

Hist.: OBD 6-2001, f. & cert. ef. 1-8-01; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-1

Dr. Schwindt moved and Dr. Beck seconded that the Board move OAR 818-012-0005 – Scope of Practice as amended to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-012-0010 – Unacceptable Patient Care

The Board finds, using the criteria set forth in ORS 679. 140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Render services which the licensee is not licensed to provide.
- (6) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (7) Fail to maintain patient records in accordance with OAR 818-012-0070.
- (8) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- (9) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (10) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
- (11) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.

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(12) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(13) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

(14) Fail to advise a patient of any treatment complications or treatment outcomes.

Stat. Auth.: ORS 679 & ORS 680

Stats. Implemented: ORS 679.140(1)(e), ORS 679.140(4) & ORS 680.100

Hist.: DE 6, f. 8-9-63, ef. 9-11-63; DE 14, f. 1-20-72, ef. 2-10-72; DE 5-1980, f. & ef. 12-26-80; DE 2-1982, f. & ef. 3-19-82; DE 5-1982, f. & ef. 5-26-82; DE 9-1984, f. & ef. 5-17-84; Renumbered from 818-010-0080; DE 3-1986, f. & ef. 3-31-86; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-011-0020; DE 2-1997, f. & cert. ef. 2-20-97; DE 3-1997, f. & cert. ef. 8-27-97; OBD 7-2001, f. & cert. ef. 1-8-01

Dr. Schwindt moved and Dr. Underhill seconded that the Board move OAR 818-012-0010 – Unacceptable Patient Care as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-012-0030 – Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), a licensee engages in unprofessional conduct if the licensee does or permits any person to: **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) Obtaining a fee by fraud, or misrepresentation.

(a) A licensee obtains a fee by fraud if the licensee obtains a fee by knowingly making es, or permitting ings 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.

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- (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, and radiographs **of the same quality as the originals, and** photographs or legible copies thereof if they radiographs, photographs or study models have been paid for.
- (b) The dentist 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 dentist 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 ~~x-rays~~ **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.**
- (16) Practice dentistry or dental hygiene 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. (Effective January 2015).
- (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.

(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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.140(1)(c), 679.140(2), 679.170(6) & 680.100

Hist.: DE 6, f. 8-9-63, ef. 9-11-63; DE 14, f. 1-20-72, ef. 2-10-72; DE 5-1980, f. & ef. 12-26-80; DE 2-1982, f. & ef. 3-19-82; DE 5-1982, f. & ef. 5-26-82; DE 9-1984, f. & ef. 5-17-84;

Renumbered from 818-010-0080; DE 3-1986, f. & ef. 3-31-86; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-011-0020; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 2-1997, f. & cert. ef. 2-20-97; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2007, f. & cert. ef. 3-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

Dr. Schwindt moved and Dr. Underhill seconded that the Board move OAR 818012-0030 – Unprofessional Conduct as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-012-0032 – Diagnostic Records

1) Licensees shall provide duplicates of physical diagnostic records that have been paid for to patient or patient's guardian within 14 days of written request.

(A) Physical records include silver emulsion radiographs, physical study models, paper charting and chart notes.

(B) Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.

(i) 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 11-50 and no more than \$0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.

2) Licensees shall provide duplicates of digital patient records within 5 clinical days of written request by the patient or patient's guardian.

A) Digital records include any patient diagnostic image, study model, test result or chart record in digital form.

B) Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.

C) Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.

D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.

E) Licensees may charge up to \$5 for duplication of digital records up to 25Mb and up to \$30 for more than 25Mb.

F) Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).

G) Duplicated digital records shall be of the same quality as the original digital file.

3) If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.

Dr. Schwindt moved and Dr. Beck seconded that the Board move OAR 818-012-0032 – Diagnostic Records as amended to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye. Dr. Fine voted no.

OAR 818-012-0040 – Infection Control Guidelines

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association.

(1) Additionally, licensees must comply with the following requirements:

(a) (4) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.

(b) (2) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.

(c) (3) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.

(d) (4) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.

(e) (5) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.

(f) (6) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.

(2) Dentists must comply with the requirement that heat sterilizing devices shall be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the dentist licensee for the current calendar year and the two preceding calendar years.

Stat. Auth.: ORS 679.120, 679.250(7), **679.535**, 680.075 & 680.150

Stats. Implemented: ORS 679.140, 679.140(4) & 680.100

Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; DE 2-1992, f. & cert. ef. 6-24-92; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

Dr. Schwindt moved and Dr. Morris seconded that the Board move OAR 818-012-0040 – Infection Control as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr.

Schwindt and Dr. Underhill voting aye.

OAR 818-012-0060 – Failure to Cooperate with Board

(1) No licensee shall:

(1a) Fail to report to the Board violations of the Dental Practice Act.

(2b) Use threats or harassment to delay or obstruct any person in providing evidence in any investigation, contested case, or other legal action instituted by the Board.

(3c) Discharge an employee based primarily on the employee's attempt to comply with or aid in the compliance with the Dental Practice Act.

(4d) Use threats or harassment to obstruct or delay the Board in carrying out its functions under the Dental Practice Act.

(5e) Deceive or attempt to deceive the Board with respect to any matter under investigation including altering or destroying any records.

(6f) Make an untrue statement on any document, letter, or application submitted to the Board.

(7g) Fail to temporarily surrender custody of original patient records to the Board when the Board makes a written request for the records. For purposes of this rule, the term records includes, but is not limited to, the jacket, treatment charts, models, radiographs, photographs, health histories, billing documents, correspondence and memoranda.

(h) Fail to attend a Board requested investigative interview or failure to fully cooperate in any way with an ongoing Board investigation.

(2) No ~~person~~ **applicant** shall:

(8a) Deceive or attempt to deceive the Board with respect to any matter under investigation including altering or destroying any records.

(9b) Make an untrue statement on any document, letter, or application submitted to the Board.

(c) Fail to fully cooperate with the Board during the course of an investigation, including but not limited to, waiver of confidentiality privileges, except attorney-client privilege.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.060(4), 679.170(5), 679.250(8), 679.290, 679.310(1), 680.050(4) & 680.100

Hist.: DE 9-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. -27-89, cert. ef. 2-1-89; Renumbered from 818-011-0050; DE 2-1997, f. & cert. ef. 2-20-97; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08

Dr. Schwindt moved and Dr. Underhill seconded that the Board move OAR 818-012-0060 – Failure to Cooperate with Board as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, and Dr. Underhill voting aye.

OAR 818-012-0070 – Patient Records

(1) Each licensee shall have prepared and maintained an accurate record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:

(a) Name and address and, if a minor, name of guardian;

(b) Date description of examination and diagnosis;

(c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.

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- (d) Date and description of treatment or services rendered;
 - (e) Date and description **and documentation of informing the patient** of treatment complications **or treatment outcomes**;
 - (f) Date and description of all radiographs, study models, and periodontal charting;
 - (g) Health history; and
 - (h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
- (2) Each dentist **licensee** shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.
- (3) Each dentist **licensee** shall maintain patient records and radiographs for at least seven years from the date of last entry unless:
- (a) The patient requests the records, radiographs, and models be transferred to another dentist **licensee** who shall maintain the records and radiographs;
 - (b) The dentist **licensee** gives the records, radiographs, or models to the patient; or
 - (c) The dentist **licensee** transfers the dentist's **licensee's** practice to another dentist **licensee** who shall maintain the records and radiographs.
- (4) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.**
- (5) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.**

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.140(1)(e) & ORS 679.140(4)

Hist.: DE 9-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-90, cert. ef. 2-1-90; Renumbered from 818-011-0060; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; OBD 7-2001, f. & cert. ef. 1-8-01

Dr. Schwindt moved and Dr. Underhill seconded that the Board move OAR 818-012-0070 – Patient Records as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-021-0011 – Application for License to Practice Dentistry Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the dental clinical examination conducted by a regional testing agency or by a state dental licensing authority; and
- (d) Holding an active license to practice dentistry, 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 dentistry, 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, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately ~~prior~~ **preceding** to application. **Having conducted licensed clinical practice in Oregon for a minimum of 3,500 hours in the five years immediately prior to application for licensed dentists employed by a dental education program, CODA accredited dental school, with documentation from the dean or appropriate administration of the institution regarding length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions;** and
- (f) Having completed 40 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.
- (3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.060, 679.065, 679.070, 679.080 & 679.090

Hist.: OBD 4-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 4-2001, f. & cert. ef. 1-8-01; OBD 12-2001(Temp), f. & cert. ef. 1-9-01 thru 7-7-01; OBD 14-2001(Temp), f. 8-2-01, cert. ef. 8-15-01 thru 2-10-02; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2002(Temp), f. & cert. ef. 7-17-02 thru 1-12-03; Administrative correction 4-16-03; OBD 1-2003, f. & cert. ef. 4-18-03; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06

Ms. Riedman moved and Mr. Morris seconded that the Board move OAR 818-021-0011 – Application for License to Practice Dentistry Without Further Examination as amended to a public rulemaking hearing on October 20, 2016. The motion passed Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, and Dr. Underhill voting aye.

OAR 818-021-0025 – Application for License to Practice Dental Hygiene without Further Examination

- (1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental

hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) ~~Evidence of having~~ **Having** passed the clinical dental hygiene examination conducted by a regional testing agency or by a state dental or dental hygiene licensing authority; and
- (d) Holding an active license to practice dental hygiene, 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 hygiene, 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; ~~or teaching all disciplines of clinical dental hygiene at a dental hygiene education program accredited by the Commission on Dental Accreditation of the American Dental Association~~ for a minimum of 3,500 hours in the five years immediately preceding application. **Having conducted licensed clinical practice in Oregon for a minimum of 3,500 hours in the five years immediately prior to application, f**For **licensed** dental hygienists employed by a dental hygiene program, **CODA accredited, with** documentation from the dean or appropriate administration of the institution regarding length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching ~~all disciplines of~~ clinical dental hygiene, and any adverse actions or restrictions; and
- (f) Having completed 24 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.

