

DENTAL THERAPY RULES OVERSIGHT COMMITTEE MEETING
Held as a Zoom Meeting

Minutes
October 7, 2021

MEMBERS PRESENT: Yadira Martinez, R.D.H., Chair – OBD Rep.
 Sheena Kansal, D.D.S. – OBD Rep.
 Jennifer Brixey– OBD Rep.
 Kaz Rafia, D.D.S. – OHA Rep.
 Brandon Schwindt, D.M.D. - ODA Rep.
 Amy Coplen, R.D.H. - ODHA Rep.
 Ginny Jorgensen, CDA - ODAA Rep.
 Miranda Davis, D.D.S. – Dental Therapy Rep.
 Kari Douglass – Dental Therapy Rep.
 Jason Mecum – Dental Therapy Rep.

STAFF PRESENT: Stephen Prisby, Executive Director
 Angela Smorra, D.M.D., Dental Investigator
 Haley Robinson, Office Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Jennifer Lewis-Goff, ODA, Phil Marucha, D.M.D., Mary Harrison, CDA, EFDA, EFODA, FADAA – ODAA, Laura McKeane, Kelly Hansen, Karen Phillips, Sarah Kowalski, George Okulitch, Hieu Pham, Pam Johnson.

Note -Some visitors may not be reflected in the minutes because their identity was unknown during the meeting.

Call to Order: The Zoom meeting was called to order by Chair Martinez at 5:02 p.m.

MINUTES

The committee members introduced themselves and stated their involvement with dental therapy.

Chair Martinez laid the groundwork for the meeting, and explained the restrictive language in order to adhere to HB 2528.

Dr. Schwindt reported that putting the specific statute language in the rules would be beneficial.

Mr. Prisby recommended approving all of the rules before moving them to the full Board.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-001-0002 as amended. The motion passed unanimously.

OAR 818-001-0002

Definitions

As used in OAR chapter 818:

(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.

(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.

(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.

~~(6)~~ **(4)** "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.

(5) "Dental Therapist" means a person licensed pursuant to ORS 679 to practice dental therapy.

(6) "Dental Therapy" means the provision of preventative care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team. pursuant to a collaborative agreement including the services described in (new scope section) Section XXX

~~(4)~~ **(7)** "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

~~(5)~~ **(8)** "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

~~(7)~~ **(9)** "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

~~(8)~~ **(10)** "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

~~(9)~~ **(11)** "Licensee" means a dentist, ~~or~~ hygienist or dental therapist.

(a) "Volunteer Licensee" is a dentist ~~or~~ hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.

~~(10)~~ **(12)** "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene or dental therapy treatment in a dental office.

~~(11)~~ **(13)** "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.

(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

(c) "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice

encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(g) "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(h) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(i) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

(j) "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

~~(42)~~ **(14)** "Full-time" as used in ORS 679.025 ~~and 680.020~~ is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, ~~or~~ dental hygiene or dental therapy.

~~(43)~~ **(15)** For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).

~~(44)~~ **(16)** "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

~~(45)~~ **(17)** “ Physical Harm” as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.

~~(46)~~ **(18)** “ Teledentistry” is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

~~(47)~~ **(19)** “ BLS for Healthcare Providers or its Equivalent” the CPR certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial CPR course must be a hands-on course; online CPR courses will not be approved by the Board for initial CPR certification.

After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A CPR certification card with an expiration date must be received from the CPR provider as documentation of CPR certification. The Board considers the CPR expiration date to be the last day of the month that the CPR instructor indicates that the certification expires.

OAR 818-001-0087

Fees

Committee members discussed OAR 818-001-0087 and what that would entail for dually licensed Registered Dental Hygienists and Dental Therapists. A few members expressed concerns over dually licensed individuals paying too much for both licensure renewals. The DTRO committee directed OBD Staff to look closer at this rule and present more information at the next meeting.

Dr. Schwindt moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-012-0020 as presented. The motion passed unanimously.

