OREGON BOARD OF DENTISTRY

NEWS

Vol. 30, No. 1 December 2016

PRESIDENT'S MESSAGE

by Julie Anne Smith, D.D.S., M.D., M.C.R.

2016 was a landmark year for the Oregon Board of Dentistry. In April, we completed the first Strategic Planning Session since 2007, and it was extremely productive! As part of the 2017-2020 Strategic Plan, we finalized our Mission Statement and identified five different strategic priorities. Our updated Mission Statement is: "to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals." The five identified strategic priorities include: to ensure patient safety, manage change in the practice of dentistry, manage the complexity of cases being reviewed, develop a plan for staff attrition, and to retain the autonomy of the Oregon Board of Dentistry as a state agency. I'm truly honored to serve as the President of the Oregon Board of Dentistry during the 2016-2017 year. Clearly, fulfilling our mission is complex and we are committed to working with various stakeholders in order to achieve our goals. As a Board, we are very fortunate to have diversity amongst our members, providing various perspectives as we continue our work.

WHAT'S INSIDE

Additionally, we have a full complement of support staff for whom we are grateful, as they are essential in supporting our mission. I am so very proud to be a part of this Board and proud of the work we have completed. As times change, so will the complexity of our work, but we are well prepared to manage that change and move forward with it. Please do feel free to reach out to the Board with your questions and concerns. ■

OUR NEWEST BOARD MEMBER

Jose Javier, D.D.S.

This has been a very exciting year for me and joining the Oregon Board of Dentistry has definitely been one of the highlights. It's hard to believe I graduated from dental school 20 years ago, and dentistry has been a very good career to me. I'm a graduate from Marquette University School of Dentistry and completed a General Practice Residency at the University of Minnesota Hospital. I then joined a group practice, and after a few years joined a community health center. The experiences in both environments opened my eyes about the many issues patients face when seeking dental care, and how dentists have a responsibility to provide quality care in an environment that is safe and promotes positive outcomes for the patients.

Ten years ago I discovered Portland, and decided it was where I wanted to be. This would be my biggest move since leaving Puerto Rico to become a dentist, so it was not a decision I took lightly. As I researched my options I found Willamette Dental Group; their evidence based philosophy and desire to do what is best for the patient was exactly how I wanted to practice dentistry. In 2008, after a three day road trip, I moved to Portland and became the Managing Dentist for one of their SE Portland offices. I have been at this location since. In my role, not only am I able to practice

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dentistry, but I'm also mentoring and coaching doctors, and ensuring the patients receive the care they need. Educating the patient is very important to me, and we spend a lot of time doing just that. The combination of evidence based dentistry, a proactive approach to care, and partnering with our patients creates an environment were both patients and dentists can work towards achieving better oral health and avoiding future problems. I work with a phenomenal group of dentists, and I enjoy being able to discuss issues ranging from specific dental procedures to how to communicate effectively with our patients to create a long lasting partnership. Our patients are treated in a safe and respectful environment.

A few months ago I learned of an upcoming opening at the Oregon Board of Dentistry. The prospect of joining the Board was an excellent opportunity. The more I learned about its mission, the more I wanted to become part of it. As dentists, we learn how to become skilled clinicians, and we also need to learn how to provide care in a way that is safe for the patients. Joining the Board provides me the opportunity to help not only the patients at my clinic, but the patients in the entire state of Oregon. I'm also able to share my own experiences, and learn from the members. I joined the Board this summer, and it has been a rewarding experience. Each member of the Board brings a different perspective to the table, and at the same time we all have the common goal of ensuring high quality care is provided to our patients in a safe environment. I look forward to continuing our work.■

FINAL WORDS

by Jonna Hongo, D.M.D.

After completing my second four year term in June this year, I find myself back in the ranks of non-Board member dental providers. Those eight years spent serving the public as a member of the Oregon Board of Dentistry were rich, rewarding and taxing. I worked shoulder to shoulder with some of the finest dentists and upstanding public members gathered into one room sharing hours with the very capable staff that is the backbone of the Board. When I started my first term in 2008 my children were 18 and 14 years old. At the finish line, my son is a CPA living in New York City and my daughter is a married young woman with a daughter of her own. Eight years of reviewing cases has been an educational experience. I believe that it has helped make me a better dentist, but it has also been like a Clint Eastwood movie - *The Good, The Bad and The Ugly*!