Stat. Auth.: ORS 680

Stats. Implemented: ORS 680.040, 680.050, 680.060, 680.070 & 680.072

Hist.: OBD 4-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 4-2001, f. & cert. ef. 1-8-01; OBD 12-2001(Temp), f. & cert. ef. 1-9-01 thru 7-7-01; OBD 14-2001(Temp), f. 8-2-01, cert. ef. 8-15-01 thru 2-10-02; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2002(Temp), f. & cert. ef. 7-17-02 thru 1-12-03; Administrative correction 4-16-03; OBD 1-2003, f. & cert. ef. 4-18-03; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 4-2011, f. & cert. ef. 11-15-11

Ms. Riedman moved and Mr. Morris seconded that the Board move OAR 818-021-0025 – Application for License to Practice Dental Hygiene Without Further Examination as amended to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-035-0040 – Expanded Functions for 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.

(2) 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 may administer nitrous oxide under the indirect supervision of a licensed dentist in accordance with the Board's rules regarding anesthesia.

(3) Upon completion of a course of instruction approved by the Oregon Health Authority, Public Health Division, a dental hygienist may purchase Epinephrine and administer Epinephrine in an emergency.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92; OBD 3-1998, f. & cert. ef. 7-13-98; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 8-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

Dr. Schwindt moved and Dr. Javier seconded that the Board move OAR 818-035-0040 – Expanded Functions for Dental Hygienists as presented to a public rulemaking hearing on October 20, 2016. The motion passed Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-042-0020 – Dentist 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 a dental assistants in the dental office if the dental assistants ~~is~~ 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 a dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.

(3) The supervising dentist or dental hygienist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.

(4) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

Dr. Schwindt moved and Dr. Underhill seconded that the Board move OAR 818-042-0020 – Dentist and Dental Hygienist Responsibility as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez,

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Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-042-0050 – Taking of X- Rays - Exposing of Radiographs

(1) A dentist may authorize the following persons to place films, adjust equipment preparatory to exposing films, and expose the films 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 and submitted a satisfactory full mouth series of radiographs to the OBD.

(2) A dentist or dental hygienist 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, adjust equipment preparatory to exposing films, and expose the films under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must successfully complete the clinical examination within six months of the dentist **or dental hygienist** authorizing the assistant to take radiographs.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03; OBD 4-2004, f.11-23-04 cert. ef. 12-1-04; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14;OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

Dr. Schwindt moved and Dr. Javier seconded that the Board move OAR 818-042-0050 – Taking of X-rays -Exposing of Radiographs as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

(1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains **providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;**

(2) Remove temporary crowns for final cementation and clean teeth for final cementation;

(3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;

(4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;

(5) Place and remove matrix retainers for alloy and composite restorations;

(6) Polish amalgam or composite surfaces with a slow speed hand piece;

(7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;

- (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented crown must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
- (10) Perform all aspects of teeth whitening procedures.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

Dr. Schwindt moved and Dr. Underhill seconded that the Board move OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA) as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-042-0112 – Expanded Function Preventive Dental Assistants (EFPDA)

The following duties are considered Expanded Function Preventive Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0113:

(1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge.

Dr. Schwindt moved and Dr. Javier seconded that the Board move OAR 818-042-0112 – Expanded Function Preventive Dental Assistants (EFPDA) as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-042-0113 – Certification – Expanded Function Preventive Dental Assistants (EFPDA)

The Board may certify a dental assistant as an expanded function preventive dental assistant:

(1) By credential in accordance with OAR 818-042-0120, or

(2) If the assistant submits a completed application, pays the fee and provides evidence of:

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Certified Preventive Functions Dental Assistant (CPFDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed

dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six patients.

Dr. Schwindt moved and Dr. Javier seconded that the Board move OAR 818-042-0113 – Certification – Expanded Function Preventive Dental Assistants (EFPDA) as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-042-0120 – Certification by Credential

(1) Dental Assistants who wish to be certified by the Board in Radiologic Proficiency or as Expanded Function Dental Assistants, ~~or as Expanded Function Orthodontic Dental Assistants,~~ **or as Expanded Function Preventive Dental Assistants** shall:

- (a) Be certified by another state in the functions for which application is made. The training and certification requirements of the state in which the dental assistant is certified must be substantially similar to Oregon's requirements; or
- (b) Have worked for at least 1,000 hours in the past two years in a dental office where such employment involved to a significant extent the functions for which certification is sought; and
- (c) Shall be evaluated by a licensed dentist, using a Board approved checklist, to assure that the assistant is competent in the expanded functions.

(2) Applicants applying for certification by credential in Radiologic Proficiency must obtain certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, of having successfully completed training equivalent to that required by OAR 333-106-0055 or approved by the Oregon Board of Dentistry.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03; OBD 4-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

Dr. Schwindt moved and Dr. Beck seconded that the Board move OAR 818-042-0120 – Certification by Credential as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OAR 818-026-0010 Definitions

As used in these rules:

- (1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.
- (2) "Anxiolysis" means the diminution or elimination of anxiety.
- (3) "General Anesthesia" means 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.

(4) “Deep Sedation” means 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.

(5) “Moderate Sedation” means 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.

(6) “Minimal Sedation” means minimally depressed level of consciousness, produced by **non-intravenous pharmacological methods, an enteral drug**, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single **non-intravenous pharmacological method enteral drug** is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single **non-intravenous pharmacological method enteral drug** in minimal sedation.

(7) “Nitrous Oxide Sedation” means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) “Maximum recommended dose” (MRD) means ~~maximum Food and Drug Administration-recommended dose of a drug, as printed in Food and Drug Administration-Approved labeling for unmonitored dose~~ **maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored home use.**

(9) **“Incremental Dosing” means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).**

(10) **“Supplemental Dosing” means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.**

(11) **“Enteral Route” means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.**

(12) **“Parenteral Route” means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.**

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

Dr. Smith moved and Dr. Schwindt seconded that the Board refer OAR 818-026-0010 – Definitions back to the Anesthesia Committee for further review. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting

aye. Dr. Schwindt voted no.

OAR 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

(4) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)

~~(5) A licensee holding an anesthesia permit shall at all times hold a current Health Care Provider BLS/CPR level certificate or its equivalent, or a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated.~~

(5) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Health Care Providers certificate or its equivalent.

(6) A licensee holding an anesthesia permit for moderate sedation, deep sedation or

general anesthesia at all times maintains a current BLS for Health Care Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(a) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

~~(7)(6)~~ When a dentist utilizes a single dose oral agent to achieve anxiolysis only, no anesthesia permit is required.

~~(8)(7)~~ The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

~~(9)(8)~~ Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12

Dr. Smith moved and Dr. Schwindt seconded that the Board move OAR 818-026-0030 - Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor as amended to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

OAR 818-026-0050 Minimal Sedation Permit

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
- (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to

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freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and

(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist **permit holder** who induces minimal sedation shall:

(a) Evaluate the patient;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist **permit holder**, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist **permit holder** under the direct supervision of a dentist **permit holder**.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The dentist **permit holder** or anesthesia monitor shall monitor and record the patient's condition.

(7) 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, and respiration shall be monitored and documented 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.

(8) 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.

(9) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16

Dr. Smith moved and Dr. Underhill seconded that the Board move OAR 818-026-0050 – Minimal Sedation Permit as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

OAR 818-026-0060 Moderate Sedation Permit

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated. ~~Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS;~~ and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist **permit holder** performing the dental procedures.

(5) Before inducing moderate sedation, a dentist **permit holder** who induces moderate sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist **permit holder** or anesthesia monitor shall monitor and record the patient's condition.

(7) 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.

(8) 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.

(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.

(10) 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.

(11) After adequate training, an assistant, when directed by a dentist **permit holder**, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. **Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may** introduce additional anesthetic agents into an infusion line under the direct ~~visual~~ supervision of a dentist **permit holder**.

(12) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16

Dr. Smith moved and Dr. Schwindt seconded that the Board move OAR 818-026-0060 – Moderate Sedation Permit as amended to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

OAR 818-026-0065 Deep Sedation

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

- (a) Is a licensed dentist in Oregon; and
- (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration

equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist **permit holder** performing the dental procedures.

(5) Before inducing deep sedation, a dentist **permit holder** who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist **permit holder** or anesthesia monitor shall monitor and record the patient's condition.

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 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 deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(8) A dentist **permit holder** shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist **permit holder** shall document justification for its use and how the recovery plan was altered.

(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.

(10) 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.

