



AGENDA

**“Oregon Tribes Dental Health Aide Therapist Pilot Project”
Advisory Committee Meeting DPP #100
April 4, 2022
9:00 AM – 11:00 AM**

Location: Remote Meeting via Zoom		
Link: https://www.zoomgov.com/j/1602110186?pwd=N256VlpXRmFTT2E4SHgwb3N4eVdoZz09		
Call in option: 669-254-5252 Meeting ID: 160 211 0186 Passcode: 254299		
9:00-9:10	Agenda Review Official Introductions	Sarah Kowalski, Dental Pilot Project Program Coordinator Oregon Health Authority
9:10-9:30	Overview of Dental Therapy in Oregon Dental Therapy Rules Advisory Committee Process HB 2528 vs Dental Pilot Project #100	Sarah Kowalski Kaz Rafia, State Dental Director Oregon Health Authority
9:30-9:45	Overview Oregon Board of Dentistry Estimated Timeline of First Licensure	Stephen Prisby, Executive Director Oregon Board of Dentistry
9:45-10:05	Overview of Tribal Affairs Update on CHAP Certification Program Estimated Timeline of First Certification	Julie Johnson, Tribal Affairs Director Oregon Health Authority
10:05-10:15	Break	
10:15-10:40	Update for DPP #100 Opening of Coquille Dental Clinic Project Modification Extension Request Project Funding	Miranda Davis, Project Dental Director Northwest Portland Area Indian Health Board
10:40-10:45	OHA Responsibilities Around Project Modification Requests	Sarah Kowalski

10:45-10:50	Invitation to Participate on PHD Dental Therapy Workgroups Review Goals & Structures of Workgroups	Cate Wilcox, Maternal and Child Section Manager, Oregon Health Authority
10:50-10:55	Follow-up Items Post Meeting Survey Future Meeting Dates	Sarah Kowalski
10:55-11:00	Public Comment Period	Public comments are limited to 2 minutes per individual; Public comments are accepted via in-person oral testimony or submission of written comments via email to oral.health@state.or.us or US Mail.

Next Meeting: To be determined

Dental Pilot Projects Program

DPP #100 - Advisory Committee Meeting

April 4, 2022



Oral Health Program
Public Health Division

Dental Pilot Projects Program



CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program
Kate Brown, Governor



800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Cell: 503-989-1803
www.healthoregon.org/dpp

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10:15-10:25	Update for DPP #100 Opening of Coquille Dental Clinic Project Modification Extension Request Project Funding	Miranda Davis, Project Dental Director Northwest Portland Area Indian Health Board
10:30-10:35	OHA Responsibilities Around Project Modification Requests	Sarah Kowalski



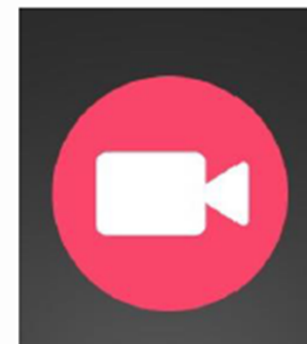
- Agenda Review & Meeting Guidance
- Please turn on your video camera.
- Please use chat function to ask question.



- MUTE yourself.



- Only Committee Members and Invited Guests will actively participate in the meeting.
- Public Meeting: Public Comment Period at End of Meeting
- Meetings are recorded for notetaking only



Dental Pilot Projects Program

Meeting Objectives

Where is Dental Therapy in Oregon today?

01

Overview of HB2528 – the Dental Therapy Legislation

02

Licensure, Certification and Rulemaking

03

Update from DPP#100, Modification Request

04

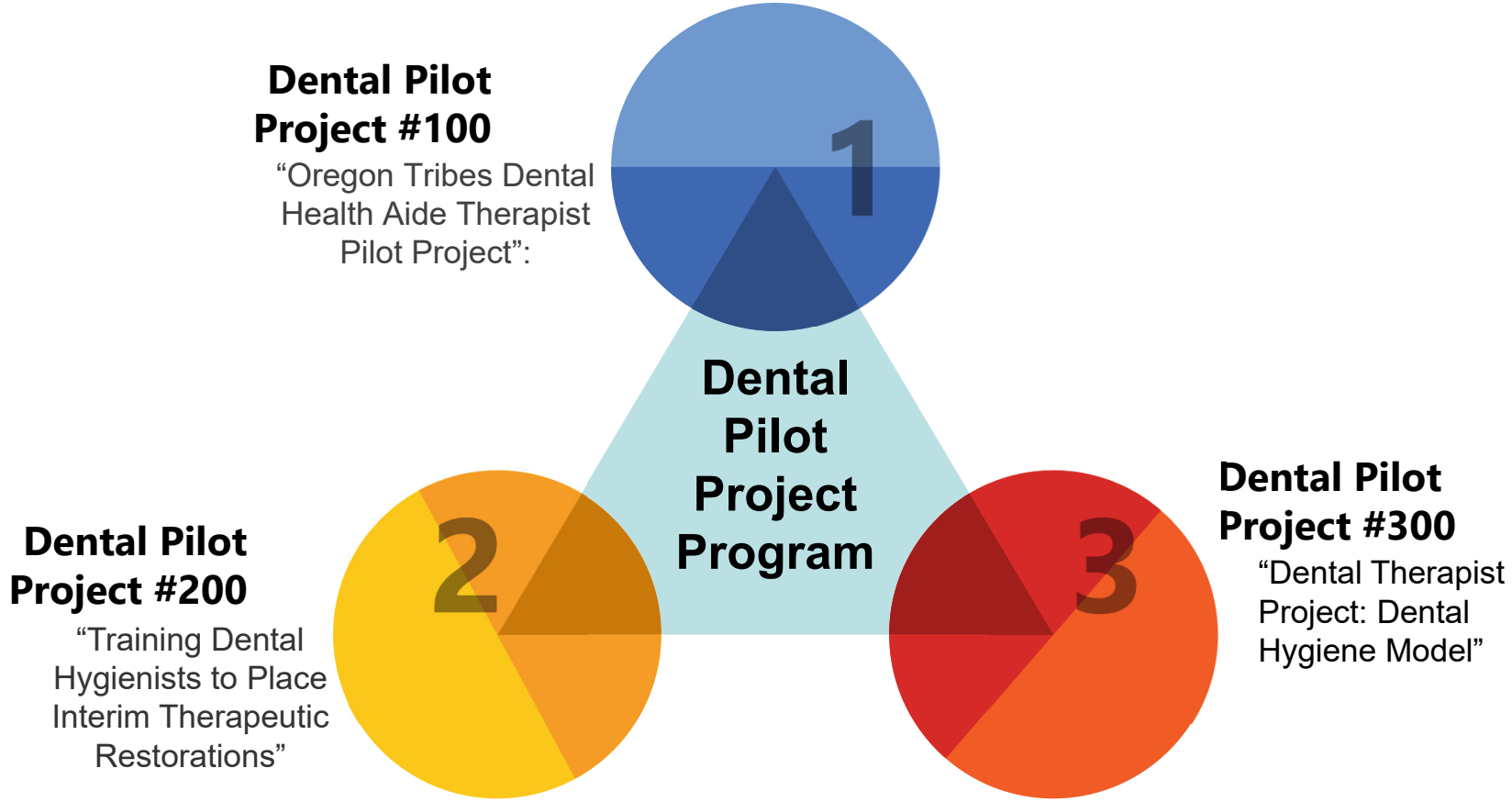
Dental Pilot Projects Program



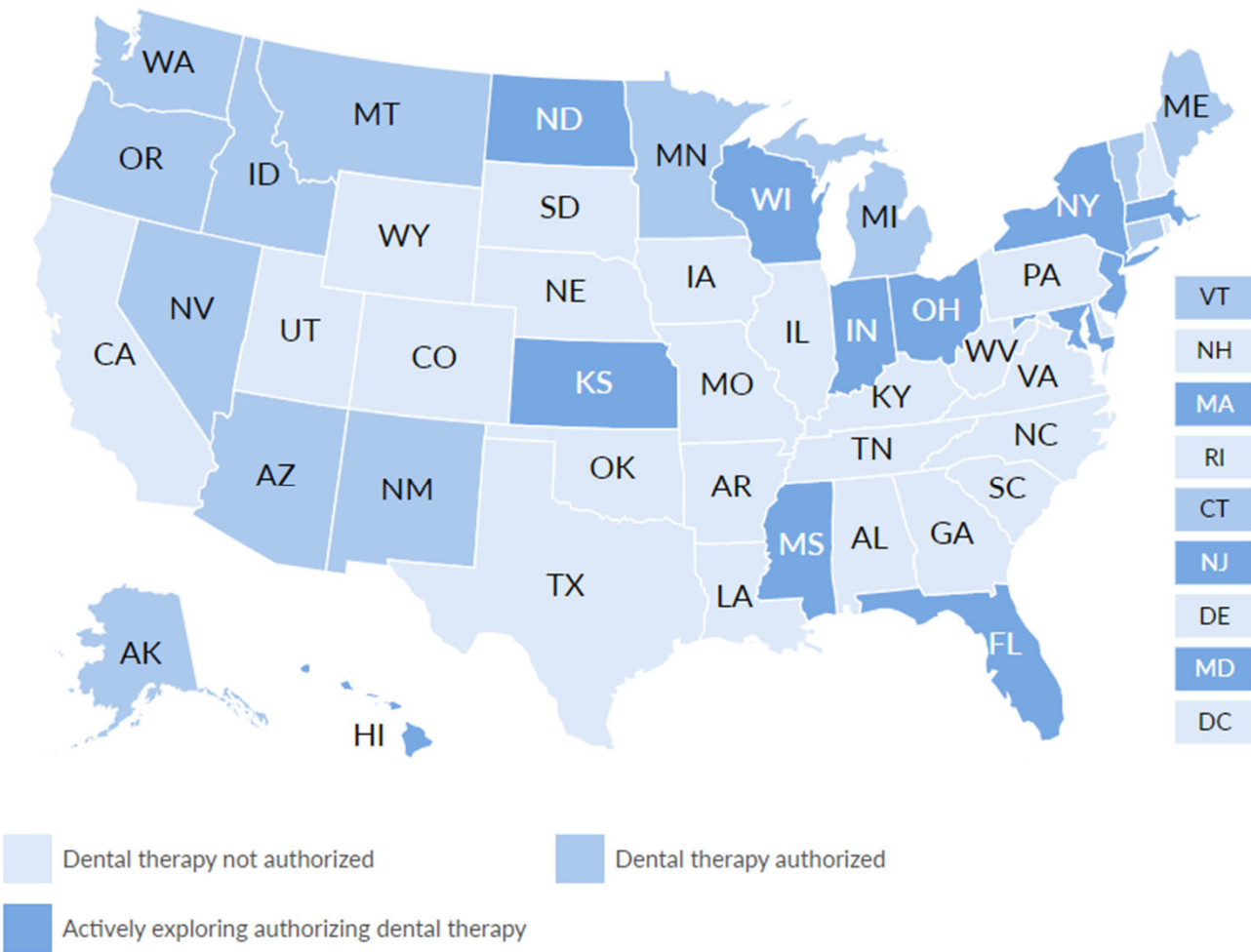
Dental Pilot Projects Program



Dental Pilot Projects Program



Dental Pilot Projects Program



13 states have authorized Dental Therapy in statute

1. Alaska*
2. Arizona
3. Connecticut
4. Idaho
5. Maine
6. Michigan
7. Minnesota
8. Montana
9. Nevada
10. New Mexico
11. Oregon
12. Vermont
13. Washington

<https://www.pewtrusts.org/en/research-and-analysis/articles/2016/09/28/states-expand-the-use-of-dental-therapy>

Dental Pilot Projects Program



Where is Dental Therapy
in Oregon today?

Dental Pilot Projects Program

S Authorization of Dental Therapy Statewide

81st OREGON LEGISLATIVE ASSEMBLY--2021 Regular Session

**Enrolled
House Bill 2528**

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT, Senator DEMBROW (Presession filed.)

CHAPTER

AN ACT

Relating to dental therapy; creating new provisions; amending ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 to 12 of this 2021 Act are added to and made a part of ORS chapter 679.

SECTION 2. As used in sections 2 to 12 of this 2021 Act:

(1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.

(2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.

(3) "Dentist" means a person licensed to practice dentistry under this chapter.