OAR 818-012-0020

Additional Methods of Discipline for Unacceptable Patient Care

In addition to other discipline, the Board may order a licensee who engaged in or permitted unacceptable patient care to:

- (1) Make restitution to the patient in an amount to cover actual costs in correcting the unacceptable care.
- (2) Refund fees paid by the patient with interest.
- (3) Complete a Board-approved course of remedial education.
- (4) Discontinue practicing in specific areas of dentistry, dental therapy, or hygiene.
- (5) Practice under the supervision of another licensee.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-012-0030 as presented. The motion passed unanimously.

OAR 818-012-0030

Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

- (1) Attempt to obtain a fee by fraud, or misrepresentation.
- (2) Obtain a fee by fraud, or misrepresentation.

- (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
- (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
- (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
- (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
- (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
- (8) Misrepresent any facts to a patient concerning treatment or fees.
- (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
 - (A) Legible copies of records; and
 - (B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
- (b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.
- (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
- (11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
- (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
- (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
- (14) Violate any Federal or State law regarding controlled substances.
- (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that

renders the licensee unable to safely conduct the practice of dentistry or ~~or~~ dental hygiene or dental therapy.

(16) Practice dentistry ~~or~~ dental hygiene or dental therapy in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry ~~or~~ dental hygiene or dental therapy.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.

OAR 818-021-00XX

Application for License to Practice Dental Therapy & Application for License to Practice Dental Therapy Without Further Examination

Committee members discussed how these proposed rules would affect those participating in the dental therapy pilot projects and whether that would be a barrier to licensure. The committee directed OBD staff to draft additional language for OARs 818-021-00XX to encompass dental therapists trained in dental pilot projects 100 and 200.

Ms. Coplen moved and Ms. Douglass seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-00XX, Application for License to Practice Dental Therapy & Application for License to Practice Dental Therapy Without Further Examination as amended. Dr. Kansal, Dr. Rafia, Ms. Coplen, Ms. Jorgensen, Dr. Davis, Ms. Douglass and Mr. Mecum voted aye. Dr. Schwindt opposed the motion.

OAR 818-021-00XX

Application for License to Practice Dental Therapy

(1)(a)The Oregon Board of Dentistry may ~~shall~~ 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.~~

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(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.

OAR 818-021-00XX

Application for License to Practice Therapy Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental therapist who holds a license to practice dental therapy in another state or states if the dental therapist meets the requirements set forth in ORS 679 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental therapy program accredited by the Commission on Dental Accreditation of the American Dental Association; or and

(b) Having graduated from a dental therapy program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Having passed the clinical dental therapy examination conducted by a regional testing agency or by a state dental or dental therapy licensing authority, by a national testing agency or other Board-recognized testing agency; and

(d) Holding an active license to practice dental therapy, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental therapy, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental therapists employed by a CODA accredited dental therapy program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and

responsibilities, the actual hours involved in teaching clinical dental therapy, and any adverse actions or restrictions; and
(f) Having completed 36 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.
(2) Applicants must pass the Board's Jurisprudence Examination.

Ms. Coplen moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0026 as presented. The motion passed unanimously.

OAR 818-021-0026

State and Nationwide Criminal Background Checks, Fitness Determinations

(1) The Board requires fingerprints of all applicants for a dental, dental therapy or dental hygiene license to determine the fitness of an applicant. The purpose of this rule is to provide for the reasonable screening of dental and dental hygiene applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or hold a license that is issued by the Board.

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

(3) Criminal records checks and fitness determinations are conducted according to ORS 181A.170 to 181A.215, ORS 670.280 and OAR 125-007-0200 to 127-007-0310.

(a) The Board will request the Oregon Department of State Police to conduct a state and nationwide criminal records check. Any original fingerprint cards will subsequently be destroyed.

(b) All background checks must include available state and national data, unless obtaining one or the other is an acceptable alternative.

(c) The applicant or licensee must disclose all arrests, charges, and convictions regardless of the outcome or date of occurrence. Disclosure includes but is not limited to military, dismissed or set aside criminal records.

(4) If the applicant or licensee has potentially disqualifying criminal offender information, the Board will consider the following factors in making a fitness determination:

(a) The nature of the crime;

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

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's present or proposed position, services, employment, license, or permit; and

(d) Intervening circumstances relevant to the responsibilities and circumstances of the position, services, employment, license, or permit. Intervening circumstances include but are not limited to:

(A) The passage of time since the commission of the crime;

(B) The age of the subject individual at the time of the crime;

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

(D) The subsequent commission of another relevant crime;

(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

(F) A recommendation of an employer.