(11) ~~After adequate training, an~~ **Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant**, when directed by a dentist **permit holder**, may administer oral sedative agents calculated by a dentist **permit holder** or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Dr. Smith moved and Dr. Underhill seconded that the Board move OAR 818-026-0065 – Deep Sedation as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

OAR 818-026-0070 General Anesthesia Permit

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2007) consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway

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in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist **permit holder** performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist **permit holder** who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist **permit holder** who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO₂ monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously 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. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

- (c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.
- (8) A dentist **permit holder** shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist **permit holder** shall document justification for its use and how the recovery plan was altered.
- (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 nausea or vomiting and has minimal dizziness.
- (10) A discharge entry shall be made in the patient's record by the dentist **permit holder** indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (11) ~~After adequate training, an~~ **Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant**, when directed by a dentist **permit holder**, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist **permit holder**.
- (12) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f.1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16

Dr. Smith moved and Dr. Schwindt seconded that the Board move OAR 818-026-0070 –

General Anesthesia Permit as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

OAR 818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

- (1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.
- (2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.
- (3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.
- (4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.
- (5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
- (6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. 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) 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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

Dr. Smith moved and Dr. Underhill seconded that the Board move OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

818-026-0110 - Office Evaluations

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an Oregon licensed dental hygienist **permit holder** or another dentist **permit holder** to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & (10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16

Dr. Smith moved and Dr. Underhill seconded that the Board move OAR 818-026-0110 – Office Evaluations as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

OAR 818-042-0115 Expanded Functions – Certified Anesthesia Dental Assistant

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, **who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry** to:

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.020(1), 679.025(1) & 679.250(7)

Hist.: OBD 1-2001, f. & cert. ef. 1-8-01; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06

Dr. Smith moved and Dr. Underhill seconded that the Board move OAR 818-042-0115 – Expanded Functions – Certified Anesthesia Dental Assistant as presented to a public rulemaking hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Dr. Underhill voting aye.

EXECUTIVE DIRECTOR’S REPORT

Board Member & Staff Updates

Mr. Prisby reported that Dr. Jose Javier completed his required new Board member training and orientation. He also reported that the OBD hired Haley Huntington as the new Office Specialist in June. Haley is a graduate of Oregon State University with a Bachelor’s of Science in Human Services and Family Sciences. In her free time she helps operate a Red Angus cattle ranch with her family outside of Molalla. He stated that the staff and he appreciate her excellent communication skills, computer skills, positive attitude and punctuality.

Budget Status Report

Mr. Prisby presented the latest budget report from July 1, 2015 through June 30, 2016, which is halfway through the budget. It shows revenue of \$1,728,977.10 and expenditures of \$1,358,932.23. Board members were asked if they had any questions regarding the budget.

OBD 2017-19 Agency Request Budget & Affirmative Action Guidelines

Mr. Prisby reported that he submitted the Agency Request Budget to DAS-CFO on August 1st. Agencies with 10 or fewer full time employees will provide a streamlined Affirmative Action Plan to the Governor’s Office by September 16th. Mr. Prisby has a meeting with Nakeia Daniels, the Governor’s Affirmative Action Manager, on August 26th. Mr. Prisby stated that he will incorporate her suggestions and feedback into the new plan and email it to the Board members when it is drafted, before the due date, for the Board to review.

Customer Service Survey Report

Mr. Prisby went over the attached chart showing the OBD Legislatively Mandated Customer Service Survey Results from July 1, 2015 – June 30, 2016. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

Board and Staff Speaking Engagements

Dr. Paul Kleinstub, Dental Director/Chief Investigator made a presentation on “Record Keeping” and “Updates from the OBD” to Advantage Dental at Eagle Crest in Redmond on Friday, July 29.

Mr. Prisby attended the Oregon Oral Health Coalition’s Advocacy Summit in Lake Oswego on Tuesday, August 9.

Agency Head Financial Transaction Report July 1, 2015 – June 30, 2016

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Mr. Prisby stated that Board policy requires that at least annually, the entire Board review agency head financial transactions and that acceptance of the report be placed in the minutes. Dr. Underhill moved and Ms. Martinez seconded that the Board accept the Agency Head Financial Transaction Report as presented. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Board Best Practices Self- Assessment

Mr. Prisby asked the Board to complete the attached Best Practices Self-Assessment so that it can be included as part of the 2016 Performance Measures Report. He will provide the OBD's annual progress report at the next Board meeting which will incorporate the Self-Assessment results.

The Board discussed the Self-Assessment.

Dr. Smith moved and Dr. Fine seconded that the Board approve the 2016 Best Practices Self-Assessment as presented. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

HPSP - Year 6 Report & Survey Results

Mr. Prisby stated that he and Mr. Wayson attended a Statement of Work meeting on August 21st with representatives from the Medical, Nursing & Pharmacy Boards to review contractor requirements and duties relating to the administration of the HPSP transitioning from OHA in July 2017. Board members were asked if they had any questions regarding the transition or information presented.

TriMet Contract

Mr. Prisby asked that the Board ratify entering into a contract with TRIMET for the Universal Pass Program which will allow the OBD to provide transportation passes for employees that are eligible to receive such passes for transportation to and from work. Dr. Smith moved and Dr. Fine seconded that Mr. Prisby ratify the contract as presented with TRIMET for the Universal Pass Program. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

OBD 2017-2020 Strategic Plan Draft Document

Mr. Prisby reported that the Board & Staff held a strategic planning session April 22-23, 2016 and that the Board last undertook strategic planning in 2007. He also stated that the information was distilled into the attached 2017-2020 Strategic Plan, which also updated the Board's mission "to promote high quality oral healthcare in the State of Oregon by equitably regulating dental professionals." Mr. Prisby asked the Board to approve and ratify the final draft of the Board's Strategic Plan. Dr. Smith moved and Dr. Beck seconded that the Board approve the OBD 2017-2020 Strategic Plan Draft as presented. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Dental Assisting National Board (DANB)

Mr. Prisby provided an update regarding the transition to dental assistant certifications being processed by DANB on behalf of the OBD, which went into effect July 1st. The administrative

staff and Mr. Prisby connected with DANB officials on a conference call on August 9th to review the transition and Mr. Prisby provided a report on the meeting to the Board.

Citizen Advocacy Center (CAC)

Mr. Prisby stated that on Saturday, September 17, 2016, and Sunday, September 18, 2016, the Citizen Advocacy Center (CAC) will co-sponsor a national conference with the theme "Modernizing the Regulatory Framework for Telehealth". He reported that The OBD is co-sponsoring the event with other Oregon health regulatory licensing agencies; a preliminary meeting program is included.

Newsletter

Mr. Prisby reported that the last newsletter was published in December. Mr. Prisby anticipates the next edition going out later in the year, which will incorporate the Board's Strategic Plan, new rule changes, and other important news and updates relevant to our Licensees. Articles from our new President Dr. Julie Ann Smith, former board member Dr. Jonna Hongo and a new board member biography of Dr. Jose Javier already have space reserved in the next newsletter.

UNFINISHED BUSINESS and RULES

OAR 818-005 and OAR 818-021-0026 Criminal Background Check Rules have been updated as required by HB 3168 (2013) and HB 2250 (2015) to be consistent with the DAS statewide rules. Dr. Smith moved and Mr. Harvey seconded that the Board move OAR 818-005 and OAR 818-021-0026 - Criminal Background Check rules as presented to a public rule making hearing on October 20, 2016. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

CRIMINAL RECORDS CHECK AND FITNESS DETERMINATION RULES

818-005-0000

Definitions

~~As used in OAR Chapter 818, Division 005, unless the context of the rule requires otherwise, the following definitions apply:~~

~~(1) Conviction: A final judgment on a verdict or finding of guilty, a plea of guilty, a plea of nolo contendere (no contest); or any determination of guilt entered by a court of law against an employee applicant/employee in a criminal case, unless that judgment has been reversed or set aside by a subsequent court decision.~~

~~(2) Criminal Offender Information: Records and related data as to physical description and vital statistics; fingerprints received and compiled by the Oregon State Police, Bureau of Criminal Identification, for purposes of identifying criminal offenders and alleged offenders; and records of arrests and the nature and disposition of criminal charges, including sentencing, confinement, parole, and release.~~

~~(3) Crime Relevant to a Fitness Determination: A crime listed or described in OAR 818-005-0020.~~

~~(4) Criminal Records Check: One or more of the following processes used to check the criminal history of an employee applicant/employee:~~

~~(a) A name-based check of criminal offender information conducted through use of the Law Enforcement Data System (LEDS) maintained by the Oregon State Police, in accordance with the rules adopted and procedures established by the Oregon State Police (LEDS Criminal Records Check);~~

~~(b) A check of Oregon criminal offender information through fingerprint identification, conducted by the Oregon State Police at the Board's request (Oregon Criminal Records Check); or~~

~~(c) A nationwide check of federal criminal offender information through fingerprint identification,~~

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conducted by the Oregon State Police through the Federal Bureau of Investigation at the Board's request (Nationwide Criminal Records Check).