SECTION 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

(a) Is at least 18 years of age;

(b) Submits to the board a completed application form;

(c) Demonstrates the completion of a dental therapy education program;

(d) Passes an examination described in section 4 of this 2021 Act; and

(e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

OREGON

- Campaign for Dental Therapy in the State (Active or Prior) Yes
- Authorization of Dental Therapy Statewide
- Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute No
- Dental Therapist Supervision Level by Dentist General
- Population/Setting Restrictions on DT Practice Both
- Dental Therapists Practicing in the State Yes

Dental Pilot Projects Program

Collaborative Agreement Required

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

- (a) The level of supervision required for each procedure performed by the dental therapist;
- (b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;
- (c) The practice settings in which the dental therapist may provide care;
- (d) Any limitation on the care the dental therapist may provide;
- (e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
- (f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;
- (g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;
- (h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;
- (i) Protocols for the dispensation and administration of drugs, as described in section 9 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;
- (j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

Dental Pilot Projects Program

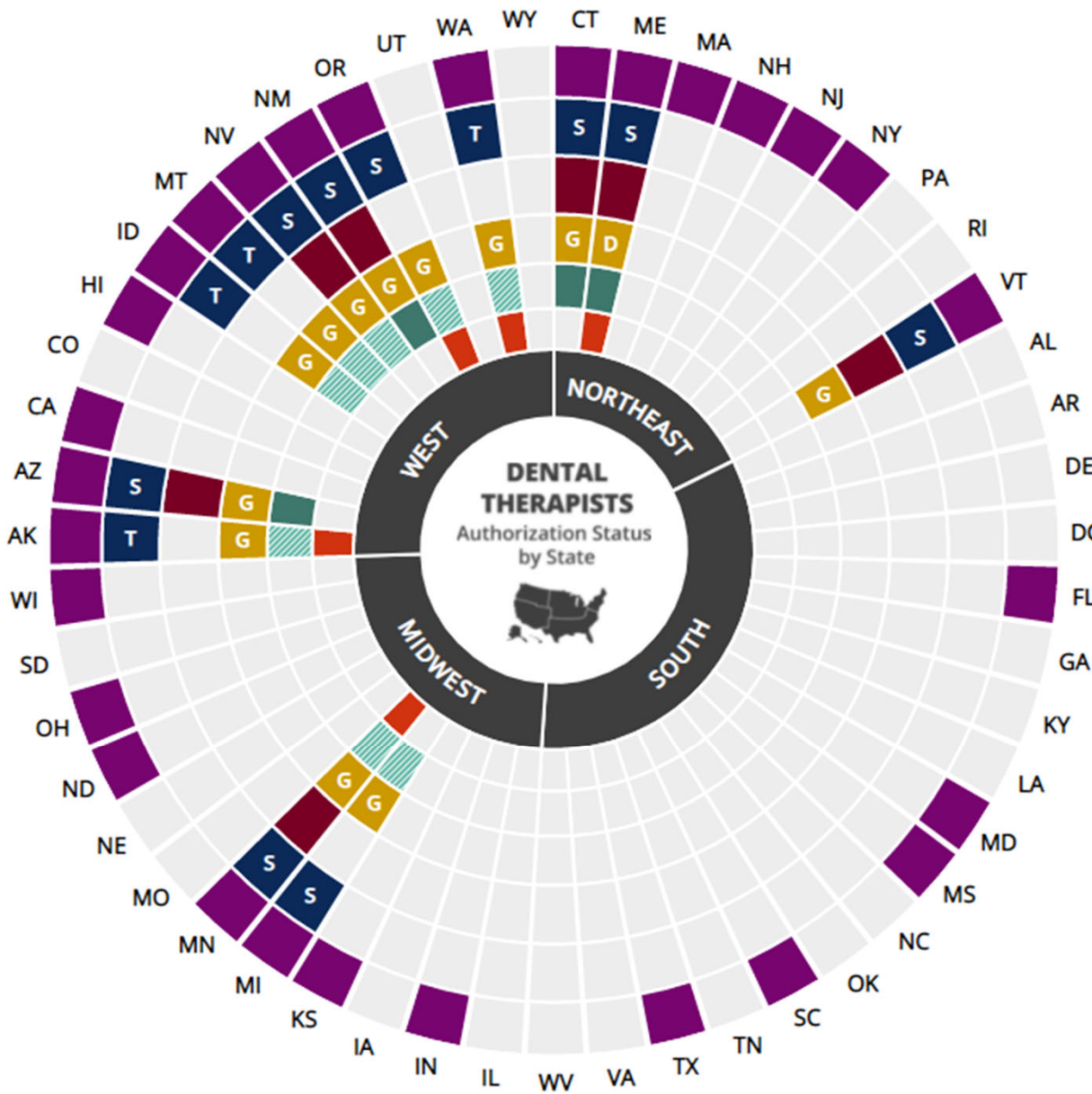
Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute
No

- No dental hygiene requirement for licensure for licensure in Oregon
- Prior to 2025, demonstrates the completion of a dental therapy education program;
- In 2025, must graduate from a CODA accredited program or have been a trainee who completed their educational program under a Dental Pilot Project.

OREGON

- Campaign for Dental Therapy in the State (Active or Prior)
Yes
- Authorization of Dental Therapy
Statewide
- Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute
No
- Dental Therapist Supervision Level by Dentist
General
- Population/Setting Restrictions on DT Practice
Both
- Dental Therapists Practicing in the State
Yes

Dental Pilot Projects Program




- 2 states do not require dental hygiene degree; dental therapist of all education models may practice statewide (Oregon & Michigan)
- 4 states that do not require dental hygiene degree; limit practice to tribal locations only (Alaska, Idaho, Montana, Washington)
- 7 states that require dental hygiene degree; may practice statewide (Arizona, Connecticut, Minnesota, Nevada, New Mexico, Maine, Vermont)



Dental Pilot Projects Program

Types of Supervision

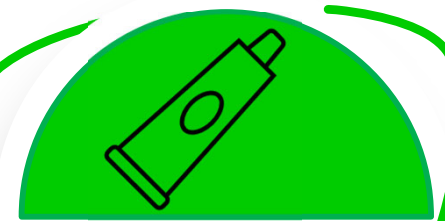
General



Dentist not required on site

The 'General' supervision icon features a dark blue rounded rectangle at the top with the word 'General' in white. Below it is a white circle containing a dark blue semi-circle with a white toothbrush icon. The text 'Dentist not required on site' is centered below the circle. The entire graphic is framed by a dark blue outline with three small circles at the top, bottom-left, and bottom-right.

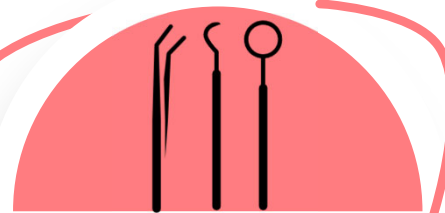
Indirect



Dentist must remain on site.

The 'Indirect' supervision icon features a green rounded rectangle at the top with the word 'Indirect' in white. Below it is a white circle containing a green semi-circle with a white dental X-ray icon. The text 'Dentist must remain on site.' is centered below the circle. The entire graphic is framed by a green outline with three small circles at the top, bottom-left, and bottom-right.

Direct



Dentist must remain in operatory during treatment

The 'Direct' supervision icon features a red rounded rectangle at the top with the word 'Direct' in white. Below it is a white circle containing a red semi-circle with three black dental instrument icons. The text 'Dentist must remain in operatory during treatment' is centered below the circle. The entire graphic is framed by a red outline with three small circles at the top, bottom-left, and bottom-right.

Dental Pilot Projects Program

G Dental Therapist Supervision Level by Dentist
General

OREGON

- Campaign for Dental Therapy in the State (Active or Prior) Yes
- Authorization of Dental Therapy Statewide
- Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute No
- Dental Therapist Supervision Level by Dentist General
- Population/Setting Restrictions on DT Practice Both
- Dental Therapists Practicing in the State Yes

- Dental prophylaxis, including subgingival scaling and polishing procedures
- Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth
- Emergency palliative treatment of dental pain
- Preparation and placement of direct restoration in primary and permanent teeth
- Fabrication and placement of single-tooth temporary crowns
- Preparation and placement of preformed crowns on primary teeth
- Indirect pulp capping on permanent and primary teeth
- Atraumatic restorative therapy and interim restorative therapy
- Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization
- The dispensation and oral or topical administration of nonnarcotic analgesics, anti-inflammatories and antibiotics
- Other services as specified by the Oregon Board of Dentistry by rule.

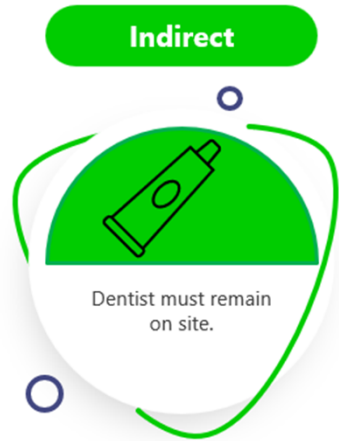


Dental Pilot Projects Program

Dental Therapist Supervision Level by Dentist Indirect

OREGON	
	Campaign for Dental Therapy in the State (Active or Prior) Yes
	Authorization of Dental Therapy Statewide
	Mandated Dual Dental Hygiene and/or Degree Requirement in State Statute No
	Dental Therapist Supervision Level by Dentist General
	Population/Setting Restrictions on DT Practice Both
	Dental Therapists Practicing in the State Yes

- Placement of temporary restorations
- Fabrication of soft occlusal guards
- Tissue reconditioning and soft reline
- Tooth reimplantation and stabilization
- Recementing of permanent crowns
- Pulpotomies on primary teeth
- Simple extractions of: (A) Erupted posterior primary teeth; and (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss
- Brush biopsies
- Direct pulp capping on permanent teeth



Dental Pilot Projects Program

Dental Therapy is Authorized by State Law

Minnesota: Advanced Dental Therapist, (Signed into Law, 2009)

- May be dually licensed as a RDH and ADT
- ADT services can be provided under general supervision
- An ADT may perform all the services a dental therapist provides and the following procedures, pursuant to a written collaborative management agreement with a dentist:
 - Oral assessment and treatment planning.
 - Routine, nonsurgical extractions of certain diseased teeth.

Maine: Dental Hygiene Therapist, (Signed into Law, 2014; Amended, 2019)

- Preventive and restorative scope
- Licensure required, dually licensed as DHT and RDH
- Direct supervision by a licensed dentist and a written practice agreement is required
- Amendment aligned education with CODA standards

Vermont: Dental Therapist, (Signed into Law, 2016)

- General supervision by a licensed dentist and collaborative agreement is required
- Preventive and restorative scope
- Licensure required
- Must be dually licensed

Washington: Dental Health Aide Therapist, (Signed into Law, 2017)

- Limited to Tribal lands
- Not CODA Accredited

Arizona: Dental Therapist, (Signed into Law, 2018)

- Preventive and restorative scope
- Licensure required, must be dually licensed
- Allows dental therapists to work under direct supervision OR pursuant to a collaborative practice agreement after practicing 1,000 hours under direct supervision
- Requires that dental therapists perform nonsurgical extractions of permanent teeth only under direct supervision

Michigan: Dental Therapist, (Signed into Law, 2018)

- Preventive and restorative scope
- Licensure required
- Allows dental therapists to practice under general supervision of a dentist and through a written agreement after practicing 500 clinical hours under direct supervision

New Mexico: Dental Therapist, (Signed into Law, 2019)

- Preventive and restorative scope
 - Full scope requires completing a dental therapy post-graduate clinical experience approved by the Board
- Licensure required, must be dually licensed
- General supervision by a licensed dentist and dental therapy practice agreement
- Tribes exempt

Idaho: Dental Therapist, (Signed into Law, 2019)

- Limited to Tribal Lands
- Must graduate from CODA accredited program
- Not full scope, supervision to be determined by negotiated rulemaking

Montana: Community Health Aide Program, (Signed into Law, 2019)

- Limited to tribal land
- Not CODA accredited
- No extractions or invasive procedures

Nevada: Dental Therapist (Signed into Law, 2019)

- Preventive and restorative scope
- Licensure required, must be dually licensed
- Must obtain Public Health Dental Hygiene Endorsement
- May practice under written practice agreement following completion of 500, 1000 or 1,500 hours of clinical practice, depending on experience

Connecticut: Dental Therapist (Signed into Law, 2019)

- Preventive and restorative scope
- Licensed as RDH; certified as dental therapist
- May practice under collaborative agreement after completing 1,000 clinical hours under direct supervision and complete 6 hours of CE related to dental therapy

Statutes not uniform state to state

Dental Pilot Projects Program

Population/Setting Restrictions on DT Practice
Both

51%

- Patients who represent underserved populations, as defined by the Oregon Health Authority
- Patients located in dental care health professional shortage areas

OREGON

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Statewide
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No
- Dental Therapist Supervision Level by Dentist
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- Dental Therapists Practicing in the State
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Dental Pilot Projects Program