(e) Any false statements or omissions made by the applicant or licensee; and

(f) Any other pertinent information obtained as part of an investigation.

(5) The Board will make a fitness determination consistent with the outcomes provided in OAR 125-007-0260.

- (a) A fitness determination approval does not guarantee the granting or renewal of a license.
- (b) An incomplete fitness determination results if the applicant or licensee refuses to consent to the criminal history check, refuses to be fingerprinted or respond to written correspondence, or discontinues the criminal records process for any reason. Incomplete fitness determinations may not be appealed.
- (6) The Board may require fingerprints of any licensed Oregon dentist, dental therapist or dental hygienist, who is the subject of a complaint or investigation for the purpose of requesting a state or nationwide criminal records background check.
- (7) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.
- (8) Additional information required. In order to conduct the Oregon and National Criminal History Check and fitness determination, the Board may require additional information from the licensee/applicant as necessary, such but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.
- (9) Criminal offender information is confidential. Dissemination of information received may be disseminated only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 676.175(1).
- (10) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted, to inspect the individual's own state and national criminal offender records and, if requested by the individual, provide the individual with a copy of the individual's own state and national criminal offender records.
- (11) The Board shall determine whether an individual is fit to be granted a license or permit, based on fitness determinations, on any false statements made by the individual regarding criminal history of the individual, or any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as a part of an investigation. If an individual is determined to be unfit, then the individual may not be granted a license or permit. The Board may make fitness determinations conditional upon applicant's acceptance of probation, conditions, or limitations, or other restrictions upon licensure.
- (12) An applicant or licensee may appeal a final fitness determination pursuant to OAR 125-007-0300. Challenges to the accuracy of completeness of criminal history information must be made in accordance with OAR 125-007-0030(7).

The committee discussed the pain management requirement and whether it was appropriate to require Dental Therapists to take the course if they do not prescribe opioids.

Dr. Schwindt moved and Mr. Mecum seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-00XX Continuing Education – Dental Therapists as amended. The motion passed unanimously.

OAR 818-021-00XX

Continuing Education — Dental Therapists

(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee,

upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental therapist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental ~~dental~~ therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental ~~Dental~~ Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) At least two (2) hours of continuing education must be related to infection control.

(6) At least two (2) hours of continuing education must be related to cultural competency.

(7) At least two (1) hours of continuing education must be related to pain management

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0080 Renewal of License with additional language added for dental therapy. The motion passed unanimously.

OAR 818-021-0080 Renewal of License

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every person holding a current license. The licensee must return the completed renewal application along with current renewal fees prior to the 9 - Div. 21 expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry, dental therapy or dental hygiene until the license is reinstated and are subject to the provisions of OAR 818-021-0085 "Reinstatement of Expired Licenses."

(1) Each dentist shall submit the renewal fee and completed and signed renewal application form by March 31 every other year. Dentists licensed in odd numbered years shall apply for renewal in odd numbered years and dentists licensed in even numbered years shall apply for renewal in even numbered years.

(2) Each hygienist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and hygienists licensed in even numbered years shall apply for renewal in even numbered years.

(3) Each dental therapist must submit the renewal fee and completed and signed renewal application form by September 30 every other year. Dental Therapists licensed in odd numbered years shall apply for renewal in odd numbered years and dental therapists licensed in even numbered years shall apply for renewal in even numbered years.

~~(3)~~ (4) The renewal application shall contain:

- (a) Licensee's full name;
- (b) Licensee's mailing address;
- (c) Licensee's business address including street and number or if the licensee has no business address, licensee's home address including street and number;
- (d) Licensee's business telephone number or if the licensee has no business telephone number, licensee's home telephone number;
- (e) Licensee's employer or person with whom the licensee is on contract;
- (f) Licensee's assumed business name;
- (g) Licensee's type of practice or employment;
- (h) A statement that the licensee has met the educational requirements for **their specific license** renewal set forth in OAR 818-021-0060 or **OAR 818-021-0070 or OAR 818-021-00XX**;
- (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
- (j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.