~~(5) Denied: A fitness determination by the Board pursuant to a final fitness determination under OAR 818-005-0025 that the subject individual is not fit to be an employee, volunteer, contractor, or vendor in a position covered by OAR 818-005-0025.~~

~~(6) False Statement: In association with an activity governed by these rules, an employee applicant/employee either:~~

~~(a) Provided the Board with materially false information about the employee applicant's/employee's criminal history, such as, but not limited to, materially false information about employee applicant/employee or conviction record; or~~

~~(b) Failed to provide to the Board information material to determining employee applicant's/employee's criminal history.~~

~~(7) Fitness Determination: A determination made by the Board pursuant to the process established in OAR 818-005-0025 that an employee applicant/employee is or is not fit to be a Board employee, volunteer, contractor, or vendor.~~

~~(8) Employee applicant/employee: An individual identified in OAR 818-005-0025 as someone from whom the Board may require a criminal records check.~~

Stat. Auth: ~~ORS 181.534, 676.303 & 679.253~~

Stats. Implemented: ~~ORS 676.303 & 181.534~~

Hist.: ~~OBD 4-2011, f & cert. ef. 11-15-11~~

818-005-0005

Employee Applicant/Employee

The Board may require an Employee Applicant/Employee to complete a criminal records check pursuant to these rules if the person:

~~(1)(a) Is employed by or applying for employment with the Board; or~~

~~(b) Provides services or seeks to provide services to the Board as a volunteer, contractor, or vendor; and~~

~~(2) Is, or will be, working or providing services in a position in which the person:~~

~~(a) Provides information technology services and has control over, or access to, information technology systems that would allow the person to harm the information technology systems or the information contained in the systems; or~~

~~(b) Accesses information, that state or federal laws, rules or regulations prohibit disclosing or define as confidential.~~

Stat. Auth: ~~ORS 181.534, 676.303 & 679.253~~

Stats. Implemented: ~~ORS 676.303 & 181.534~~

Hist.: ~~OBD 4-2011, f & cert. ef. 11-15-11~~

818-005-0011

Criminal Records Check Required

The Board may conduct, or request the Oregon State Police to conduct, a criminal records check when:

~~(1) An individual meets the definition of an employee applicant/employee; or~~

~~(2) Required by federal law or regulation, by state or administrative rule, or by contract or written agreement with the Board.~~

Stat. Auth: ~~ORS 181.534, 676.303 & 679.253~~

Stats. Implemented: ~~ORS 676.303 & 181.534~~

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Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-005-0015

Criminal Records Check Process

~~(1) Disclosure of Information by employee applicant/employee.~~

~~(a) Preliminary to a criminal records check, an employee applicant/employee shall complete and sign the Oregon Board of Dentistry Criminal Records Request form and, if requested by the Board, a fingerprint card within three business days of having received the card. The Oregon Board of Dentistry Criminal Records Request form shall require the following information: name, birth date, Social Security Number, driver's license or identification card number, prior residency in other states, and any other identifying information deemed necessary by the Board. The Oregon Board of Dentistry Criminal Records Request form may also require details concerning any circumstance listed in OAR 818-005-0020(1).~~

~~**Note:** The Board may extend the deadline for good cause.~~

~~(b) The Board may require additional information from the employee applicant/employee as necessary to complete the criminal records check and fitness determination, such as, but not limited to, proof of identity; or additional criminal, judicial, or other background information.~~

~~(2) When the Board determines under OAR 818-005-0005 that a criminal records check is required, the Board may request or conduct a LEDS Criminal Records Check, an Oregon Criminal Records Check, a Nationwide Criminal Records Check, or any combination thereof.~~

Stat. Auth: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-005-0021

Potentially Disqualifying Crimes

~~(1) Crimes Relevant to a Fitness Determination:~~

~~(a) All felonies;~~

~~(b) All misdemeanors;~~

~~(c) Any Federal crime, United States Military crime or international crime.~~

~~(2) Evaluation Based on Oregon and Other Laws. An authorized designee shall evaluate a crime on the basis of Oregon laws and, if applicable, Federal laws or the laws of any other jurisdiction in which a criminal records check indicates an employee applicant/employee may have committed a crime, as those laws are in effect at the time of the fitness determination.~~

~~(3) Expunged Juvenile Record. Under no circumstances shall an employee applicant/employee subject individual be denied under these rules on the basis of the existence or contents of a juvenile record that has been expunged pursuant to ORS 419A.260 and 419A.262.~~

Stat. Auth: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-005-0025

Final Fitness Determination

~~(1) If the Board elects to conduct a criminal records check, the Board shall make a fitness determination about an employee applicant/employee based on information provided by the employee applicant/employee under OAR 818-005-0005, the criminal records check(s) conducted, and any materially false statements made by the employee applicant/employee.~~

~~(2) In making a fitness determination about an employee applicant/employee, the Board shall also~~

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~~consider the factors in subsections (a), (b), and (c) below in relation to information provided by the employee applicant/employee under OAR 818-005-0015, any LEDS report or criminal offender information obtained through a criminal records check, and other information known by the Board. To assist in considering these factors, the Board may obtain any other information deemed relevant, from the employee applicant/employee or any other credible source, including law enforcement and criminal justice agencies or courts within or outside of Oregon. To acquire other criminal offender information from the employee applicant/employee, the Board may request to meet with the employee applicant/employee and may request to receive written materials or authorization to obtain other relevant information, from employee applicant/employee. The employee applicant/employee shall meet with the Board when requested and provide additional information or authorization within a reasonable period of time, as arranged with the Board. The Board's final fitness determination regarding an employee applicant/employee will include considerations of:~~

~~(a) Potentially disqualifying crimes or conditions and any mitigating circumstances including, but not limited to:~~

~~(A) False Statement. Any materially false statements made by the employee applicant/employee to the Board;~~

~~(B) Sex Offender. The employee applicant/employee is registered, or is required to register, as a sex offender in Oregon or any other jurisdiction;~~

~~(C) Warrants. An outstanding warrant against the employee applicant/employee for any crime in any jurisdiction;~~

~~(D) Deferred Sentence, Diversion Program, Parole or Probation. The employee applicant/employee has a deferred sentence, conditional discharge, is participating in a diversion program, or has not completed a required diversion program or any condition of post-prison supervision, parole or probation, for any potentially disqualifying crime;~~

~~(E) Parole or Probation Violation. A post-prison supervision, parole or probation violation for any potentially disqualifying crime; or~~

~~(F) Unresolved Arrests, Charges or Indictments. An unresolved arrest, charge, or a pending indictment, for a potentially disqualifying crime.~~

~~(b) Evaluating any potentially disqualifying crime or condition identified in this subsection (a), the department shall consider:~~

~~(A) The nature of the crime;~~

~~(B) The facts that support the conviction or pending indictment or that indicate the making of a false statement;~~

~~(C) The relevancy, if any, of the crime or the false statement to the specific requirements of the employee applicant's/employee's present or proposed position, services, or employment.~~

~~(c) Intervening circumstances, when applicable, relevant to the responsibilities of the employment or services, including, but not limited to:~~

~~(A) The passage of time since the commission or alleged commission of a crime identified under subsection (a);~~

~~(B) The age of the employee applicant/employee at the time of the commission or alleged commission of a crime identified under subsection (a);~~

~~(C) The likelihood of a repetition of offenses or of the commission of another crime;~~

~~(D) The subsequent commission of another crime;~~

~~(E) Whether a conviction identified under subsection (a) has been set aside and the legal effect of setting aside the conviction; and~~

~~(F) A recommendation of an employer.~~

~~(3) If an employee applicant/employee refuses to consent to a criminal records check, including fingerprint identification, the Board shall deny the employment of the employee applicant/employee or deny any applicable position or authority to provide services. A person may~~

not appeal any determination made based on a refusal to consent.

~~(4) If an employee applicant/employee is denied as not fit, the subject individual may not be employed by the Board, or provide services as a volunteer, contractor, or vendor.~~

~~(5) A final fitness determination is a final order of the Board unless the affected employee applicant/employee appeals by requesting either a contested case hearing as provided by OAR 818-005-0035.~~

~~(6) The Board shall inform the employee applicant/employee who has been determined not to be fit on the basis of a criminal records check, via courier, or registered or certified mail to the most current address provided by the employee applicant/employee, of such disqualification.~~

Stat. Auth: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-005-0030

Incomplete Fitness Determination

~~(1) The Board will close a fitness determination as incomplete when:~~

~~(a) Circumstances change so that a person no longer meets the definition of an "employee applicant/employee" under OAR 818-005-0005;~~

~~(b) The employee applicant/employee does not provide materials or information under OAR 818-015-0015(1)(a) within the time frames established under that rule;~~

~~(c) The Board cannot locate or contact the employee applicant/employee;~~

~~(d) The Board applicant/employee fails or refuses to cooperate with the Board's attempts to acquire other relevant information under OAR 818-005-0015(1)(b);~~

~~(e) The Board determines that the employee applicant/employee is not eligible or not qualified for the position for a reason unrelated to the fitness determination process; or~~

~~(f) The position is no longer open.~~

~~—(2) An employee applicant/employee does not have a right to a contested case hearing under OAR 818-005-0035(2).~~

Stat. Auth: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-005-0035

Contesting a Fitness Determination

~~(1) This rule sets forth a contested case hearing process by which a subject individual may appeal a fitness determination made under OAR 818-005-0025 that he or she is fit or not fit to be a Board employee, volunteer, contractor, or vendor.~~

~~(2) The Attorney General's Model Rules of Procedure, OAR 137-003-0001 through 137-003-0092, apply unless the Board refers the matter to the Office of Administrative Hearings to assign an Administrative Law Judge. If the Board refers the matter to the Office of Administrative Hearings, 137-003-0501 through 137-003-0700 shall apply.~~

~~(3) Process.~~

~~(a) To request a contested case hearing, the employee applicant/employee or the employee applicant/employee individual's legal representative must submit a written request to the Executive Director of the Board. To be timely, the request must be received by the Executive Director of the Board within 21 business days of the postmark of the fitness determination notification letter.~~

~~(b) A contested case hearing shall be conducted by an Administrative Law Judge appointed by~~

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~~the Office of Administrative Hearings once a timely request has been received by the Board as outlined in section (3)(a).~~

~~(4) The Administrative Law Judge will establish the time and place of the hearing. Notice of the hearing shall be served on the Board or designee and participants at least ten working days in advance of the hearing date.~~

~~(5) No Public Attendance. Contested case hearings on fitness determinations are closed to non-participants.~~