Patients who represent underserved populations

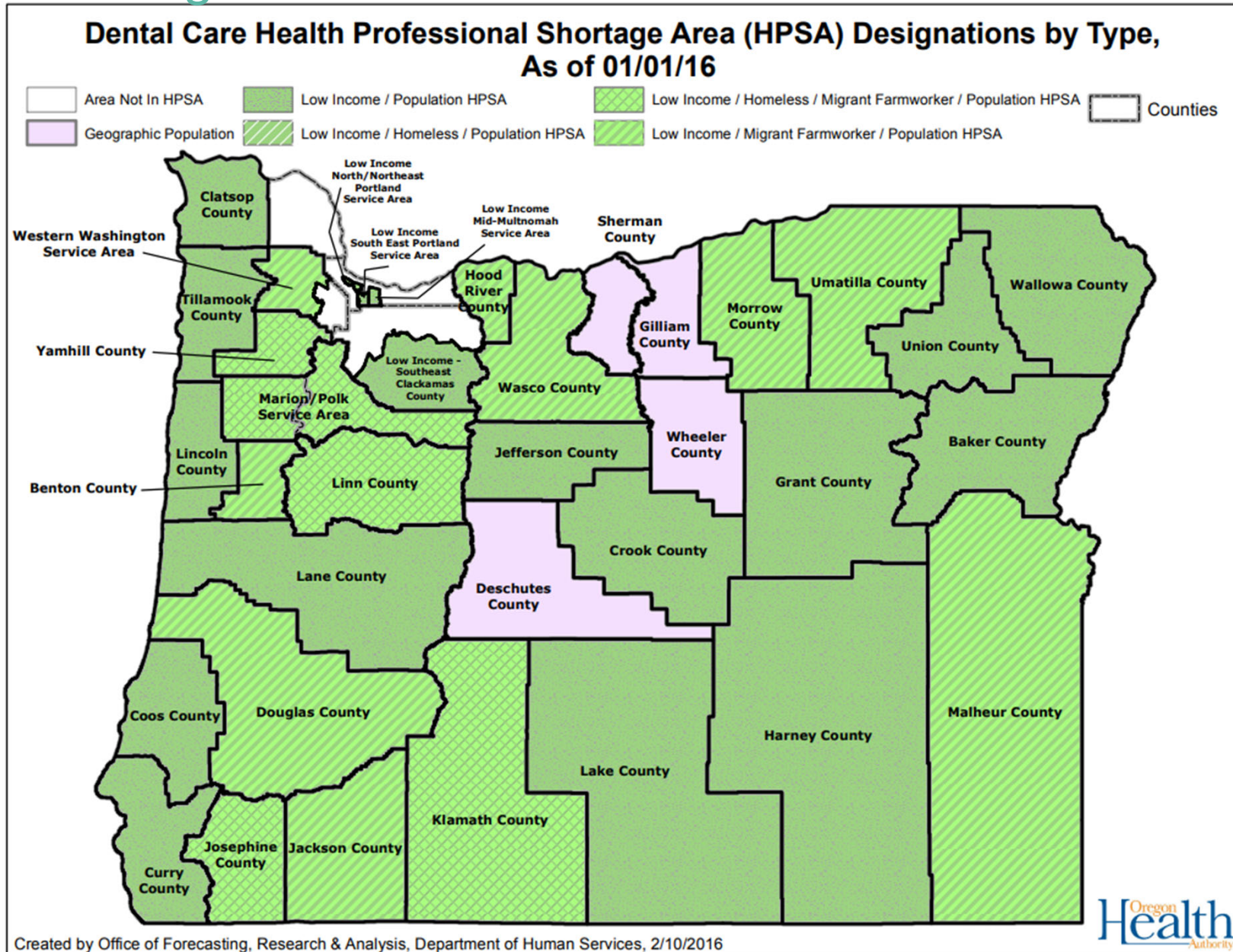
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Dental Services Underserved Population Definition

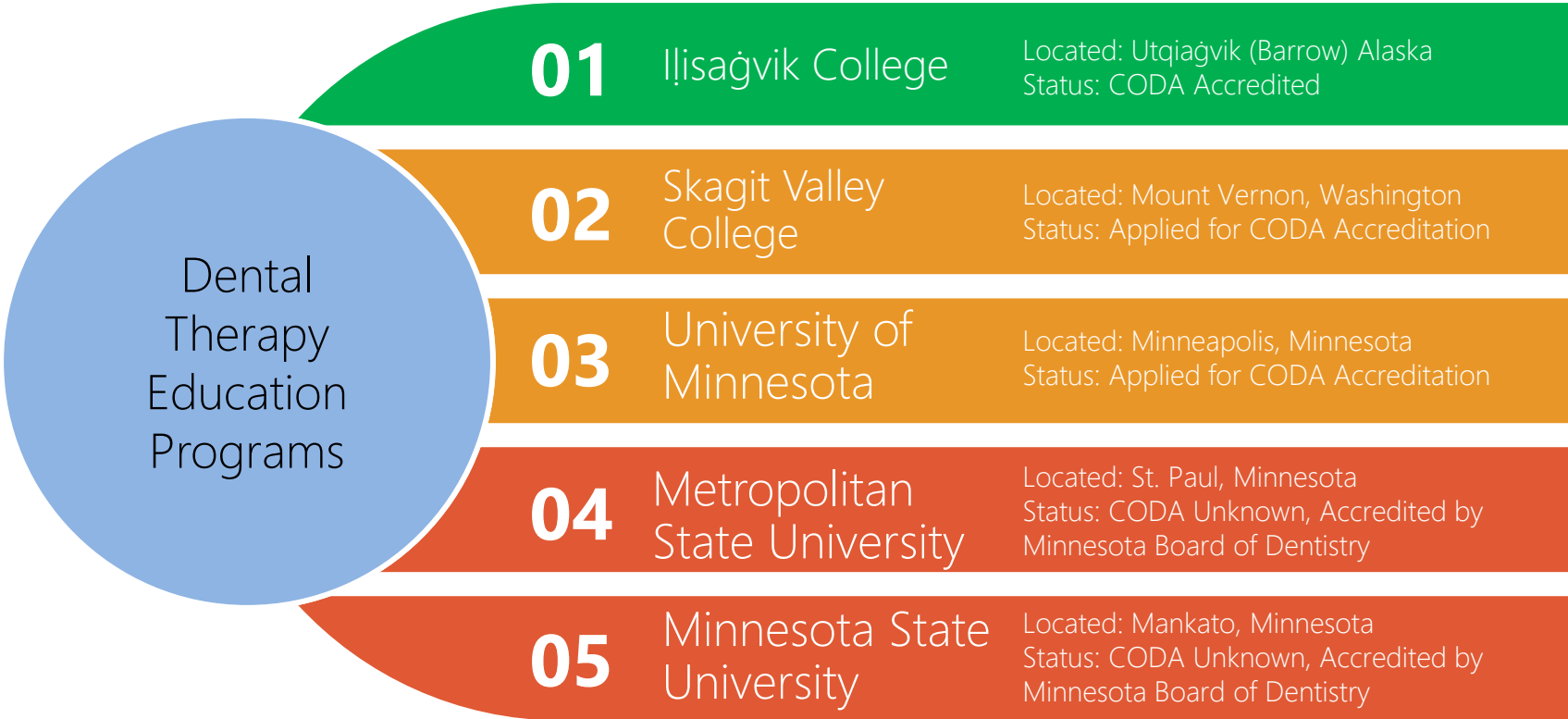
For the purposes of Chapter 530, Oregon Laws 2021, the term “Underserved Population” refers to populations experiencing a shortage of dental health services due to systemic inequities causing an inability to pay, lack of access to culturally responsive, linguistically appropriate, and comprehensive care, or other inequities for reasons of race, ethnicity, national origin, language, disability, age, gender, gender identity, sexual orientation, socioeconomic class, religion, intersections among these communities or identities, or other socially determined circumstances. These populations include, but are not limited to:

- (1) Latino/a/x populations;
- (2) Black or African American populations;
- (3) American Indian/Alaska Native populations;
- (4) Asian populations;
- (5) Middle Eastern and North African populations;
- (6) Native Hawaiian and Pacific Islander populations;
- (7) Slavic and Eastern European populations;
- (8) Immigrants and Refugees;
- (9) Individuals with limited English proficiency (LEP);
- (10) Persons with disabilities;
- (11) LGBTQ+ populations;
- (12) Pregnant women, new mothers, and women with children;
- (13) Individuals transitioning out of incarceration;
- (14) Members of religious minorities;
- (15) People experiencing unstable housing/houselessness/homelessness;
- (16) Migrant and seasonal farmworkers, and related family members;
- (17) Young adults and postsecondary graduating students who do not have coverage options through a parent's plan, a student plan, or an employer plan;
- (18) Government program-eligible consumers, regardless of whether they are actually enrolled in the program, including those eligible for OHP, Cover All Kids/Cover All Oregonians, DHS foster children;
- (19) Uninsured or under-insured individuals, including those receiving coverage through community-based programs or funds; or
- (20) Other populations not listed above experiencing inequities.

Patients located in dental care health professional shortage areas



Dental Pilot Projects Program

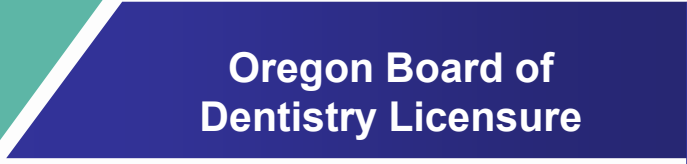


Dental Pilot Projects Program

HB2528 exempts federally certified dental health aide therapists or tribally authorized dental therapist from licensure in Oregon. There are practice restrictions.



HB2528 outlines requirements for licensure of Dental Therapists by Oregon Board of Dentistry.



Federally Certified Dental Health Aide Therapist

Tribally Authorized

Licensed Dental Therapist

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- HB 2528(2021) was signed by Governor Kate Brown in July 2021. It authorizes the OBD to regulate and license Dental Therapists.
- The bill is 13 pages long.
- The scope of practice is very defined in the bill.

Enrolled

House Bill 2528

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT, Senator DEMBROW (Pre-session filed.)

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SECTION 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

- Is at least 18 years of age;
- Submits to the board a completed application form;
- Demonstrates the completion of a dental therapy education program;
- Passes an examination described in section 4 of this 2021 Act; and
- Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- The OBD created a new Committee named the “Dental Therapy Rules Oversight Committee” to help draft rules and make other recommendations to the Board.
- The Committee has held 5 meetings and its recommendations will go to the Board. The Committee will meet in the future as needed.

Chair, Yadira Martinez, RDH - OBD Representative
Sheena Kansal, DDS - OBD Representative
Jennifer Brixey - OBD Representative
Kaz Rafia, DDS OHA - Representative
Brandon Schwindt, DMD - ODA Representative
Amy Coplen, RDH - ODHA Representative
Ginny Jorgensen, CDA - ODAA Representative
Miranda Davis, DDS - DT Representative
Kari Douglass - DT Representative
Jason Mecum - DT Representative

Inaugural meeting held October 7, 2021 from 5 pm – 7 pm
Second meeting held November 10, 2021 from 5 pm - 7 pm
Third meeting held December 8, 2021 from 5 pm - 7 pm
Fourth meeting held January 19, 2022 from 5 pm - 7 pm
Fifth meeting held February 23, 2022 from 5 pm - 7 pm

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- The Board held a special Board Meeting on March 30th to address the Dental Therapy Rules Oversight Committee's recommendations and hear from CRDTS and CDCA-WREB on their clinical licensure examinations.
- The Board should at some point move the proposed dental therapy rules to public rulemaking hearings. Whether that is after the March 30 Special Board Meeting or at the April 22 Regular Board Meeting is unknown at the time this information was being compiled for this April 4 meeting.

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- Tentatively the public rulemaking hearings and open comment period on the proposed rules would occur in April and May.
- Tentatively at the June 17, 2022 Board Meeting, the Board could approve the rules and make them in effect on July 1, 2022.
- OBD staff will have all the forms, applications and process set up to start assisting dental therapy applicants with the paperwork and process.

OREGON BOARD OF DENTISTRY

DENTAL THERAPY

- The OBD should start issuing dental therapy licenses in late summer of 2022. Dental and dental hygiene license application submission and timeline is 6 – 8 weeks to be approved, if applicant is diligent in submitting accurate and complete information. This will be the same for dental therapy applicants.
- In the future - graduates of CODA accredited Dental Therapy Programs and Dental Therapists from other states will be able to apply for an Oregon license.

Any Questions or follow up please reach out to the OBD's Executive Director, Stephen Prisby at Stephen.Prisby@OBD.oregon.gov 971-673-3200

Dental Pilot Projects Program

Ten Minute Break



Dental Pilot Project #100 Update

OHA Advisory Committee
April 4, 2022

Miranda Davis, NDTI Director
Northwest Portland Area Indian Health Board



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Site Updates

- NARA
 - Kari working in context of preceptorship
- CTCLUSI
 - Naomi and Marissa working under general supervision
 - New full-time staff dentist will be starting June 2022
- Coquille (Ko-Kwel)
 - Clinic opened January/February 2022
 - Jason working under general supervision



Clinics have re-opened and resumed services after multiple COVID-related closures



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Ko-Kwel Wellness Center



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Ko-Kwel Dental Team



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Ensuring continuity of care

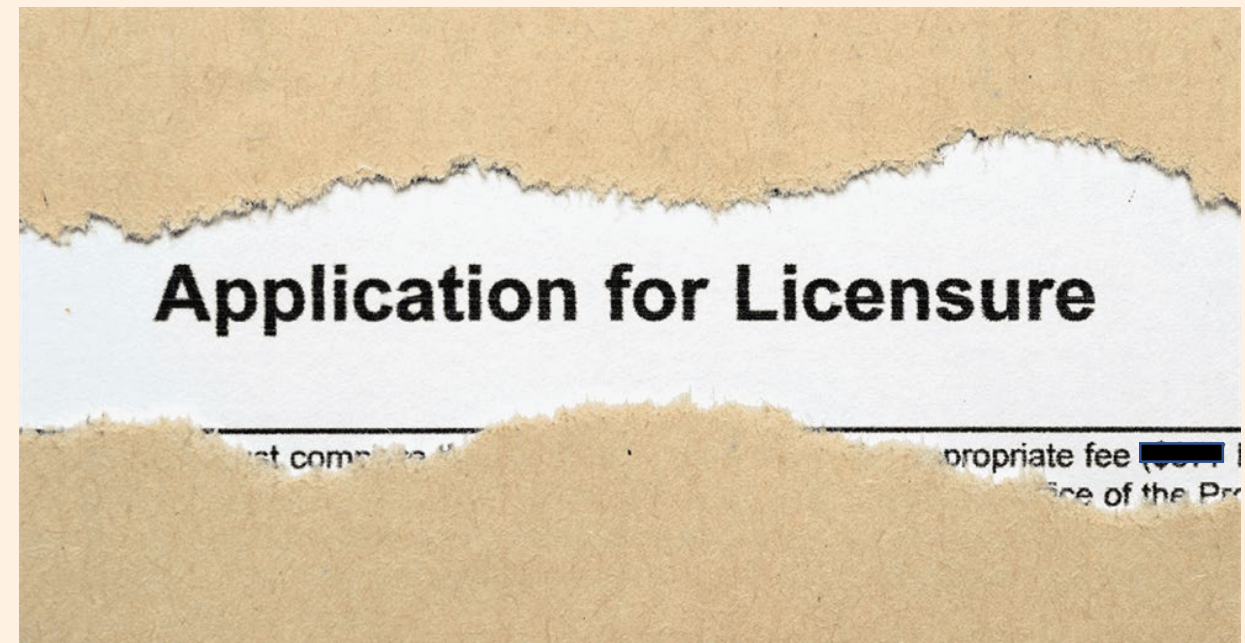
- Project #100 scheduled to end May 2022
- Dental Therapists must continue to serve their communities! But how?
 - OR state license: Not yet available
 - CHAP certification: Not yet available