Ms. Brixey moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0085 – Renewal or Reinstatement of Expired License as presented. The motion passed unanimously.

OAR 818-021-0085

Renewal or Reinstatement of Expired License

Any person whose license to practice as a dentist ~~or~~ dental hygienist **or dental therapist** has expired, may apply for reinstatement under the following circumstances:

- (1) If the license has been expired 30 days or less, the applicant shall:
 - (a) Pay a penalty fee of \$50;
 - (b) Pay the biennial renewal fee; and
 - (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.
- (2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
 - (a) Pay a penalty fee of \$100;
 - (b) Pay the biennial renewal fee; and
 - (c) Submit a completed renewal application and certification of having completed the continuing education requirements.
- (3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
 - (a) Pay a penalty fee of \$150;
 - (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
 - (c) Pay a reinstatement fee of \$500; and
 - (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

(4) If the license has been expired for more than one year but less than four years, the applicant shall:

- (a) Pay a penalty fee of \$250;
 - (b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
 - (c) Pay a reinstatement fee of \$500;
 - (d) Pass the Board's Jurisprudence Examination;
 - (e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
 - (f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
 - (g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
- (5) If a ~~dentist or dental hygienist~~ Licensee fails to renew or reinstate ~~her or his~~ their license within four years from expiration, the ~~dentist or dental hygienist~~ Licensee must apply for licensure under the current statute and rules of the Board.

Dr. Schwindt moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0090 – Retirement of License as presented. The motion passed unanimously.

OAR 818-021-0090

Retirement of License

- (1) A ~~dentist or dental hygienist~~ Licensee who no longer practices in any jurisdiction may retire ~~her or his~~ their license by submitting a request to retire such license on a form provided by the Board.
- (2) A license that has been retired may be reinstated if the applicant:
 - (a) Pays a reinstatement fee of \$500;
 - (b) Passes the Board's Jurisprudence Examination;
 - (c) Passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
 - (d) Submits evidence of good standing from all states in which the applicant is currently licensed; and
 - (e) Submits a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
- (3) If the ~~dentist or dental hygienist~~ Licensee fails to reinstate ~~her or his~~ their license within four years from retiring the license, the ~~dentist or dental hygienist~~ Licensee must apply for licensure under the current statute and rules of the Board.

Dr. Davis moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0095 – Resignation of License as presented. The motion passed unanimously.

OAR 818-021-0095

Resignation of License

- (1) The Board may allow a dentist ~~or~~, dental hygienist or dental therapist who no longer practices in Oregon to resign ~~her or his~~ their license, unless the Board determines the license should be revoked.
- (2) Licenses that are resigned under this rule may not be reinstated.

Dr. Schwindt moved and Dr. Davis seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0110 – Reinstatement Following Revocation as presented. The motion passed unanimously.

818-021-0110

Reinstatement Following Revocation

- (1) Any person whose license has been revoked for a reason other than failure to pay the annual fee may petition the Board for reinstatement after five years from the date of revocation.
- (2) The Board shall hold a hearing on the petition and, if the petitioner demonstrates that reinstatement of the license will not be detrimental to the health or welfare of the public, the Board may allow the petitioner to retake the Board examination.
- (3) If the license was revoked for unacceptable patient care, the petitioner shall provide the Board with satisfactory evidence that the petitioner has completed a course of study sufficient to remedy the petitioner's deficiencies in the practice of dentistry, dental therapy or dental hygiene.
- (4) If the petitioner passes the Board examination, the Board may reinstate the license, place the petitioner on probation for not less than two years, and impose appropriate conditions of probation.

Chair Martinez and the Committee decided that it would be a good stopping point and opened the floor for public comment. The Tribes were welcomed to comment and share feedback, but none was offered. Other public comment was received. It was suggested that others could be on the Committee and other ways to solicit feedback. It was suggested that the Committee could review Minnesota's dental therapy rules to see if they could be useful in these discussions. Mr. Prisby indicated the feedback was welcome and that he would provide Minnesota dental therapy rules to the committee at the next meeting.

Chair Martinez announced that the next DTRO Committee Meeting would be held November 10, 2021 from 5 p.m.-7 p.m.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:00 p.m.