~~(6) A fitness determination made under OAR 818-005-0025 becomes final when:~~

~~(a) A timely request for hearing is not filed; or~~

~~(b) A party withdraws a hearing request, notifies the Board or the Administrative Law Judge that the party will not appear, or fails to appear for the hearing.~~

~~(7) The Administrative Law Judge will issue a proposed order following a hearing. Exceptions, if any, must be received by the Board within 10 working days after the service of the proposed order.~~

~~(8) An employee applicant/employee currently employed by the Board who is denied as unfit pursuant to a final fitness determination may appeal the fitness determination either under the contested case process made available by this rule or through a process available under applicable personnel rules, policies and collective bargaining agreements. An employee applicant's/employee's decision to appeal a fitness determination through applicable personnel rules, policies, and collective bargaining agreements is an election of remedies as to the rights of the individual with respect to the fitness determination and is a waiver of the contested case process made available by this rule.~~

~~(9) The only remedy that may be awarded is a determination that the employee applicant/employee is fit or not fit. Under no circumstances shall the Board be required to place an employee applicant/employee in any position, nor shall the Board be required to accept services or enter into a contractual agreement with a employee applicant/employee.~~

~~(10) An employee applicant/employee may not use the appeals process established by this rule to challenge the accuracy or completeness of information provided by the Oregon State Police, the Federal Bureau of Investigation, or agencies reporting information to the Oregon State Police or the Federal Bureau of Investigation. To challenge the accuracy or completeness of information identified in this section (10), a employee applicant/employee may use any process made available by the agency that provided the information.~~

~~(11) Appealing a fitness determination, challenging criminal offender information with the agency that provided the information, or requesting a new criminal records check and re-evaluation of the original fitness determination will not delay or postpone the Board's hiring process or employment decisions.~~

~~(12) Alternative Process. An employee currently employed by the Board may choose to appeal a fitness determination either under the process made available by this rule or through a process made available by applicable personnel rules, policies and collective bargaining provision. A subject individual's decision to appeal a fitness determination through applicable personnel rules, polices and collective bargaining provisions is an election of remedies as to the rights of the individual with respect to the fitness determination and is a waiver of the contested case process made available by this rule.~~

~~(13) The only remedy that may be awarded is a determination that the employee is fit or not fit. Under no circumstances shall the Board be required to place an employee in any position, or shall the Board be required to accept services or enter into a contractual agreement with an employee.~~

Stat. Auth: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

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818-005-0040

Agency Representation

(1) Subject to the approval of the Attorney General, an officer or employee of the Board, designated by the Executive Director, is authorized to appear on behalf of the Board in contested case hearings conducted pursuant to these rules.

(2) Board officers, employees, or other authorized personnel may not present legal argument as defined under OAR 137-003-0008 on behalf of the Board in contested case hearings conducted pursuant to these rules.

(3) When the Board determines it is necessary to consult with the Attorney General's office, the Administrative Law Judge will provide a reasonable period of time for a Board's representative to consult with the Attorney General's office and to obtain either written or oral legal argument or advice, if necessary.

Stat. Auth: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-005-0045

Record Keeping, Confidentiality

~~Any information obtained in the criminal records check is confidential. The Board must restrict the dissemination of information obtained in the criminal records check. Only those persons, as identified by the Board, with a demonstrated and legitimate need to know the information, may have access to criminal records check records.~~

Stat. Auth.: ORS 181.534, 676.303 & 679.253

Stats. Implemented: ORS 676.303 & 181.534

Hist.: OBD 4-2011, f & cert. ef. 11-15-11

818-021-0026

State and Nationwide Criminal Background Checks, Fitness Determinations

(1) The Board requires fingerprints of all applicants for a dental 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.** ~~These will be provided on prescribed forms provided by the Board. Fingerprints may be obtained at a law enforcement office or at a private service. The Board will submit fingerprints to the Oregon State Police for checks against state and national data sources. Any original fingerprint cards will subsequently be destroyed by the Oregon State Police.~~

(2)(2) These rules are to be applied when evaluating the criminal history of all licensees and applicants for a dental or dental hygiene license and for conducting fitness determinations consistent with the outcomes provided in OAR 125-007-0260.

~~based upon such history. The fact that the applicant has cleared the criminal history check does not guarantee the granting of a license.~~

~~(3) Except as otherwise provided in section (1) in making the fitness determination the Board shall consider:~~

(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 be

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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, juvenile, expunged, 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)~~(4) The Board may require fingerprints of any licensed Oregon dentist 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)~~(5) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

~~(8)~~(6) 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)~~(7) Criminal offender information is confidential. Dissemination of information received under HB 2157 **may be disseminated** is 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)~~(8) 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)(9)~~ The Board shall determine whether an individual is fit to be granted a license or permit, based on **fitness determinations**~~the criminal records background check~~, 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.

~~(10)~~ The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests and court records that may be indicative of a person's inability to perform as a licensee with care and safety to the public.

~~(12)(11)~~ If an **An** applicant or licensee **may appeal a final fitness determination pursuant to OAR 125-007-0300**, is determined not to be fit for a license or permit, they are entitled to a contested case process pursuant to ORS 183.414-183.470. Challenges to the accuracy of completeness of **criminal history** information **must be made in accordance with OAR 125-007-0030(7)**, provided by the Oregon State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.

~~(12)~~ If the applicant discontinues the application process or fails to cooperate with the criminal history check process, then the application is considered incomplete.

Stat. Auth.: ORS 679 & 680, 181A.195, 181A.215, 676.303

Stats. Implemented: ORS 181A.195, 181A.215, 676.303, 183, 670.280, 679.060, 679.115, 679.140, 679.160, 680.050, 680.082 & 680.100

Hist.: OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 4-2011, f & cert. ef. 11-15-11

818-005-0050 - Criminal Records Check for Employees, Volunteers and Applicants

(1) The Board may require a criminal records check and fitness determination for Board employees, volunteers or applicants for employment with the Board.

(2) Criminal records checks and fitness determinations are conducted pursuant to ORS 181A.170 to 181A.215 and OAR 125-007-0200 to 125-007-0310.

(a) To complete the criminal records check and fitness determination, the Board may require additional information from the employee, volunteer or applicant, such as, but not limited to, proof of identity or additional criminal, judicial or other background information.

(b) If the employee, volunteer or applicant has potentially disqualifying criminal offender information, the Board will consider factors listed in ORS 181A.195 before making a fitness determination.

(c) An approved fitness determination does not guarantee employment.

(d) An incomplete fitness determination does not entitle the employee, volunteer or applicant the right to appeal under OAR 125-007-0300.

(3) Pursuant to ORS 181A.195, ORS 676.175, and OAR 125-007-0310, information obtained in the criminal records check is confidential and will not be disseminated by the Board except to persons with a demonstrated and legitimate need to know the information.

(4) The Board may charge a fee to the employee, volunteer or applicant for the criminal records check. The fee will not exceed the fee charged the Board by the OSP

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and the FBI to obtain such information.

Stat. Auth.: ORS 181A.195, 676.303

Stats. Implemented: ORS 181A.170, 181A.195, 181A215, 676.175, 676.303, 679.250

Dr. Smith moved and Dr. Fine seconded to hold a public rulemaking hearing on October 20, 2016 at 7 p.m. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

CORRESPONDENCE

Oregon Society of Oral and Maxillofacial Surgeons

Dr. Brett Ueek is requesting that the Oregon Society of Oral and Maxillofacial Surgeons be recognized as a dental organization so that they can sponsor visiting fellows that rotate through Head and Neck Institute's training program. The Board directed staff to send Dr. Ueek a letter stating that it does not interpret that ORS 679.040(1) would allow the Oregon Society of Oral and Maxillofacial Surgeons' sponsorship of the Head and Neck Institute's training program to qualify for a resident to obtain a nonresident permit.

Dr. Michelle Aldrich and Dr. Kimberly Ross

Dr. Michelle Aldrich and Dr. Kimberly Ross are requesting that the Board either remove from its website that if a licensee has the comment "Please contact the Board office" under Board Action, or post the document(s) on the website so individuals can see the information, and not have to contact the Board for it.

Dr. Schwindt moved and Dr. Beck seconded that the Board refer Drs. Aldrich and Ross' letter and concerns to the Enforcement and Discipline Committee for review and discussion. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Dr. Magda D'Angelis-Morris

Dr. Magda D'Angelis-Morris is requesting that the Board consider removing the clinical component (full mouth series) of the Oregon Radiologic Proficiency examination.

Dr. Beck moved and Dr. Schwindt seconded that the Board refer Dr. D'Angleis-Morris letter and concerns to the Licensing, Standards and Competency Committee for review and discussion. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Dr. William Grieve

Dr. William Grieve submitted information to the Board regarding Smile Direct Club which allows individuals to order online invisible aligners without first being examined by a dentist. Dr. Grieve is requesting the Board take action.

The Board directed Ms. Lindley to look into and research the business.

OTHER BUSINESS

Articles and News of Interest (no action necessary)

- Wall Street Journal – “Occupational Licensing Doesn’t Seem to Restrict Nurses’ Mobility”
- OROHC Newsletter
- HPSP June 2016 Newsletter
- HPSP July/August 2016 Newsletter
- CDC Guidelines for Prescribing Opioids for Chronic Pain

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); 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.

PERSONAL APPEARANCES AND COMPLIANCE ISSUES

Licensees appeared pursuant to their Consent Orders in case numbers **2008-0013**, **2013-0097**, **2013-0119** and **2014-0094**

LICENSING ISSUES

OPEN SESSION: The Board returned to Open Session.

Specialty Examinations

Dr. Javier moved and Dr. Underhill seconded that the Board approve the examiners as presented. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, and Dr. Underhill voting aye.