Pilot Project #100 requests an extension until the dental therapists can transition to working under another oversight entity



Estimated timeline

- CHAP timeline uncertain - likely several more months at least
- OBD also several months:
 - rules process
 - exams (scheduling, prep, results)
 - licensure applications, processing
- Implementation timeline in other states has been lengthy





Pilot Project #100 expenses

Operation, evaluation, and monitoring:

- Costs to NPAIHB (project sponsor): over \$40,000 per month for required contractors and staff time
- Cost to Tribes/clinics is also significant: pilot requirements and constraints require more staff time while decreasing clinic productivity



Limited funding options

- Grant funding typically takes 12-18 months to secure.
 - Fundraising activities that start now may be available for use in 2023 or later.
 - We did not apply last year, as we did not expect to need to Continue the pilot beyond May 2022.



- Grant applications, management, and reporting are labor-intensive.
- Grant funders prefer projects with predictable timeline and cost



What if no additional funding is secured?

Tribes will be forced to pay, either by

- Losing services/care, if pilot ends
- Forfeiting funds for other programs, if pilot continues at Tribes' expense

How can this Advisory Committee provide a solution that maintains continuity of care for Tribal communities and also reduces the burden on Tribal communities?



A better option: reduce the cost

Last year, project #100 submitted a detailed request to reduce evaluation and monitoring requirements. Most of this request was denied.

But, times have changed.

Oregon has now passed legislation authorizing dental therapy.



Related considerations

- ✓ The purpose of pilot projects is to try out a new type of provider.
- ✓ We have been closely observing these providers for nearly six years within this project, and elsewhere for decades.
- ✓ They have a proven record of safety.
- ✓ The legislature has now authorized their licensure and practice beyond pilot projects.
- ✓ Quarterly project reports have been consistent and repetitive.
- ✓ With the provider type being tested and proven, and legislation passed, there is less need for quarterly reporting and other pieces of the current evaluation and monitoring plan.



Request:

We respectfully request that OHA and the Advisory Committee for Pilot Project #100 reconsider the evaluation and monitoring modification that was submitted in 2021.

If that modification request is approved, the cost to operate the pilot project will be significantly reduced.

This solution allows Tribes to continue to receive care from their providers while reducing the burden of the project.



Thank you!

Miranda Davis, DDS, MPH
NDTI Project Director
NPAIHB
mdavis@npaihb.org
www.tchpp.org



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



Dental Pilot Projects Program

Project Modification Approval & Denial Process

313-010-0800

Dental Pilot Projects: Project Modifications

(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:

- (a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;
- (b) Addition of employment/utilization sites; and
- (c) Changes in the scope of practice for trainees.

(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.

(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.

(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.

(5) The Authority may approve or deny a request for modification. A modification may be denied if:

- (a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;
- (b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;

(c) As a result of the modification, the project would no longer demonstrate that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis; or

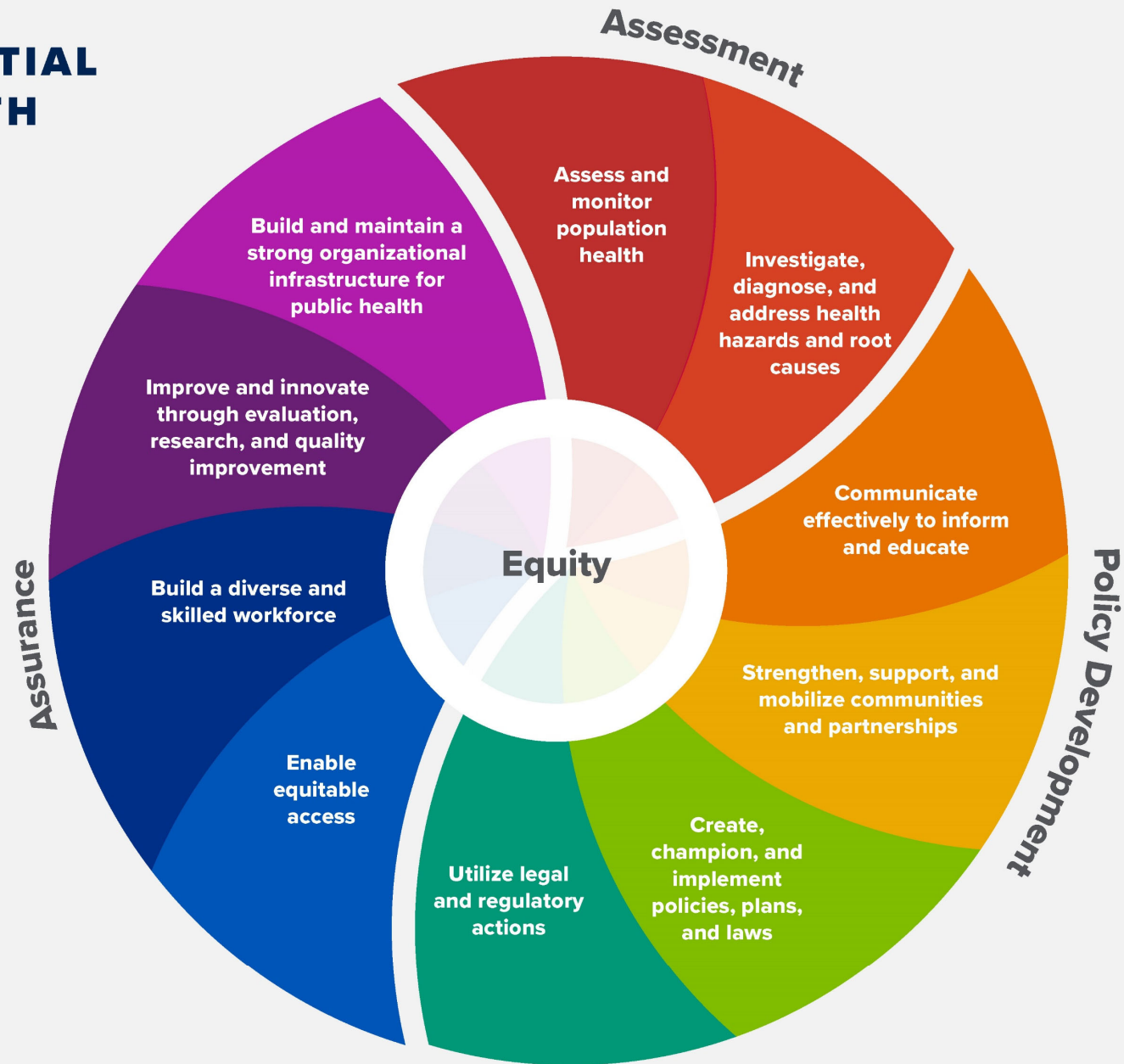
(d) The Authority has previously approved a similar project.

(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

Oral Health Program

Addressing Oral Health Equity in Oregon & Increasing Access to Care

- Dental Pilot Projects (access to care)
- School Dental Sealant Programs (access to care)
- Oregon Oral Health Surveillance System - e.g. Smile Survey, Student Health Survey, Behavioral Risk Factor Surveillance System (BRFSS), etc. (understanding health disparities)
- **Workforce Development (access to care)**
- OHA staff receiving health equity training (support systems, policies, programs in having a health equity framework)
- Community Engagement (key stakeholders who represent the community involved in decision making)
- Many, many other initiatives in place to increase access to care!

Access



Oral Health Program



Workforce Development



Dental Therapy
Implementation
Workgroups

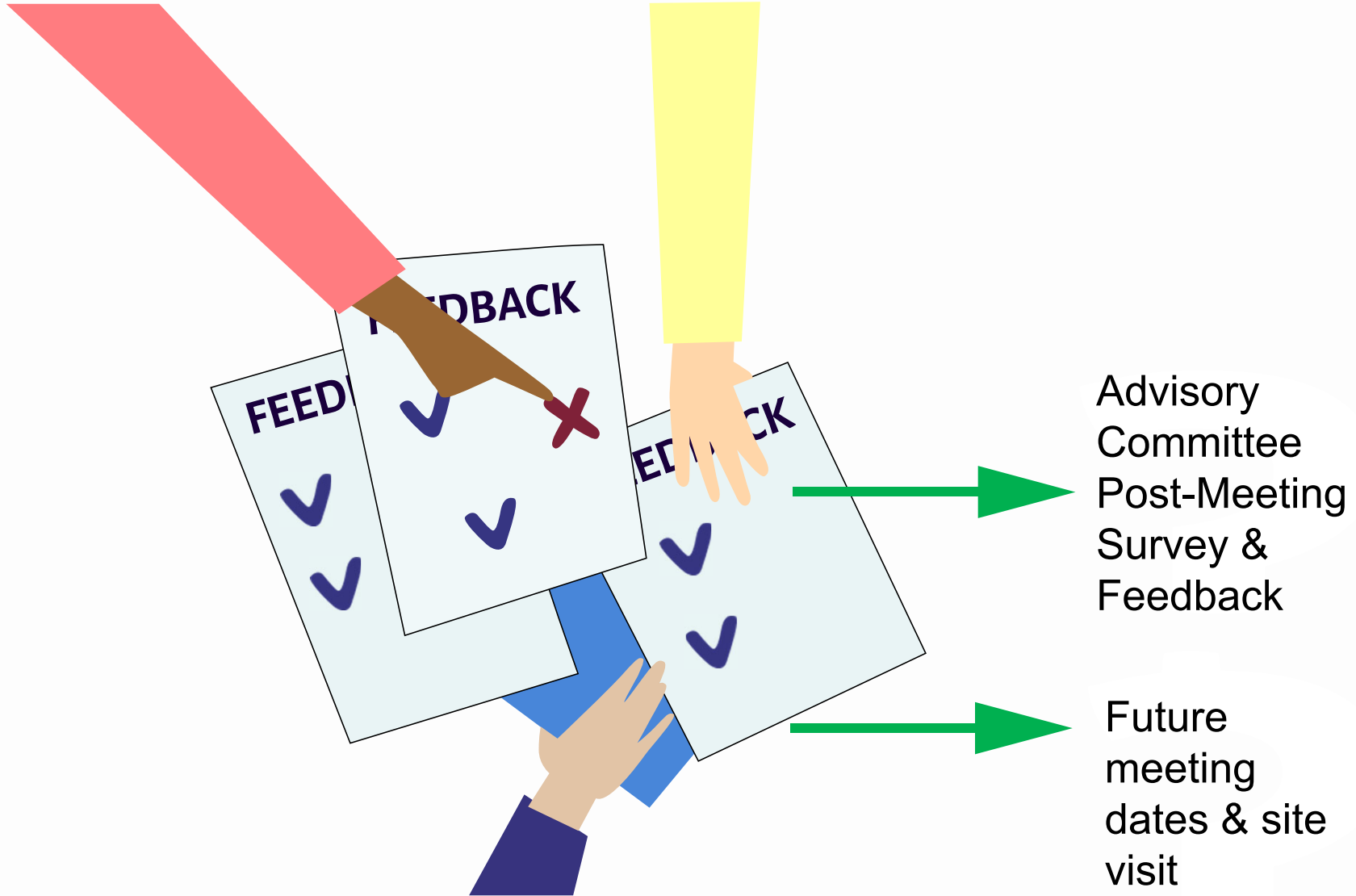
Education
Workgroup



Toolkit
Workgroup



Dental Pilot Projects Program



Dental Pilot Projects Program



PUBLIC COMMENT

- If you want to provide public comment, please:
 - Click on the “raise hand” icon under the reactions tab or
 - Type in the chat box that you would like to provide public comment
- Individuals are limited to 1.5 - 2 minutes
- E-mail: oral.health@state.or.us

Enrolled
House Bill 2528

Sponsored by Representatives SANCHEZ, BYNUM; Representatives ALONSO LEON, CAMPOS, DEXTER, MEEK, PRUSAK, SOLLMAN, WILLIAMS, WITT, Senator DEMBROW (Pre-session filed.)

CHAPTER

AN ACT

Relating to dental therapy; creating new provisions; amending ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 to 12 of this 2021 Act are added to and made a part of ORS chapter 679.