Dr. Javier moved and Dr. Underhill seconded that the Board allow the Executive Director and the president of the Board to approve specialty examiners for any other specialty examination that may need to be administered prior to the October 21, 2016 Board Meeting. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Dr. Stavropoulos – Request for the Board to consider allowing her to demonstrate competency to qualify for General Anesthesia Permit

Dr. Fine moved and Dr. Beck seconded that the Board issue Dr. Stavropoulos a moderate sedation permit and grant Dr. Stavropoulos a General Anesthesia Permit after successful completion of 25 General Anesthesia cases under the direct supervision of either Dr. Pamela Hughes, or Dr. Mark Engelstad. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, Dr. Schwindt and Dr. Underhill voting aye.

Dr. Schwindt left the meeting.

Dr. Brady – Request to reinstate General Anesthesia Permit

Mr. Morris moved and Mr. Harvey seconded that the Board send licensee a letter denying the reinstatement of his general anesthesia permit. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, and Dr. Underhill voting aye.

CONSENT AGENDA

2017-0014, 2017-0005, 2016-0102, 2017-0001, 2016-0220, 2016-0205, 2016-0207, 2016-0156 and 2016-0206 Dr. Beck moved and Dr. Underhill seconded that the above referenced cases be closed with a finding of No Violation of the Dental Practice Act per the staff's recommendations. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

COMPLETED CASES

2016-0103, 2016-0067, 2015-0214, 2016-0057, 2016-0093, 2016-0021, 2016-0020, 2016-0081, 2016-0063, 2016-0024, 2016-0068, 2016-0099, 2017-0010, 2016-0108 and 2016-0201 Dr. Beck moved and Dr. Underhill seconded that the Board close the matter with No Further Action per the staff's recommendation. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0056

Mr. Morris moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that prior to providing treatment, the patient, the patient records and the pathology that is being treated are all accurately identified and verified. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

BARRETT, RICHARD P., D.M.D. 2016-0051

Mr. Morris moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a civil penalty of \$3,000.00 to be paid within 60 days, complete 20 hours of Board approved community service within 6 months, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0058

Ms. Riedman moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that medications administered to a patient are documented in the patient record and that when dental pathology is evident on a radiograph, the pathology is documented in the patient records. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

BETTIS, WILLIAM D., D.M.D. 2015-0229

Mr. Harvey moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a civil penalty of \$2,000.00, and completion of 2 hours of Infection Control continuing education for the licensure period 4/1/2014 – 3/31/2016 within 3 months of the effective date of the order, and issue an Order of Examination whereby the Licensee will undergo a neuro-psychiatric evaluation to be issued within 30 days only if Licensee does not agree to the examination without an Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0060

Ms. Martinez moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern reminding Licensee to assure that he clearly documents the flow rate of the nitrous oxide that is administered to his patients and that the appropriate consents are signed and that patients are fully recovered before discharge. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0072

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern suggesting some continuing education in pre-op assessment and diagnosis of third molar extractions, and also suggest continuing education on post surgical management of third molar extraction complications and to ensure proper documentation is in place. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2015-0235

Dr. Javier moved and Ms. Martinez seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he has isolated the tooth with a rubber dam before using endodontic hand files in the patient's mouth. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0030

Dr. Fine moved and Mr. Morris seconded that the Board, with regard to Respondents 1 and 2, close the matter with Letters of Concern reminding Licensees to assure that all instruments that they use are sterilized in autoclaves that are being spore tested on a weekly basis. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman, and Dr. Underhill voting aye.

2016-0007

Mr. Morris moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all of his autoclaves are tested with a biological testing device on a weekly basis. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Schwindt previously recused himself, but was not present for discussion or voting.

EDWARDS, JAMES., D.D.S. 2016-0164

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with respect to Respondent #1 with a Letter of Concern reminding Licensee to assure that the instruments he is using are being sterilized in an autoclave that is being spore tested on a weekly basis, and in respect to Respondent #2 to issue a Notice of Proposed Disciplinary Action and to offer Licensee a Consent Order incorporating a reprimand for failure to do biological monitoring testing 9 times in the calendar year 2015, and to complete 3 hours of Board approved continuing education on record keeping within 60 days of the effective date of the order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

EDWARDS, JAMES., D.D.S. 2016-0150

Mr. Harvey moved and Dr. Fine seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent order incorporating a reprimand, a civil penalty of \$5,000.00, a refund to patient DF of \$1,310.00, and a refund to patient KK of \$1,941.00. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0048

Ms. Martinez moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding licensee that when using small instruments a throat drape or ligature is used. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

GAFFANEY, MICHELLE L., R.D.H. 2016-0098

Ms. Martinez moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, or in lieu of the disciplinary action, allow the Licensee to retire her dental hygiene license. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

GIBSON, REX S., D.D.S. 2016-0037

Dr. Javier moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, pay a \$6,000.00 civil penalty within 90 days of the effective date of the Order, complete 40 hours of Board approved community service within one year, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0091

Dr. Fine moved and Ms. Martinez seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that adequate radiographs are taken and reviewed prior to the extraction of teeth. The motion passed with Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Beck recused himself.

2015-0201

Mr. Morris moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when acute symptoms arise during treatment, all possibilities are explored when attempting to diagnose the source of the symptoms. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0075

Mr. Morris moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all radiographs taken are documented in the patient's chart notes. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2015-0221

Dr. Fine moved and Dr. Javier seconded to close the matter with No Further Action. The motion passed with Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Beck recused himself. Dr. Schwindt previously recused himself, but was not present for discussion or voting.

2016-0071

Ms. Riedman moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that his autoclave is spore tested on a weekly basis, to assure that he has a current periapical radiograph of the treated tooth when placing a crown on a tooth, and to document all pathology that he sees on a radiograph, even if it is asymptomatic. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

HOWERTON, DAVID W., D.M.D. 2016-0049

Mr. Harvey moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$5,000.00 civil penalty; completion of three hours of Board approved continuing education in record keeping within six months; and successfully pass the Board's jurisprudence exam. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0073

Ms. Martinez moved and Dr. Underhill seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that a diagnosis is documented in the patient records to justify prescribing medication and that current BLS/CPR certification is maintained. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0001

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that instruments that he uses have been sterilized in an autoclave that is being spore tested on a weekly basis. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

HAYMORE, THOMAS L., D.M.D. 2015-0200, 2015-0222, 2015-0223, 2015-0056

Ms. Riedman moved and Mr. Morris seconded that the Board with regard to Respondent #1 close the matter with No Further Action; for Respondent #2, in the matter of case 2015-0200, move to combine with case 2015-0222 and case 2015-0223, and combine these violations with those of 2015-0056 and issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a re-worded Consent Order incorporating a reprimand, a \$10,000.00 civil penalty, surrender of his Minimal Sedation Permit, agree to not apply for any level of sedation permit, and a one year suspension of his dental license with six months of the suspension stayed. The motion passed with Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Beck recused himself. Dr. Schwindt previously recused himself, but was not present for discussion or voting.

2016-0040

Dr. Javier moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that when the Board requests records and information, the requested material is provided in a timely manner, and that prior to providing treatment, a diagnosis is documented to justify providing the treatment. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

KORANDO, CHARLES W., D.D.S. 2016-0042

Dr. Fine moved and Ms. Martinez seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$3,000.00 civil penalty to be paid within 60 days, 20 hours of Board approved community service to be completed within six months, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0003

Mr. Morris moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all autoclaves in his office are spore tested all weeks that patients are scheduled. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

McCLURE, WILLIAM C., D.D.S. 2016-0053

Mr. Morris moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, pay \$280.00 in restitution in the form of a cashier's, bank, or official check made payable to patient WS, pay a \$1,000.00 civil penalty per Board protocols, and complete three hours of Board approved continuing education in the area of record keeping within six months of the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

MILLARD, ROBERT B., D.D.S. 2016-0132 & 2016-0175

Ms. Riedman moved and Dr. Underhill seconded that the Board combine 2016-0132 with 2016-0175 and to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a civil penalty of \$7,500.00; a refund to patient AA of \$2,205.00; a refund to patient GS of \$376.00, and that he take a 20 hour Board approved hands-on CE course on restorative dentistry within six months of the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0113

Mr. Harvey moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a periodontal diagnosis is documented for all hygiene appointments. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

MUELLER, FREDERICK A., D.M.D. 2016-0209

Ms. Martinez moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a \$1,000.00 civil penalty. The motion passed with Dr. Smith, Dr.

Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

NEWKIRK, ANTHONY J., D.M.D. 2016-0018

Dr. Underhill moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, and a \$1,000.00 civil penalty. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2015-0232

Dr. Javier moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern regarding proper documentation of type and strength of anesthetic used and complete documentation of prescriptions written. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0014

Dr. Fine moved and Ms. Martinez seconded that the Board close the matter with a Letter of Concern addressing the issues of ensuring that a diagnosis is documented prior to providing dental treatment and that all medications administered to a patient are documented in the patient record. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0046

Mr. Morris moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to administering nitrous oxide, it is documented in the patient records, and that when the taking of vital signs is not possible, that information is documented in the patient records. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0027

Mr. Morris moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that dental records are maintained as dictated by the Board's rules and that prior to providing treatment, a diagnosis is documented to justify the treatment. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

PHAM, BAO V., D.M.D. 2016-0062

Ms. Riedman moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent order incorporating a reprimand; a civil penalty of \$3,000.00 to be paid within 60 days, 20 hours of Board approved community service to be completed within six months, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0173

Mr. Harvey moved and Ms. Riedman seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern reminding Licensee to assure that she tests the autoclaves in her office on a weekly basis with a biologic spore strip, and that when working with charting templates, that she customize them to fit the unique needs for documenting each

different appointment. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0023

Ms. Martinez moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that EFDAs are limited to providing services allowed by the Board's rules. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0213

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern advising provider to develop an organized system for tracking spore testing data in all clinics. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

SNYDER, JOHN J., D.M.D. 2016-0191

Dr. Javier moved and Dr. Underhill seconded that the Board issue a proposed Notice of Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a civil penalty of \$6,000.00 to be paid within 90 days, 40 hours of Board approved community service to be completed within one year, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2015-0141

Dr. Fine moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern, reminding Licensee to assure that he documents all treatments and medicaments, and to get esthetic approval of a denture prior to final processing. The motion passed with Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Beck recused himself.