SECTION 2. As used in sections 2 to 12 of this 2021 Act:

(1) "Collaborative agreement" means a written and signed agreement entered into between a dentist and a dental therapist under section 8 of this 2021 Act.

(2) "Dental pilot project" means an Oregon Health Authority dental pilot project developed and operated by the authority.

(3) "Dentist" means a person licensed to practice dentistry under this chapter.

SECTION 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates the completion of a dental therapy education program;
- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

SECTION 3a. Section 3 of this 2021 Act is amended to read:

Sec. 3. (1) The Oregon Board of Dentistry shall issue a license to practice dental therapy to an applicant who:

- (a) Is at least 18 years of age;
- (b) Submits to the board a completed application form;
- (c) Demonstrates:

(A) The completion of a dental therapy education program that is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization, and approved by the board by rule; or

(B) That the applicant is or was a participant in a dental pilot project;

- (d) Passes an examination described in section 4 of this 2021 Act; and
- (e) Pays the application and licensure fees established by the board.

(2)(a) An individual who completed a dental therapy education program in another state or jurisdiction may apply for licensure under this section if the dental therapy education program is accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor organization.

(b) The board shall determine whether the training and education of an applicant described in this subsection is sufficient to meet the requirements of subsection (1) of this section.

(3) If an applicant holds a current or expired authorization to practice dental therapy issued by another state, the federal government or a tribal authority, the applicant shall include with the application a copy of the authorization and an affidavit from the dental regulatory body of the other jurisdiction that demonstrates the applicant was authorized to practice dental therapy in that jurisdiction.

SECTION 4. (1)(a) **The Oregon Board of Dentistry may require an applicant for a license to practice dental therapy to pass written, laboratory or clinical examinations to test the professional knowledge and skills of the applicant.**

(b) The examinations may not be affiliated with or administered by a dental pilot project or a dental therapy education program described in section 3 of this 2021 Act.

(c) The examinations must:

(A) Be elementary and practical in character, and sufficiently thorough to test the fitness of the applicant to practice dental therapy;

(B) Be written in English; and

(C) Include questions on subjects pertaining to dental therapy.

(2) **If a test or examination was taken within five years of the date of application and the applicant received a passing score on the test or examination, as established by the board by rule, the board:**

(a) To satisfy the written examination authorized under this section, may accept the results of national standardized examinations.

(b) To satisfy the laboratory or clinical examination authorized under this section:

(A) Shall accept the results of regional and national testing agencies or clinical board examinations administered by other states; and

(B) May accept the results of board-recognized testing agencies.

(3) The board shall accept the results of regional and national testing agencies or of clinical board examinations administered by other states, and may accept results of board-recognized testing agencies, in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dental therapy in Oregon, another state, the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a period of at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure.

(4) The board shall establish rules related to reexamination for an applicant who fails an examination.

SECTION 5. **The Oregon Board of Dentistry may refuse to issue or renew a license to practice dental therapy if the applicant or licensee:**

(1) Subject to ORS 670.280, has been convicted of a violation of the law. A certified copy of the record of conviction is conclusive evidence of conviction.

(2) Has been disciplined by a state licensing or regulatory agency of this state or another state regarding a health care profession if, in the judgment of the board, the acts or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the applicant or licensee to practice dental therapy in accordance with sections 2 to 12 of this 2021 Act. A certified copy of the disciplinary action is conclusive evidence of the disciplinary action.

(3) Has falsified an application for issuance or renewal of licensure.

(4) Has violated any provision of sections 2 to 12 of this 2021 Act or a rule adopted under sections 2 to 12 of this 2021 Act.

SECTION 6. (1) A person may not practice dental therapy or assume or use any title, words or abbreviations, including the title or designation “dental therapist,” that indicate that the person is authorized to practice dental therapy unless the person is licensed under section 3 of this 2021 Act.

(2) Subsection (1) of this section does not prohibit:

(a) The practice of dental therapy by a health care provider performing services within the health care provider’s authorized scope of practice.

(b) The practice of dental therapy in the discharge of official duties on behalf of the United States government, including but not limited to the Armed Forces of the United States, the United States Coast Guard, the United States Public Health Service, the United States Bureau of Indian Affairs or the United States Department of Veterans Affairs.

(c) The practice of dental therapy pursuant to an educational program described in section 3 of this 2021 Act.

(d) A dental therapist authorized to practice in another state or jurisdiction from making a clinical presentation sponsored by a bona fide dental or dental therapy association or society or an accredited dental or dental therapy education program approved by the Oregon Board of Dentistry.

(e) Bona fide students of dental therapy from engaging in clinical studies during the period of their enrollment and as a part of the course of study in a dental therapy education program described in section 3 (1) of this 2021 Act. The clinical studies may be conducted on the premises of the program or in a clinical setting located off the premises. The facility, instructional staff and course of study at an off-premises location must meet minimum requirements established by the board by rule. The clinical studies at the off-premises location must be performed under the indirect supervision of a member of the program faculty.

(f) Bona fide full-time students of dental therapy, during the period of their enrollment and as a part of the course of study in a dental therapy education program located outside of Oregon that is accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, from engaging in community-based or clinical studies as an elective or required rotation in a clinical setting located in Oregon, if the community-based or clinical studies meet minimum requirements established by the board by rule and are performed under the indirect supervision of a member of the faculty of the Oregon Health and Science University School of Dentistry.

(g) The performance of duties by a federally certified dental health aide therapist or tribally authorized dental therapist in a clinic operated by the Indian Health Service, including, as described in 25 U.S.C. 1603, an Indian Health Service Direct Service Tribe clinic, a clinic operated under an Indian Self-Determination and Education Assistance Act of 1975 (P.L. 93-638) contract or a clinic operated under an urban Indian organization.

SECTION 7. (1) The Oregon Board of Dentistry may impose nonrefundable fees for the following:

(a) Application for licensure;

(b) Examinations;

- (c) Biennial dental therapy licenses, both active and inactive;
- (d) Licensure renewal fees;
- (e) Permits; and
- (f) Delinquency.

(2) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges, the fees and charges established under sections 2 to 12 of this 2021 Act may not exceed the cost of administering sections 2 to 12 of this 2021 Act as authorized by the Legislative Assembly within the Oregon Board of Dentistry budget and as modified by the Emergency Board.

(3)(a) The Oregon Board of Dentistry may waive a license fee for a licensee who provides to the board satisfactory evidence that the licensee has discontinued the practice of dental therapy because of retirement.

(b) A licensee described in this subsection may apply to the board for reinstatement of the license pursuant to rules adopted by the board. An application under this paragraph must include a fee. If the licensee has been retired or inactive for more than one year from the date of application, the licensee shall include with the application satisfactory evidence of clinical competence, as determined by the board.

(4)(a) A license to practice dental therapy is valid for two years and may be renewed. A licensee shall submit to the board an application for renewal and payment of the fee.

(b) A dental therapist issued a license in an even-numbered year must apply for renewal by September 30 of each even-numbered year thereafter. A dental therapist issued a license in an odd-numbered year must apply for renewal by September 30 of each odd-numbered year thereafter.

(c) The board may charge a reasonable fee if the application for renewal or the fee is submitted more than 10 days delinquent.

(5) A dental therapist shall inform the board of a change of the dental therapist's address within 30 days of the change.

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

(a) The level of supervision required for each procedure performed by the dental therapist;

(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in section 9 of this 2021 Act, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.

SECTION 9. (1) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:

(a) Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider;

(b) Comprehensive charting of the oral cavity;

(c) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;

(d) Exposing and evaluation of radiographic images;

(e) Dental prophylaxis, including subgingival scaling and polishing procedures;

(f) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

(g) Administering local anesthetic;

(h) Pulp vitality testing;

(i) Application of desensitizing medication or resin;

(j) Fabrication of athletic mouth guards;

(k) Changing of periodontal dressings;

(L) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;

(m) Emergency palliative treatment of dental pain;

(n) Preparation and placement of direct restoration in primary and permanent teeth;

(o) Fabrication and placement of single-tooth temporary crowns;

(p) Preparation and placement of preformed crowns on primary teeth;

- (q) Indirect pulp capping on permanent teeth;
 - (r) Indirect pulp capping on primary teeth;
 - (s) Suture removal;
 - (t) Minor adjustments and repairs of removable prosthetic devices;
 - (u) Atraumatic restorative therapy and interim restorative therapy;
 - (v) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization;
 - (w) Removal of space maintainers;
 - (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
 - (y) Other services as specified by the Oregon Board of Dentistry by rule.
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
- (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft reline;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.

(3) The dentist described in subsection (2) of this section shall review a procedure described in subsection (2) of this section that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

(4)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to perform the services provided by the dental assistant or expanded function dental assistant.

(b) A dental therapist may supervise up to two individuals under this subsection.

SECTION 10. (1) A dental therapist may perform the procedures listed in section 9 of this 2021 Act so long as the procedures are included in an education program described in section 3 (1) of this 2021 Act or the dental therapist has received additional training in the procedure approved by the Oregon Board of Dentistry.

(2) A dental therapist shall purchase and maintain liability insurance as determined sufficient by the board.

(3) A dental therapist shall dedicate at least 51 percent of the dental therapist's practice to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

SECTION 11. A person licensed under section 3 of this 2021 Act is subject to the provisions of ORS 679.140.

SECTION 12. The Oregon Board of Dentistry shall adopt rules necessary to administer sections 2 to 12 of this 2021 Act. In adopting rules under this section, the board shall consult with dental therapists and organizations that represent dental therapists in this state.

SECTION 13. ORS 679.010 is amended to read:

679.010. As used in this chapter and ORS 680.010 to 680.205, unless the context requires otherwise:

(1) “Dental assistant” means a person who, under the supervision of a dentist **or dental therapist**, renders assistance to a dentist, **dental therapist**, dental hygienist, dental technician or another dental assistant or who, under the supervision of a dental hygienist, renders assistance to a dental hygienist providing dental hygiene.

(2) “Dental hygiene” is that portion of dentistry that includes, but is not limited to:

(a) The rendering of educational, preventive and therapeutic dental services and diagnosis and treatment planning for such services;

(b) Prediagnostic risk assessment, scaling, root planing, curettage, the application of sealants and fluoride and any related intraoral or extraoral procedure required in the performance of such services; and

(c) Prescribing, dispensing and administering prescription drugs for the services described in paragraphs (a) and (b) of this subsection.

(3) “Dental hygienist” means a person who, under the supervision of a dentist, practices dental hygiene.

(4) “Dental technician” means a person who, at the authorization of a dentist, makes, provides, repairs or alters oral prosthetic appliances and other artificial materials and devices that are returned to a dentist and inserted into the human oral cavity or that come in contact with its adjacent structures and tissues.

(5) “Dental therapist” means a person licensed to practice dental therapy under section 3 of this 2021 Act.

(6) “Dental therapy” means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under section 9 of this 2021 Act.

~~[(5)]~~ (7) “Dentist” means a person who may perform any intraoral or extraoral procedure required in the practice of dentistry.

~~[(6)]~~ (8) “Dentist of record” means a dentist that either authorizes treatment for, supervises treatment of or provides treatment for a patient in a dental office or clinic owned or operated by an institution as described in ORS 679.020 (3).

~~[(7)(a)]~~ (9)(a) “Dentistry” means the healing art concerned with:

(A) The examination, diagnosis, treatment planning, treatment, care and prevention of conditions within the human oral cavity and maxillofacial region, and of conditions of adjacent or related tissues and structures; and

(B) The prescribing, dispensing and administering of prescription drugs for purposes related to the activities described in subparagraph (A) of this paragraph.

(b) “Dentistry” includes, but is not limited to:

(A) The cutting, altering, repairing, removing, replacing or repositioning of hard or soft tissues and other acts or procedures as determined by the Oregon Board of Dentistry and included in the curricula of:

(i) Dental schools accredited by the Commission on Dental Accreditation of the American Dental Association;

(ii) Post-graduate training programs; or

(iii) Continuing education courses.

(B) The prescription and administration of vaccines.

~~[(8)]~~ (10) “Direct supervision” means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

~~[(9)]~~ (11) “Expanded practice dental hygienist” means a dental hygienist who performs dental hygiene services in accordance with ORS 680.205 as authorized by an expanded practice dental hygienist permit issued by the board under ORS 680.200.

~~[(10)]~~ (12) “General supervision” means supervision requiring that a dentist authorize the procedures by standing orders, practice agreements or collaboration agreements, but not requiring that

a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

[(11)] (13) "Indirect supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

SECTION 14. ORS 679.140 is amended to read:

679.140. (1) The Oregon Board of Dentistry may discipline as provided in this section any person licensed to practice dentistry in this state for any of the following causes:

(a) Conviction of any violation of the law for which the court could impose a punishment if the board makes the finding required by ORS 670.280. The record of conviction or a certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction is entered, is conclusive evidence of the conviction.

(b) Renting or lending a license or diploma of the dentist to be used as the license or diploma of another person.

(c) Unprofessional conduct.

(d) Any violation of this chapter or ORS 680.010 to 680.205, of rules adopted pursuant to this chapter or ORS 680.010 to 680.205 or of an order issued by the board.

(e) Engaging in or permitting the performance of unacceptable patient care by the dentist or by any person working under the supervision of the dentist due to a deliberate or negligent act or failure to act by the dentist, regardless of whether actual injury to the patient is established.

(f) Incapacity to practice safely.

(2) "Unprofessional conduct" as used in this chapter includes but is not limited to the following:

(a) Obtaining any fee by fraud or misrepresentation.

(b) Willfully betraying confidences involved in the patient-dentist relationship.

(c) Employing, aiding, abetting or permitting any unlicensed personnel to practice dentistry [or], dental hygiene **or dental therapy**.

(d) Making use of any advertising statements of a character tending to deceive or mislead the public or that are untruthful.

(e) Impairment as defined in ORS 676.303.

(f) Obtaining or attempting to obtain a controlled substance in any manner proscribed by the rules of the board.

(g) Prescribing or dispensing drugs outside the scope of the practice of dentistry or in a manner that impairs the health and safety of an individual.

(h) Disciplinary action by a state licensing or regulatory agency of this or another state regarding a license to practice dentistry, dental hygiene, **dental therapy** or any other health care profession when, in the judgment of the board, the act or conduct resulting in the disciplinary action bears a demonstrable relationship to the ability of the licensee or applicant to practice dentistry [or], dental hygiene **or dental therapy** in accordance with the provisions of this chapter. A certified copy of the record of the disciplinary action is conclusive evidence of the disciplinary action.

(3) The proceedings under this section may be taken by the board from the matters within its knowledge or may be taken upon the information of another, but if the informant is a member of the board, the other members of the board shall constitute the board for the purpose of finding judgment of the accused.

(4) In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice dentistry in this state, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals and the desirability of reasonable experimentation in the furtherance of the dental arts.

(5) In disciplining a person as authorized by subsection (1) of this section, the board may use any or all of the following methods:

(a) Suspend judgment.

(b) Place a licensee on probation.

(c) Suspend a license to practice dentistry in this state.

- (d) Revoke a license to practice dentistry in this state.
- (e) Place limitations on a license to practice dentistry in this state.
- (f) Refuse to renew a license to practice dentistry in this state.
- (g) Accept the resignation of a licensee to practice dentistry in this state.
- (h) Assess a civil penalty.
- (i) Reprimand a licensee.
- (j) Impose any other disciplinary action the board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings as a civil penalty.

(6) If the board places any person upon probation as set forth in subsection (5)(b) of this section, the board may determine and may at any time modify the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public and for the purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation, further proceedings shall be abated by the board if the person holding the license furnishes the board with evidence that the person is competent to practice dentistry and has complied with the terms of probation. If the evidence fails to establish competence to the satisfaction of the board or if the evidence shows failure to comply with the terms of the probation, the board may revoke or suspend the license.

(7) If a license to practice dentistry in this state is suspended, the person holding the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the board if the board finds, based upon evidence furnished by the person, that the person is competent to practice dentistry and has not practiced dentistry in this state during the term of suspension. If the evidence fails to establish to the satisfaction of the board that the person is competent or if any evidence shows the person has practiced dentistry in this state during the term of suspension, the board may revoke the license after notice and hearing.

(8) Upon receipt of a complaint under this chapter or ORS 680.010 to 680.205, the board shall conduct an investigation as described under ORS 676.165.

(9) Information that the board obtains as part of an investigation into licensee or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving licensee or applicant conduct is confidential as provided under ORS 676.175. Notwithstanding ORS 676.165 to 676.180, the board may disclose confidential information regarding a licensee or an applicant to persons who may evaluate or treat the licensee or applicant for drug abuse, alcohol abuse or any other health related conditions.

(10) The board may impose against any person who violates the provisions of this chapter or ORS 680.010 to 680.205 or rules of the board a civil penalty of up to \$5,000 for each violation. Any civil penalty imposed under this section shall be imposed in the manner provided in ORS 183.745.

(11) Notwithstanding the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee, the board may:

- (a) Proceed with any investigation of, or any action or disciplinary proceedings against, the dentist [*or*], dental hygienist **or dental therapist**; or

- (b) Revise or render void an order suspending or revoking the license.

(12)(a) The board may continue with any proceeding or investigation for a period not to exceed four years from the date of the expiration, suspension, revocation or surrender of the license, or the resignation or retirement of the licensee; or

- (b) If the board receives a complaint or initiates an investigation within that four-year period, the board's jurisdiction continues until the matter is concluded by a final order of the board following any appeal.

(13) Withdrawing the application for license does not close any investigation, action or proceeding against an applicant.

SECTION 15. ORS 679.170 is amended to read:

679.170. [*No person shall*] **A person may not:**

(1) Sell or barter, or offer to sell or barter, any diploma or document conferring or purporting to confer any dental degree, or any certificate or transcript made or purporting to be made, pursuant to the laws regulating the license and registration of dentists.

(2) Purchase or procure by barter, any [such] diploma, certificate or transcript **described in subsection (1) of this section**, with intent that it be used as evidence of the holder's qualification to practice dentistry, or in fraud of the laws regulating [such] **the practice of dentistry**.

(3) With fraudulent intent, alter in a material regard any [such] diploma, certificate or transcript **described in subsection (1) of this section**.

(4) Use or attempt to use any [such] diploma, certificate or transcript **described in subsection (1) of this section**, which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license or color of license to practice dentistry, or in order to procure registration as a dentist.

(5) Willfully make a false written or recorded oral statement to the Oregon Board of Dentistry in a material regard.

(6) Within 10 days after demand made by the board, fail to respond to the board's written request for information or fail to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of such person at any time within 60 days prior to the notice, together with a sworn statement showing under and by what license or authority such person and employee are and have been practicing dentistry.

(7) Employ or use the services of any unlicensed person, to practice dentistry [or], dental hygiene **or dental therapy**, except as permitted by ORS 679.025, 679.176 and 680.010 to 680.205.

SECTION 16. ORS 679.250 is amended to read:

679.250. The powers and duties of the Oregon Board of Dentistry are as follows:

(1) To, during the month of April of each year, organize and elect from its membership a president who shall hold office for one year, or until the election and qualification of a successor.

(2) To authorize all necessary disbursements to carry out the provisions of this chapter, including but not limited to, payment for necessary supplies, office equipment, books and expenses for the conduct of examinations, payment for legal and investigative services rendered to the board, and such other expenditures as are provided for in this chapter.

(3) To employ such inspectors, examiners, special agents, investigators, clerical assistants, assistants and accountants as are necessary for the investigation and prosecution of alleged violations and the enforcement of this chapter and for such other purposes as the board may require. Nothing in this chapter shall be construed to prevent assistance being rendered by an employee of the board in any hearing called by it. However, all obligations for salaries and expenses incurred under this chapter shall be paid from the fees accruing to the board under this chapter and not otherwise.

(4)(a) To conduct examinations of applicants for license to practice dentistry [and], dental hygiene **and dental therapy** at least twice in each year.

(b) In conducting examinations for licensure, the board may enter into a compact with other states for conducting regional examinations with other board of dental examiners concerned, or by a testing service recognized by such boards.

(5) To meet for the transaction of other business at the call of the president. A majority of board members shall constitute a quorum. A majority vote of those present shall be a decision of the entire board. The board's proceedings shall be open to public inspection in all matters affecting public interest.

(6) To keep an accurate record of all proceedings of the board and of all its meetings, of all receipts and disbursements, of all prosecutions for violation of this chapter, of all examinations for license to practice dentistry, with the names and qualifications for examination of any person examined, together with the addresses of those licensed and the results of such examinations, a record of the names of all persons licensed to practice dentistry in Oregon together with the addresses of all such persons having paid the license fee prescribed in ORS 679.120 and the names of all persons whose license to practice has been revoked or suspended.

(7) To make and enforce rules necessary for the procedure of the board, for the conduct of examinations, for regulating the practice of dentistry, and for regulating the services of dental hygienists and dental auxiliary personnel not inconsistent with the provisions of this chapter. As part of such rules, the board may require the procurement of a permit or other certificate. Any permit issued may be subject to periodic renewal. In adopting rules, the board shall take into account all relevant factors germane to an orderly and fair administration of this chapter and of ORS 680.010 to 680.205, the practices and materials generally and currently used and accepted by persons licensed to practice dentistry in this state, dental techniques commonly in use, relevant technical reports published in recognized dental journals, the curriculum at accredited dental schools, the desirability of reasonable experimentation in the furtherance of the dental arts, and the desirability of providing the highest standard of dental care to the public consistent with the lowest economic cost.

(8) Upon its own motion or upon any complaint, to initiate and conduct investigations of and hearings on all matters relating to the practice of dentistry, the discipline of licensees, or pertaining to the enforcement of any provision of this chapter. In the conduct of investigations or upon the hearing of any matter of which the board may have jurisdiction, the board may take evidence, administer oaths, take the depositions of witnesses, including the person charged, in the manner provided by law in civil cases, and compel their appearance before it in person the same as in civil cases, by subpoena issued over the signature of an employee of the board and in the name of the people of the State of Oregon, require answers to interrogatories, and compel the production of books, papers, accounts, documents and testimony pertaining to the matter under investigation or to the hearing. In all investigations and hearings, the board and any person affected thereby may have the benefit of counsel, and all hearings shall be held in compliance with ORS chapter 183. Notwithstanding ORS 676.165, 676.175 and 679.320, if a licensee who is the subject of an investigation or complaint is to appear before members of the board investigating the complaint, the board shall provide the licensee with a current summary of the complaint or the matter being investigated not less than five days prior to the date that the licensee is to appear. At the time the summary of the complaint or the matter being investigated is provided, the board shall provide to the licensee a current summary of documents or alleged facts that the board has acquired as a result of the investigation. The name of the complainant or other information that reasonably may be used to identify the complainant may be withheld from the licensee.

(9) To require evidence as determined by rule of continuing education or to require satisfactory evidence of operative competency before reissuing or renewing licenses for the practice of dentistry [or], dental hygiene **or dental therapy**.

(10) To adopt and enforce rules regulating administration of general anesthesia and conscious sedation by a dentist or under the supervision of a dentist in the office of the dentist. As part of such rules, the board may require the procurement of a permit which must be periodically renewed.

(11) To order an applicant or licensee to submit to a physical examination, mental examination or a competency examination when the board has evidence indicating the incapacity of the applicant or licensee to practice safely.

SECTION 17. Section 1, chapter 716, Oregon Laws 2011, is amended to read:

Sec. 1. (1) The Oregon Health Authority may approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care. The authority may approve a pilot project that is designed to:

(a) Operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project;

(b) Evaluate quality of care, access, cost, workforce and efficacy; and

(c) Achieve at least one of the following:

(A) Teach new skills to existing categories of dental personnel;

(B) Develop new categories of dental personnel;

(C) Accelerate the training of existing categories of dental personnel; or

- (D) Teach new oral health care roles to previously untrained persons.
- (2) The authority shall adopt rules:
 - (a) Establishing an application process for pilot projects;
 - (b) Establishing minimum standards, guidelines and instructions for pilot projects; and
 - (c) Requiring an approved pilot project to report to the authority on the progress and outcomes of the pilot project, including:
 - (A) The process used to evaluate the progress and outcomes of the pilot project;
 - (B) The baseline data and information to be collected;
 - (C) The nature of program data that will be collected and the methods for collecting and analyzing the data;
 - (D) The provisions for protecting the safety of patients seen or treated in the project; and
 - (E) A statement of previous experience in providing related health care services.
- (3) The authority shall seek the advice of appropriate professional societies and licensing boards before adopting rules under subsection (2) of this section.
- (4)(a) Notwithstanding ORS 679.020 and 680.020, a person may practice dentistry *[or]*, dental hygiene **or dental therapy** without a license as part of a pilot project approved under this section under the general supervision of a dentist licensed under ORS chapter 679 and in accordance with rules adopted by the authority.
 - (b) A person practicing dentistry *[or]*, dental hygiene **or dental therapy** without a license under this section is subject to the same standard of care and is entitled to the same immunities as a person performing the services with a license.
- (5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Funds received under this subsection shall be deposited in the Dental Pilot Projects Fund established under section 17 *[of this 2011 Act]*, **chapter 716, Oregon Laws 2011**.

SECTION 18. (1) Sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, by sections 13 to 17 of this 2021 Act become operative on January 1, 2022.

(2) The amendments to section 3 of this 2021 Act by section 3a of this 2021 Act become operative on January 1, 2025.

(3) The Oregon Board of Dentistry may take any action before the operative dates specified in subsections (1) and (2) of this section that is necessary to enable the board to exercise, on and after the operative dates specified in subsections (1) and (2) of this section, all of the duties, functions and powers conferred on the board by sections 2, 3 and 4 to 12 of this 2021 Act and the amendments to ORS 679.010, 679.140, 679.170 and 679.250 and section 1, chapter 716, Oregon Laws 2011, and section 3 of this 2021 Act by sections 3a and 13 to 17 of this 2021 Act.

SECTION 19. This 2021 Act takes effect on the 91st day after the date on which the 2021 regular session of the Eighty-first Legislative Assembly adjourns sine die.