2015-0216

Mr. Morris moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all medicaments used are documented in the patient chart notes, and that all sterilizers are tested with a biological monitoring system on a weekly basis. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

SURFACE, RYAN J., D.M.D. 2016-0011

Ms. Riedman moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a civil penalty of \$2,000.00, completion of ten hours of community service within 60 days, and complete the balance of 3 hours continuing education for the licensure period (4/1/2013 – 3/31/2015), within 60 days of the effective date of this order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

2016-0052

Mr. Harvey moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that PARQ or its equivalent is documented and that all

treatment is thoroughly documented. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

VAN de GRAAFF, WAYNE K., D.D.S. 2015-0206

Ms. Martinez moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a civil penalty of \$3,000.00, 20 hours of Board approved community service and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

PREVIOUS CASES REQUIRING BOARD ACTION

GARNACHE, MONICA A., D.M.D. 2016-0146

Dr. Underhill moved and Dr. Beck seconded that the Board deny Licensee's proposed resolution and affirm the Board's action of 6/17/16. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

KEILMAN, MARK N., D.D.S. 2015-0208

Dr. Javier moved and Mr. Harvey seconded that the Board accept the proposed wording and offer Licensee a re-worded Consent Order incorporating a reprimand; a \$3,000.00 civil penalty; completion of 48 hours of a Board approved continuing education in endodontics within six months; and application through the OAGD for entry into the Board's Mentor program with emphasis on endodontics. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

KIM, SEAN S., D.M.D. 2014-0087 & 2015-0227

Dr. Fine moved and Dr. Javier seconded that the Board offer Licensee a re-worded Consent Order incorporating a reprimand; a \$5,000.00 civil penalty; a \$1,870.67 reimbursement to Met Life for patient RS, a \$1,940.00 refund to patient RS; a \$2,712.00 refund to patient SB; successful completion of the courses "Making Endodontics Fun, Predictable, and Profitable" and "Restorative Dentistry 2 – Fixed Prosthodontics" within the next six months; submission of ten completed cases to the Board in the first year after completion of the Board ordered courses, and the next two cases where the patient's Vertical Dimension of Occlusion (VDO) has been altered. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

MATSUDA, MELVIN., D.D.S. 2014-0227

Mr. Morris moved and Ms. Riedman seconded that the Board decline the Licensee's offer and affirmed the Board's action of 10/30/2015. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Schwindt previously recused himself, but was not present for discussion or voting.

2015-0014

Ms. Riedman moved and Mr. Harvey seconded that the Board issue an Order of Dismissal dismissing the Notice of Proposed Disciplinary Action, dated 11/10/15 and close the matter with a Letter of Concern reminding Licensee to assure the testing of his sterilization devices was completed on a weekly basis. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

NILES, DAVID G., D.D.S. 2015-0169

Mr. Harvey moved and Ms. Riedman seconded that the Board issue an Order of Dismissal dismissing the Final Default Order, effective 6/17/16, and accept Licensee's offer of a Consent Order incorporating a reprimand. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

WEINBERG, SUSAN K., D.M.D. 2015-0187

Ms. Martinez moved and Dr. Underhill seconded that the Board accept Licensee's offer of a Consent Order incorporating a reprimand, three hours of continuing education in record keeping, and Licensee may provide fixed prosthodontics treatment only under the direct supervision of a Board approved mentor until Licensee completes Board approved hands-on continuing education in fixed prosthodontic procedures and demonstrates to a Board approved mentor the ability to provide acceptable fixed prosthetics, except that Licensee may place no more than two crowns per patient appointment without direct supervision. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

ZAVARI, BITA, D.M.D. 2015-0170

Dr. Underhill moved and Dr. Javier seconded that the Board deny Licensee's proposed resolution and affirm the Board's decision of 6/17/16. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

HAYMORE, THOMAS L. D.M.D., 2008-0013

Dr. Fine moved Dr. Javier seconded that the Board deny Licensee's request to be released from his second amended consent order. The motion passed with Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Beck recused himself. Dr. Schwindt previously recused himself, but was not present for discussion or voting.

LICENSURE AND EXAMINATION**Ratification of Licenses Issued**

Ms. Riedman moved, and Dr. Beck seconded, that licenses issued be ratified as published. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

DENTAL HYGIENISTS

H7201	SHANNON MC GLADREY, R.D.H.	6/6/2016
H7202	GENAVIEVE MARIE CLEM, R.D.H.	6/6/2016
H7203	SARAH MARIE MAXEY, R.D.H.	6/6/2016
H7204	ERIN LYNN BURDICK, R.D.H.	6/6/2016
H7205	KATHERINE N GREEN, R.D.H.	6/8/2016
H7206	ISABELLA CUERO-SHELDON, R.D.H.	6/8/2016
H7207	ASHTON N BRITTON, R.D.H.	6/8/2016
H7208	CARLY JEAN BULL, R.D.H.	6/8/2016
H7209	KILI ANN BRUNDRIDGE, R.D.H.	6/16/2016
H7210	KAILYN RENEE SANDERS, R.D.H.	6/17/2016
H7211	KEALA MAE-MARIE BINGHAM, R.D.H.	6/17/2016
H7212	JACLYN M HARDY, R.D.H.	6/17/2016
H7213	MARINA RUCHIN, R.D.H.	6/23/2016
H7214	KYLEE TORRICO, R.D.H.	6/23/2016
H7215	LINDSAY MAUREEN CERA, R.D.H.	6/24/2016
H7216	KATIE-LYNN R GOODWIN, R.D.H.	6/28/2016
H7217	BRIDGET LEE FLYNN, R.D.H.	6/28/2016
H7218	ANIELA SAGE KLINEFELTER, R.D.H.	6/28/2016
H7219	AUBREY MARIE MARTINI, R.D.H.	6/28/2016
H7220	EMILY GILBERT, R.D.H.	6/28/2016
H7221	KATIE A ORLANDO, R.D.H.	6/28/2016
H7222	AMY M WERNER, R.D.H.	6/28/2016
H7223	BRITTANY A LINDGREN, R.D.H.	7/6/2016
H7224	BREANNA JOY WOLF, R.D.H.	7/6/2016
H7225	KAYLA N PARKS, R.D.H.	7/6/2016
H7226	CARA L NUNEMAKER, R.D.H.	7/6/2016
H7227	KATI MARIE HALL, R.D.H.	7/6/2016
H7228	JENNIFER KAY HOWARD, R.D.H.	7/6/2016
H7229	TAMMY L WALKER, R.D.H.	7/6/2016
H7230	COURTNEY R ORTH, R.D.H.	7/6/2016
H7231	JOURDAN LEANN BURKLUND, R.D.H.	7/14/2016
H7232	TAYLOR DENAE LOTT, R.D.H.	7/14/2016
H7233	MELODY NICOLE FERZACCA, R.D.H.	7/14/2016
H7234	MADISON ALEXANDRA SWINN, R.D.H.	7/14/2016
H7235	ALLISON RENAE HANCOCK, R.D.H.	7/14/2016
H7236	PRESLIE SOPHIE BECK, R.D.H.	7/14/2016
H7237	DEVIN ELISE ENDICOTT, R.D.H.	7/14/2016
H7238	CLAUDIA M ESCOBAR, R.D.H.	7/14/2016
H7239	TAYLOR CHRISTINE SJELIN, R.D.H.	7/21/2016
H7240	ALEXA K CASTLE, R.D.H.	7/21/2016
H7241	TAREN KATRINA LARSEN, R.D.H.	7/21/2016
H7242	HEATHER LYNN THOMAS, R.D.H.	7/21/2016
H7243	MACKENZIE TINGLE, R.D.H.	7/21/2016
H7244	AUBREY LAREE WASSOUF, R.D.H.	7/21/2016