Passed by House April 27, 2021

Repassed by House June 23, 2021

.....
Timothy G. Sekerak, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate June 22, 2021

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2021

Approved:

.....M.,....., 2021

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2021

.....
Shemia Fagan, Secretary of State

Oregon Administrative Rules Dental Pilot Projects

Website: [Oregon Secretary of State](#)

[Oregon Secretary of State](#), State Archives, Oregon Administrative Rules, Oregon Health Authority, Public Health Division - Chapter 333, Division 10, Health Promotion and Chronic Disease Prevention, Oregon Administrative Rules 333-010-0700 – 333-010-0820, Dental Pilot Projects

333-010-0710

Dental Pilot Projects: Definitions

For purposes of OAR 333-010-0700 through 333-010-0820, the following definitions apply:

- (1) "Adverse event" means unnecessary harm due to dental treatment.
- (2) "Applicable standard of care" means the standard of care that applies to a trainee and is the same standard of care that applies to a person performing the same services with a license.
- (3) "Authority" means the Oregon Health Authority.
- (4) "Business day" means any 24-hour day other than a Saturday, Sunday or federal or state legal holiday.
- (5) "Clinical evaluator" means a dentist, licensed in the State of Oregon or another state, who is responsible for conducting an independent clinical evaluation of an approved dental pilot project; who is unaffiliated with the project; and who has no financial or commercial interest in the project.
- (6) "Clinical instructor" means a person who:
 - (a) Is certified or licensed in the field for which clinical instruction is occurring;
 - (b) Is currently licensed in dentistry or dental hygiene or licensed or certified in another appropriate health discipline; and
 - (c) Has current knowledge and skill in topics they will teach.
- (7) "Clinical phase" means the time period of an approved project where a trainee treats patients, supervised by an instructor, applying knowledge presented by an instructor.

- (8) "Complications" means a disease or injury that develops during or after the treatment of an earlier disorder.
- (9) "Didactic phase" means the time period of a project during which trainees are presented with an organized body of knowledge by an instructor.
- (10) "Employment/utilization phase" means the time period of a project where trainees are applying their didactic and clinical knowledge and skills in an employment setting under the supervision of a supervisor.
- (11) "Employment/utilization site" means an Authority approved location, locations, or class of locations where a trainee or trainees provide care during the employment/utilization phase.
- (12) "Non-clinical instructor" is a person with specific training or expertise as demonstrated through a degree or experience relevant to the content of instruction.
- (13) "Program" means the Dental Pilot Projects Program administered by the Authority.
- (14) "Program staff" means the staff of the Authority with responsibility for the Dental Pilot Projects Program.
- (15) "Project" means a Dental Pilot Project approved by the Authority.
- (16) "Project director" means the individual designated by the sponsor of a dental pilot project who is responsible for the conduct of the dental pilot project staff, instructors, supervisors, and trainees.
- (17) "Project Dental Director" means an individual who is actively responsible for oversight of the dental pilot project and who is a dentist or dental hygienist:
- (a) Licensed in the State of Oregon; or
 - (b) A dentist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 679.020 or 679.025; or
 - (c) A dental hygienist authorized to practice in the State of Oregon but is exempt from state licensure under ORS 680.020.
- (18) "Project evaluation" means a systematic method for collecting, analyzing and using data to examine the effectiveness and efficiency of a pilot project by the project sponsor.
- (19) "Reviewer" means an individual designated by the Authority to review and comment on all or portions of a project application.
- (20) "Sponsor" means an entity that is a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, tribal organization or clinic that:

(a) Submits a dental pilot project application; and

(b) If a dental pilot project is approved by the Authority, has overall responsibility for ensuring the project complies with these rules.

(21) "Standard operating procedures" means the written documented processes that describe the project's regularly recurring operations to ensure that the operations are carried out correctly and consistently and in accordance with these rules.

(22) "Supervisor" means an individual, licensed in the State of Oregon to practice dentistry, designated by the sponsor to oversee trainees at each approved employment/utilization site, with the skills necessary to teach trainees the scope of practice outlined in the approved project.

(23) "These rules" means OAR 333-010-0700 through 333-010-0820.

(24) "Trainee" means an individual who is part of an existing category of dental personnel; a new category of dental personnel; or a category of previously untrained dental personnel who has agreed to participate in a project and will be taught the scope of practice identified by the project.

(25) "Training program" means an organized educational program within a project that includes at least a didactic phase and a clinical phase.

(26) "Underserved populations" means groups of individuals that evidence-based studies have shown have the highest disease rates and the least access to dental care including, but not limited to:

(a) American Indians or Alaska Natives;

(b) Individuals earning up to 200 percent of the federal poverty level;

(c) Medicaid-eligible individuals;

(d) Migrant farmworkers and their family members; and

(e) Uninsured individuals.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0720

Dental Pilot Projects: Application Procedure

(1) A sponsor who wishes to operate a pilot project must submit an application in a form and manner prescribed by the Authority.

- (2) The application must demonstrate how the pilot project will comply with the requirements of these rules.
- (3) The Authority will not accept new applications if it determines:
- (a) There are a sufficient number of projects to provide a basis for testing the validity of the model as determined by the Authority.
 - (b) It does not have adequate resources to provide an appropriate level of oversight required by these rules.
- (4) An application must include, at a minimum, the following information and documentation:
- (a) The goals of the project, including whether the project can achieve at least one of the following:
 - (A) Teach new skills to existing categories of dental personnel;
 - (B) Accelerate the training of existing categories of dental personnel;
 - (C) Teach new oral health care roles to previously untrained personnel; or
 - (D) Develop new categories of dental personnel.
 - (b) Sponsor information:
 - (A) A description of the sponsor, including a copy of an organizational chart that identifies how the project relates organizationally to the sponsor;
 - (B) A copy of a document verifying the sponsor's status as a non-profit educational institution, professional dental organization, community hospital or clinic, coordinated care organization or dental care organization, or a tribal organization or clinic;
 - (C) A description of the functions of the project director, project dental director, instructors, and other project staff;
 - (D) Documentation of the funding sources for the project;
 - (E) Documentation of liability insurance relevant to services provided by trainees; and
 - (F) A statement of previous experience in providing related health care services.
 - (c) Instructor and Supervisor information:
 - (A) The criteria used to select instructors and supervisors;
 - (B) Instructor-to-trainee ratio;
 - (C) The background of instructors in training techniques and methodology;
 - (D) The number of proposed supervisors and qualification of supervisors; and

(E) An explanation of how instructors and supervisors will be oriented to their roles and responsibilities and these rules.

(d) A training program that includes, but is not limited to, a description of:

(A) The instructional content required to meet the level of competence;

(B) The skills trainees are to learn;

(C) The methodology utilized in the didactic and clinical phases;

(D) The evaluation process used to determine when trainees have achieved the level of competence;

(E) The amount of time required to complete the didactic and clinical phases; and

(F) The level of competence the trainee shall have before entering the employment/utilization phase of the project.

(e) Trainee information:

(A) The criteria that will be used to select trainees;

(B) The number of proposed trainees;

(C) The proposed scope of practice for trainees; and

(D) Information regarding the background check process for participants to determine compliance with OAR 333-010-0760, Minimum Standards.

(f) Employment/utilization site information: A list of all locations or class of locations the proposed project intends for use during the employment/utilization phase where a trainee may provide care.

(g) Underserved population information:

(A) A list of the underserved populations the project intends to serve;

(B) Documentation demonstrating that the populations the pilot project intends to serve are underserved populations; and

(C) Documentation demonstrating that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of all individuals served by the trainee or employment/utilization site on a quarterly basis.

(h) Cost information:

(A) The average cost of preparing a trainee, including but not limited to the costs related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs;

(B) The estimated cost of care provided in the project; the likely cost of this care if performed by the trainees of the project; and the cost for provision of this care by current providers;

(C) A budget narrative that lists costs associated with key project areas, including but not limited to:

(i) Personnel and fringe benefits for project director, project dental director, instructors, and staff associated with the project;

(ii) Contractors and consultants to the project;

(iii) Materials and supplies used in the clinical, didactic, and employment/utilization phases of the project;

(iv) Equipment and other capital costs associated with the project; and

(v) Travel required for implementing and monitoring the project.

(i) An explanation of the feasibility of achieving the project objectives.

(j) A preliminary evaluation plan that includes, but is not limited to:

(A) How the project sponsor will monitor and evaluate the project, including but not limited to:

(i) How the project sponsor will monitor and evaluate the rate of underserved populations served by the pilot project's trainees or employment/utilization sites; and

(ii) How the project sponsor will monitor and evaluate to ensure trainees are adequately supervised. Supervision of trainee must protect patient health and ensure minimum standards in OAR 333-010-0760 are met.

(B) A description of the key project activities and their intended effects;

(C) How the project sponsor intends to use the evaluation results for program improvement and decision making; and

(D) A description of how the project will measure its progress toward meeting the goals listed in the application, as described in subsection (4)(a) of this rule. The project must track and identify measurable project outcomes and metrics as outlined in the requirements under OAR 333-010-0780.

(k) An identified clinical evaluator who will conduct the clinical evaluation of the project in accordance with the evaluation plan.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)
[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0730

Dental Pilot Projects: Application Review Process

- (1) The Authority shall review an application to determine if it is complete within 60 calendar days from the date the application was received.
 - (a) If an applicant does not provide all the information required, and the application is considered incomplete, then the Authority shall notify the applicant of the information that is missing and shall allow the applicant 30 calendar days to submit the missing information.
 - (b) If an applicant does not submit the missing information within the timeframe specified in the notice, then the application shall be rejected as incomplete. An applicant whose application is rejected as incomplete may reapply at any time.
- (2) An application deemed complete will continue through a review process.
- (3) The Authority may have individuals outside the Authority, including representatives of appropriate professional societies and licensing boards, review applications, but no individual who has contributed to or helped prepare an application will be permitted to conduct a review of that application.
- (4) The Authority may request additional information from an applicant during the review process.
- (5) Once the Authority completes an application review, a Notice of Intent to provisionally approve or deny an application will be provided to the applicant. The Notice will be sent to interested parties and will be posted for public comment for a period of 30 calendar days, along with a link to the application and other materials submitted by the applicant.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)
[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0740

Dental Pilot Projects: Project Application Provisional Approval or Denial

- (1) Following the close of the public comment period described in OAR 333-010-0730, Application Review Process, the Authority shall review the public comments that were received and issue within 30 calendar days of the close of the public comment period:
 - (a) A provisional decision to grant approval of an application; or

(b) A denial of the application.

(2) If the application is provisionally approved, the project sponsor must comply with the requirements in OAR 333-010-0750, Provisional Approval; Final Approval, before it can receive final approval. Projects that receive provisional approval may begin to provide didactic training however they may not operate or treat live patients until final approval is received from the Authority.

(3) If the Authority denies the application, the denial must be in writing and must describe the reasons for the denial. An application may be denied for any of these reasons:

(a) The application does not demonstrate that the project will meet the minimum standards or other provisions in these rules;

(b) The application does not demonstrate each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis;

(c) The application does not demonstrate that the project is financially feasible; or

(d) The Authority has previously approved a similar project.

(4) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0750

Dental Pilot Projects: Provisional Approval; Final Approval

(1) A project sponsor that has been provisionally approved must, within 90 calendar days of provisional project approval, submit the following to the Authority for approval:

(a) A detailed evaluation and monitoring plan that meets the requirements in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.

(b) Written standard operating policies and procedures for the project that ensure compliance with OAR 333-010-0760, Minimum Standards. Standard operating policies and procedures shall include, but are not limited to:

(A) Clinical policies and procedures that describe the steps required for implementation of the project at each site;

(B) Administrative policies and procedures that describe protocols;

- (C) Administrative protocols for mandatory record keeping;
 - (D) Data collection policies and procedure protocols that:
 - (i) Require data capture and data entry, including identification of the staff positions or other individuals responsible for these activities;
 - (ii) Define policies for protection and security of patient data;
 - (E) The protocol for orientating supervisors to their roles and responsibilities; and
 - (F) The process for ensuring that potential problems and root causes for deviations and non-conformances are identified, possible consequences assessed, actions to prevent recurrence considered, and corrective actions are taken if necessary.
- (2) The Authority will review the documentation required in section (1) of this rule and notify the project sponsor if the plan and policies and procedures are acceptable. The Authority may request additional information and may request that the project sponsor revise the plan or policies and procedures to meet the requirements in these rules.
- (3) Once the Authority has received an acceptable plan and policies and procedures, it will notify the project sponsor that the project has been approved along with the plan and policies and procedures. The final approval letter shall include:
- (a) The permitted scope of the project;
 - (b) Any conditions the Authority deems are necessary to protect patient safety or ensure minimum standards in OAR 333-010-0760 are met;
 - (c) Procedures for which the project will be required to obtain written informed consent for treatment under OAR 333-010-0770, Informed Consent; and
 - (d) The length of time the project can operate - from between three to five years or a sufficient amount of time to evaluate the validity of the project.
- (4) The Authority shall notify the Oregon Board of Dentistry when a project is approved.
- (5) The Authority may deny an application if:
- (a) The project fails to submit the documents described in section (1) that satisfy these rules;
 - (b) The project fails to submit additional information or revised plans, policies, or procedures that are acceptable to the Authority as required by section (2) of this rule; or
 - (c) The documentation submitted by the project under this rule fails to demonstrate that the project will meet the minimum standards or other provisions in these rules.
- (6) A denial issued under this rule must be in writing and must describe the reasons for the denial.

(7) A sponsor whose project has been denied may not submit a new application within six months from the date the Authority denied the application.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0760

Dental Pilot Projects: Minimum Standards

An approved dental pilot project must:

(1) Provide for patient safety and that the applicable standard of care is met as follows:

(a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;

(b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee's level of education, training and experience, physical or mental disability, or which are outside of the trainee's approved scope of practice as outlined in the approved application by the Authority;

(c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;

(d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;

(e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;

(f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;

(g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;

(h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices; and

(i) Ensure that project participants involved in direct patient care:

(A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty.

(B) Have not been denied or disciplined by a state entity that issues licenses or certificates.

- (j) Ensure adequate supervision and evaluation of trainees, including but not limited to:
 - (A) Timely review of trainee procedures and addressing any deficiencies;
 - (B) Monitoring for adverse events and addressing any deficiencies; and
 - (C) Monitoring and evaluating trainees and addressing any deficiencies.
- (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.
- (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to:
 - (a) Name and address and, if a minor, name of guardian;
 - (b) Date and description of examination and diagnosis;
 - (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent;
 - (d) Date and description of treatment or services rendered;
 - (e) Date and description of all radiographs, study models, and periodontal charting;
 - (f) Health history; and
 - (g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.
- (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.
- (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.
- (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase. The sponsor must provide notice to the Authority within 14 business days of a trainee entering the employment/utilization phase. The notice shall include, but is not limited to, the following:
 - (a) Name, work address, electronic mail address and telephone number of the trainee;
 - (b) Name, work address, electronic mail address, telephone number and license number of the supervisor;
 - (c) Information regarding the trainee's responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules; and
 - (d) A disclaimer that there is no assurance of a future change in law or regulations that will allow them to practice without a license outside an approved dental pilot project.

- (e) Trainee monitoring records shall be provided to the Authority.
- (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules; and the approved application including, but not limited to, the evaluation and monitoring plan.
- (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.
- (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.
- (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following information for the previous quarter:
 - (a) Accomplishments or highlights.
 - (b) Challenges faced and continuous quality improvement activities.
 - (c) Updated project timeline.
 - (d) Data reports:
 - (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data.
 - (B) Data generated by the clinical evaluator.
 - (C) Number and type of any adverse event or complication that occurred during the reporting period.
 - (D) Underserved population report: Information identifying the percentage of patients served by each of the pilot project's trainees or employment/utilization sites that are within the underserved population identified in the application.
- (11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.
- (12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.
- (13) Provide care only at Authority approved employment/utilization sites.
- (14) Demonstrate that each of the pilot project's trainees or employment/utilization sites provides care to the underserved populations identified in the application at a rate of at

least 51 percent of the total individuals served by the trainee or employment/utilization site on a quarterly basis.

(15) Exemption:

(a) Pilot projects may seek an exemption for each employment/utilization site as defined in OAR 333-010-0710 from the requirement to submit quarterly underserved population reports by submitting documentation demonstrating the employment/utilization site falls within an exemption category listed below. The Authority shall respond to the exemption request in writing.

(b) The Authority may request additional documentation demonstrating the employment/utilization site currently qualifies for an exemption or the rate described in section (14).

(c) A pilot project must immediately notify the Authority if an employment/utilization site no longer qualifies for exemption and begin submitting quarterly underserved population reports for that employment/utilization site.

(d) Exemption-eligibility. Employment/utilization sites as defined in OAR 333-010-0710 that only provide services via the following are eligible for an exemption:

(A) Community Mental Health Centers (CMHC);

(B) Federally-Qualified Health Centers (FQHCs) that are recipients of Public Health Service Act Section 330 grant funds;

(C) U.S. Health Resources & Services Administration (HRSA) Designated Health Centers;

(D) Indian Health Service Facilities;

(E) Tribally-Operated 638 Health Programs as defined by HRSA;

(F) Urban Indian Health Programs (ITUs) as defined by the Indian Health Service;

(G) State or local health departments;

(H) Substance Abuse and Mental Health Services Administration (SAMHSA) certified opioid treatment programs, office-based opioid treatment programs and non-opioid outpatient substance use disorders treatment facilities; and

(I) Other designation or criteria as determined by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0770

Dental Pilot Projects: Informed Consent

(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient:

(a) Is provided written information about the dental pilot project and who will be providing treatment;

(b) Gives written consent to be treated by the dental pilot project trainee; and

(c) Gives informed consent for treatment by the trainee.

(2) Written information about the project and who will be providing treatment must include, but is not limited to:

(a) An explanation of the role and status of the trainee, any certification or licenses a trainee may hold, the education and training of the trainee and the availability of the trainee's supervisor for consultation;

(b) An explanation that the patient can refuse care from a trainee without penalty for such a request; and

(c) A statement that consenting to treatment by a trainee does not constitute assumption of risk by the patient.

(3) At a minimum, the following language must be included on the document that requests consent to be treated by the dental pilot project:

"I _____ [name of patient or person acting on patient's behalf] have received information about this dental pilot project and provider type. I have been given the opportunity to ask questions and have them fully answered. I have read and understand the information and I agree to the trainee of this project providing me treatment."

Signature of patient or person acting on patient's behalf

Date

(4) Informed consent for treatment:

(a) Each patient must give informed consent to the procedure. Informed consent means the consent to a procedure obtained by:

(A) Providing a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures; and

(B) Asking the patient, or the patient's guardian, if there are any questions and providing thorough and easily understood answers to all questions asked.

(b) Patient records must document an entry that informed consent for treatment 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;

(c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record; and

(d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0780

Dental Pilot Projects: Pilot Project Evaluation and Monitoring by Sponsor

A Project Evaluation and Monitoring Plan required under OAR 333-010-0750, Provisional Approval; Final Approval, must include, but is not limited to:

- (1) A logic model to depict the project activities and intended effects;
- (2) A description of key evaluation questions to be addressed by the pilot project, including relevant process and outcome measures;
- (3) A description of how the project will measure progress towards the goals identified in the application. Progress measurements must include quantitative metrics;
- (4) A detailed description of the baseline data and information to be collected about the availability or provision of oral health care services, or both, prior to utilization phase;
- (5) A detailed description of baseline data and information to be collected about trainee performance, patient and community satisfaction, and cost effectiveness;
- (6) A detailed description of the methodology and data sources to be used in collecting and analyzing the data about trainee performance, acceptance by patients, quality of care and cost effectiveness;
- (7) Defined measures to evaluate safety and quality of care provided;
- (8) A detailed description of how the project sponsor shall comply with:
 - (a) All minimum standards in OAR 333-010-0760, including but not limited to adequate supervision of trainees; and

- (b) All terms and conditions of the approved application, including any amendments.
- (9) A process for ongoing quarterly monitoring in accordance with OAR 333-010-0760, Minimum Standards; and
- (10) A process for regular evaluation of project activities across the lifecycle of the project for continuous quality improvement purposes.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 29-2020, amend filed 04/29/2020, effective 05/01/2020](#)

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0790

Dental Pilot Projects: Authority Responsibilities

- (1) Project monitoring. Program staff shall monitor and evaluate approved projects which shall include, but is not limited to:
 - (a) Periodically requesting written information from the project to ascertain the progress of the project in meeting its stated objectives and in complying with program statutes and regulations:
 - (b) Periodic, but at least annual, site visits to one or more project offices, employment/utilization sites, or other locations where trainees are being prepared or utilized; and
 - (c) Reviewing the quarterly reports submitted by the project as described in OAR 333-010-0760, Minimum Standards.
- (2) Advisory committee. The Authority may convene an advisory committee for each approved dental pilot project.
 - (a) Individuals eligible to serve on an advisory committee include but are not limited to:
 - (A) Representatives from:
 - (i) The Oregon Board of Dentistry;
 - (ii) Professional dental organizations or societies;
 - (iii) Educational institutions;
 - (iv) Health systems; and
 - (v) Individuals representing the target population served by the pilot project.
 - (B) Individuals with an interest in public health, oral health or expanding access to medical and dental care.

(b) The purpose of the advisory committee is to gather its members' collective knowledge, experience, expertise, and insight to assist the Authority in meeting its responsibilities.

(c) If the Authority convenes an advisory committee it will solicit members for an advisory committee by public announcement; Individuals interested in serving on the committee are required to complete an application.

(d) From the applications received, the Authority will appoint no more than 15 members who are willing to undertake the duties of an advisory committee member and adhere to the committee charter adopted by the Authority. The Authority will notify each applicant in writing whether they have been appointed to the committee.

(e) An advisory committee member must:

(A) Attend meetings;

(B) Review approved pilot project quarterly reports at the request of the Authority;

(C) Attend approved pilot project site visits if invited; and

(D) Comply with any confidentiality requirements established by the Authority.

(3) Site visits.

(a) Site visits shall include, but are not limited to:

(A) Determination that adequate patient safeguards are being utilized;

(B) Validation that the project is complying with the approved or amended application;

(C) Interviews with project participants and recipients of care; and

(D) Reviews of patient records to monitor for patient safety and the applicable standard of care.

(b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;

(c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;

(d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;

(e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;

(f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit; and

(g) Following a site visit the Authority will:

(A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

(i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;

(ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;

(iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.

(iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.

(B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor; and

(C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

(4) The Authority may also provide the sponsor with the opportunity to submit a corrective action plan to address any deficiencies found by the Authority during any project monitoring as described in section (1) of this rule. The Authority shall notify the sponsor in writing of the requirement to submit a plan of correction. The sponsor must submit, and the Authority must receive the plan of correction by the deadline set in the notification. All of the requirements and deadlines described in section (3) of this rule for corrective action plans apply to a project sponsor when directed to submit a corrective action plan under this section (4).

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

333-010-0800

Dental Pilot Projects: Project Modifications

(1) Any modifications to an approved project shall be submitted in writing to program staff, except as specified in section (4) of this rule. All modifications require Authority approval. Modifications include, but are not limited to the following:

(a) Changes in selection criteria for trainees, supervisors, or employment/utilization sites;

(b) Addition of employment/utilization sites; and

(c) Changes in the scope of practice for trainees.

(2) Upon receipt of a request for a modification approval, the Authority will inform the project sponsor in writing on the timeline for review of the request and decision response deadline.

(3) If the Authority has convened an advisory committee for an approved project, the Authority may confer with the advisory committee regarding the proposed modification.

(4) Changes in project staff or instructors are not considered a modification and do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors.

(5) The Authority may approve or deny a request for modification. A modification may be denied if:

(a) It does not demonstrate that the project can meet the minimum standards or other provisions in these rules;

(b) The modification would result in a substantial change to underlying purpose and scope of the pilot project as originally approved;

(c) As a result of the modification, the project would no longer demonstrate that each of the project's trainees or employment/utilization sites shall provide services to the underserved populations identified in the application at a rate of at least 51 percent of the individuals served by the trainee or employment/utilization site on a quarterly basis;
or

(d) The Authority has previously approved a similar project.

(6) Projects are not permitted to implement the proposed modification until approval has been rendered by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

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[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0810

Dental Pilot Projects: Discontinuation or Completion of Project

(1) An approved project must notify the Authority in writing if it intends to discontinue its status as a Dental Pilot Project, at least 60 calendar days prior to discontinuation.

Notification must include a closing report that includes, but is not limited to:

(a) The reasons for discontinuation as a pilot project;

(b) A summary of pilot project activities including the number of persons who entered the employment/utilization phase; and

(c) A description of the plan to inform trainees of the project's discontinuation and that they are precluded from performing the skills authorized under the pilot project after discontinuation unless the provider type has been legalized by the State of Oregon.

(2) The project must obtain written acknowledgement from trainees regarding notification of the project's discontinuation and preclusion from performing skills authorized under the pilot project after discontinuation, unless the provider type has been legalized and the trainee has met necessary licensure requirements.

(3) Project completion. A project sponsor must provide a full report of findings to the Authority within 180 calendar days of the completion of the project in a format prescribed by the Authority.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

[PH 277-2018, adopt filed 11/30/2018, effective 12/01/2018](#)

333-010-0820

Dental Pilot Projects: Suspension, Denial or Termination of Project

(1) A pilot project may be suspended, terminated, or denied if:

(a) A pilot project violates any provision of 2011 Oregon Laws, chapter 716;

(b) A pilot project violates any of these rules; or

(c) A pilot project fails to provide care that meets the applicable standard of care.

(2) Failure of a sponsor or anyone involved with an approved pilot project to cooperate with a reasonable request for records, interviews or a site visit is grounds for the Authority to suspend or terminate a project. Failure to cooperate includes, but is not

limited to, failure to provide information or documents in a manner requested by the Authority or within the timeframe requested by the Authority.

(3) If the Authority determines that a dental pilot project has violated 2011 Oregon Laws, chapter 716, violated one or more of these rules, or failed to provide care that meets the applicable standard of care, the Authority may:

(a) Require the sponsor to implement an approved corrective action plan in accordance with OAR 333-010-0790, Authority Responsibilities; or

(b) Issue a Notice of Proposed Suspension or Notice of Proposed Termination in accordance with ORS 183.411 through 183.470.

(4) A sponsor who receives a Notice may request an informal meeting with the Authority. A request for an informal meeting does not toll the period for filing a timely request for a contested case hearing as described in section (5) of this rule.

(5) If the Authority issues a Notice of Proposed Suspension or Notice of Proposed Termination the sponsor is entitled to a contested case hearing as provided under ORS chapter 183. The sponsor has 30 calendar days to request a hearing.

(6) If the Authority terminates a dental pilot project, the order shall specify when, if ever, the sponsor may reapply for approval of a dental pilot project.

Statutory/Other Authority: 2011 OL Ch. 716

Statutes/Other Implemented: 2011 OL Ch. 716

History:

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