H7245	DANIELLE MARIE BASS, R.D.H.	7/21/2016
H7246	THELMA RENEE SCHNEIDER, R.D.H.	7/21/2016
H7247	CHRISTINA DIANE KYLE, R.D.H.	7/21/2016
H7248	MICHELLE LOUISE EDWARDS, R.D.H.	7/21/2016
H7249	KAITLYN E EMARD, R.D.H.	7/21/2016
H7250	PAMELA S LINEGAR, R.D.H.	7/21/2016
H7251	CATHERINE UYEN TRAN, R.D.H.	7/21/2016
H7252	ANNE MARIE HETHORN, R.D.H.	7/21/2016
H7253	MARIAH GODINEZ, R.D.H.	7/21/2016
H7254	BRIDGET ELISABETH SCHNEIDER, R.D.H.	7/21/2016
H7255	SARAH NICOLE ARNSBERG, R.D.H.	7/21/2016
H7256	EMILIE MAE KEIMIG, R.D.H.	7/21/2016
H7257	CHELSIE R VANDEHEY, R.D.H.	7/21/2016
H7258	HOLLY LYN ANDYKE, R.D.H.	7/21/2016
H7259	DUSTY J LAWELLIN-MENDOZA, R.D.H.	7/26/2016
H7260	JAMIE LYNN HAMILTON, R.D.H.	7/26/2016
H7261	PULAUD MEHR, R.D.H.	7/26/2016
H7262	ANGELA MARIE PECHMANN, R.D.H.	7/26/2016
H7263	JOSEPHINE CHRISTENSEN, R.D.H.	7/26/2016
H7264	CHERYL A SELLARS, R.D.H.	7/26/2016
H7265	TAMIKA M JEFFERSON, R.D.H.	7/26/2016
H7266	RACHAEL POTTER, R.D.H.	7/26/2016
H7267	PAYTEN KAE WISNIEWSKI, R.D.H.	7/26/2016
H7268	MICAELA NICOLE DUDLEY, R.D.H.	7/26/2016
H7269	HEATHER RENEE MILLER, R.D.H.	7/26/2016
H7270	SAMANTHA DAWN DAVIS, R.D.H.	7/28/2016
H7271	CHELSEA ANNE LITTON, R.D.H.	7/28/2016
H7272	CEVINAH CHOTARD ZUÑIGA-WEST, R.D.H.	7/28/2016
H7273	SHARON A FOUGHT, R.D.H.	8/5/2016
H7274	SARAH BERNADETTE TYLER, R.D.H.	8/5/2016
H7275	ASHLEY MIKEL DOUGHERTY, R.D.H.	8/5/2016
H7276	CHRISTINA MARIE FRISCIA-DREIER, R.D.H.	8/5/2016
H7277	EMMY X H LI, R.D.H.	8/5/2016
H7278	JORDYN LEE MAIN, R.D.H.	8/5/2016
H7279	RACHEL ELIZABETH COWGER, R.D.H.	8/8/2016
H7280	RACHEL GAIL NICHOLS, R.D.H.	8/8/2016

DENTISTS

D10449	MARY FRANCES STAVROPOULOS, D.D.S.	6/6/2016
D10450	BENJAMIN D JAMES, D.D.S.	6/8/2016
D10451	BRANDON ALDEN SNOW, D.M.D.	6/8/2016
D10452	JAMES KOLBY ROBINSON, D.M.D.	6/8/2016
D10453	LAUREN NGA-LING HUM, D.M.D.	6/8/2016
D10454	SCOTT MITCHELL ROOKER, D.D.S.	6/8/2016
D10455	LAWRENCE M EBEL, D.M.D.	6/15/2016
D10456	ERIC MICHAEL PETERS, D.M.D.	6/16/2016
D10457	DANIEL WARNOCK, D.D.S.	6/16/2016

D10458	CAROLINE ZELLER, D.D.S.	6/17/2016
D10459	MERAT BERNIE OSTOVAR, D.M.D.	6/17/2016
D10460	NATHAN SCOTT RISLEY, D.M.D.	6/17/2016
D10461	ROLAND H NOMIE, D.M.D.	6/17/2016
D10462	LANCE L BERGESON, D.M.D.	6/17/2016
D10463	DEVIN R NELSON, D.M.D.	6/17/2016
D10464	SPENCER NATHAN BURNHAM, D.M.D.	6/17/2016
D10465	JOHN NEIL DELLA CROCE, D.M.D.	6/20/2016
D10466	TYLER S BRADSTREET, D.M.D.	6/20/2016
D10467	KARL SHUAI SHAO, D.M.D.	6/20/2016
D10468	KEITH L ARGRAVES,	6/20/2016
D10469	TAYLOR C BENNION, D.M.D.	6/20/2016
D10470	JENNIFER HONG NGUYEN, D.M.D.	6/20/2016
D10471	KIRANDEEP K BRAR, D.M.D.	6/20/2016
D10472	MATTHEW R ERICKSON, D.M.D.	6/20/2016
D10473	CATHERINE BOM KIM, D.M.D.	6/21/2016
D10474	KRISTIN ELIZABETH MOTSCHALL, D.D.S.	6/21/2016
D10475	SARAH JEAN ERMOSHKIN, D.D.S.	6/21/2016
D10476	AMARDEEP BAINS, D.M.D.	6/23/2016
D10477	JARED M YOUNG, D.M.D.	6/23/2016
D10478	SUKHMANPREET KAUR SIDHU, D.M.D.	6/23/2016
D10479	ALEXANDER RUDNITSKI, D.M.D.	6/24/2016
D10480	MATT ANDERSON, D.D.S.	6/24/2016
D10481	STACY LEIGH GRIFFITH, D.D.S.	6/24/2016
D10482	JACOB C BURRY, D.D.S.	7/6/2016
D10483	IKE H RAHIMI, D.M.D.	7/6/2016
D10484	AUDREY MICHELLE MIKKELSON, D.M.D.	7/6/2016
D10485	YVONNE YANG, D.D.S.	7/14/2016
D10486	KAYLA MARIE WALTERS, D.M.D.	7/14/2016
D10487	KARAN JOHNSON REPLOGLE, D.D.S.	7/14/2016
D10488	GABRIELLE LYNN SCHAEFER WEISHOFF, D.M.D.	7/14/2016
D10489	ELIJAH JED VOLVOVIC, D.M.D.	7/14/2016
D10490	LINDSAY K TAIRA, D.M.D.	7/14/2016
D10491	THANH-TRUC THI NGUYEN, D.M.D.	7/14/2016
D10492	JOHN MICHAEL B DURO, D.M.D.	7/14/2016
D10493	JIYUNG KANG, D.M.D.	7/14/2016
D10494	BRADLEY S MC GOWAN, D.M.D.	7/14/2016
D10495	DARYL M KHAW, D.M.D.	7/14/2016
D10496	CASEY DILLON NORLIN, D.M.D.	7/14/2016
D10497	SETH E HINCKLEY, D.M.D.	7/14/2016
D10498	CRYSTAL M KELSO, D.M.D.	7/14/2016
D10499	ALEXANDRIA E JOHNSON, D.M.D.	7/14/2016
D10500	ESTRELLITA GITZEN RAMIREZ, D.M.D.	7/14/2016
D10501	RYAN M LEININGER, D.M.D.	7/14/2016
D10502	NATHAN E BUSHMAN, D.D.S.	7/21/2016
D10503	JOSHUA TOD HARDIN, D.M.D.	7/21/2016
D10504	MICHAEL LEE MC CUNNIFF, D.D.S.	7/21/2016
D10505	JENNIFER LEE ROSALES, D.M.D.	7/21/2016
D10506	EMILY FERN GAUNT, D.M.D.	7/21/2016

D10507	ERIN KATHLEEN JOHNSON, D.D.S.	7/21/2016
D10508	HEATHER MARIE MANKA, D.M.D.	7/21/2016
D10509	KENNETH GREGORY DOWNING, D.M.D.	7/21/2016
D10510	ANDREW JON CEFALO, D.M.D.	7/21/2016
D10511	LISA YANTI ANDERSON-PIETZ, D.M.D.	7/21/2016
D10512	NAVID KALANTARPOUR, D.D.S.	7/26/2016
D10513	BERMEN BARK-HUNG WONG, D.D.S.	7/26/2016
D10514	CHRISTOPHER ALLEN PRIMLEY, D.M.D.	7/26/2016
D10515	ALLISON LEE OETH, D.D.S.	7/26/2016
D10516	KEITH MICHAEL HERKERT, D.M.D.	7/26/2016
D10517	KIRAN MISTRY, D.D.S.	7/26/2016
D10518	MICHAEL CHARLES KIM, D.M.D.	7/26/2016
D10519	ALEXANDER SONESSON, D.M.D.	7/26/2016
D10520	STEVEN PHILIP HACKMYER, D.D.S.	7/26/2016
D10521	NICHOLAS S STEBBINS, D.M.D.	7/28/2016
D10522	BENJAMIN WADE HASLAM, D.M.D.	7/28/2016
D10523	MIRA KHAROTI DELLA CROCE, D.M.D.	8/5/2016
D10524	MICHAEL J PURCELL, D.D.S.	8/5/2016
D10525	ERIK SEAN SWANSON, D.M.D.	8/5/2016
D10526	KEDY SHEN, D.M.D.	8/5/2016
D10527	JONATHAN JAMES JELMINI, D.D.S.	8/5/2016
D10528	ERICA D CROSTA, D.M.D.	8/5/2016
D10529	DOMINIQUE J MEDINA, D.D.S.	8/5/2016
D10530	SOROUGH AMALI, D.M.D.	8/5/2016
D10531	JOHN MARK WAITE, D.M.D.	8/5/2016
D10532	MICHELLE GARNACHE, D.M.D.	8/5/2016
D10533	CHAD W ACHATZ, D.M.D.	8/5/2016

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.660(2)(i), to conduct the annual review and performance evaluation of the Executive Director. No final action will be taken in Executive Session.

OPEN SESSION: The Board returned to Open Session.

Dr. Beck moved and Mr. Morris seconded that the Board rate Mr. Prisby as Outstanding on his performance evaluation. The motion passed with Dr. Smith, Dr. Beck, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye.

Announcement

No announcements

ADJOURNMENT

The meeting was adjourned at 4:20 p.m. Dr. Smith stated that the next Board meeting would take place October 21, 2016.

/S/

Julie Ann Smith, D.D.S., M.D., M.C.R.
President