Every case comes back to the basic principles of communication, ethics and treating your patients as you wish to be treated. Why are these fundamental axioms so elusive? And in the meantime, the cases that result in enforcement of discipline carry the common thread of the absence of these fundamental axioms. The Oregon Board of Dentistry is a fluid entity, ever changing with members "graduating" and new members "matriculating". The dynamics of the personalities, areas of expertise and years of experience shift with the ebb and flow of the makeup of the Board. There is honor in serving and most people who step forward to give will tell you they receive so much more in return. When I was asked to submit a few final words of farewell for the newsletter, I thought I would have this profound moment and have an esoteric litany of wisdom gleaned from these past eight years. However, the phrase "and so it goes" memorialized by my hero Billy Joel is all there is left to say.■

BOARD MEMBERS

Julie Ann Smith, DDS, MD, MCR, President
Portland
Second term expires 2019

Todd Beck, DMD
Vice President
Portland
First term expires 2017

Brandon Schwindt, DMD
Tigard
Second term expires 2017

Alton Harvey Sr.
Beaverton
Second term expires 2018

James Morris
Portland
First term expires 2017

Amy Fine, DMD
Medford
First term expires 2018

Gary Underhill, DMD
Enterprise
First term expires 2018

Yadira Martinez, RDH
Hillsboro
First term expires 2018

Alicia Riedman, RDH
Eugene
First term expires 2017

Jose Javier, DDS
Portland
First term expires 2020

SCHEDULED BOARD MEETINGS

2017

- February 24, 2017
- April 21, 2017
- June 23, 2017
- August 18, 2017
- October 20, 2017
- December 15, 2017

A WORD FROM THE EXECUTIVE DIRECTOR

by Stephen Prisby

Focus

Focus, Fairness, Courtesy, Brevity & Equity- these words are on my desk, and as I shared with the Board at my performance review, are what I strive for every day at the Oregon Board of Dentistry (OBD). There is a lot to focus on at the OBD. As I write this, 2016 is winding down. The year has been very eventful; highlights included welcoming our newest Board member Dr. Jose Javier to the Board, and saying farewell to Dr. Jonna Hongo after 8 years of dedicated service to the Board. We have also added 3 new staff members: Dr. Daniel Blickenstaff, Dental Investigator, Ingrid Nye, Acting Licensing Manager and Haley Huntington, Office Specialist 2. These folks have been a solid addition to our agency and are dedicated, professional and motivated to carry out the duties and responsibilities of the OBD. The Board also chose a new President in April (as they do every April), and our newest President is Dr. Julie Ann Smith. A big thanks to Mr. Alton Harvey, Sr. for his service as our previous president. President Smith's strong leadership, and wise words in Board meetings and in this newsletter are appreciated.

Another highlight of 2016 was the strategic planning and process which culminated in our 2017-2020 Strategic Plan which is posted on our website at www.oregon.gov/dentistry The Board's new mission is "to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals." The Board, after considerable discussion has identified 5 priorities in the new strategic plan:

1.) Ensure Patient Safety
2.) Manage Change in the Practice of Dentistry
3.) Manage Investigations & Case Complexity
4.) Plan for OBD Staff Attrition
5.) Retain OBD Autonomy

These priorities are expounded upon in the strategic plan. The OBD is committed to meeting its statutory obligations and being a critical and integral part of the oral health and patient safety that all Oregonians deserve. During the strategic planning meetings, the Board unanimously agreed that communication with our licensees and stakeholders is a critical part of our plan.

This Fall a letter was sent to the Governor and all state legislators updating them on recent OBD activities including the new strategic plan and assuring them that we are a resource to them on any legislative issue relevant to the practice of dentistry and dental hygiene. We thought this was timely with the upcoming legislative session about to begin. A theme I will be repeating throughout my tenure with the OBD is that we are a resource to all regarding the statutes and rules governing the safe practice of dentistry and dental hygiene in Oregon.

Every year the OBD opens up the Dental Practice Act to update the rules, whether mandated through legislative action (statutes) or through the OBD (rules). We held a public rulemaking hearing on October 20, 2016 and at the October 21st Board meeting, the Board voted on 39 rule changes. Later in this newsletter, and of course posted on the OBD website, you can read about the upcoming changes and the effective dates of these changes. The decisions made by the OBD and the state legislature have a direct impact on the profession of dentistry and dental hygiene in Oregon. If you have not done so already please sign up for our email subscription service so you can receive upcoming Board and Committee meeting agendas, as well as future public rulemaking information.

I continue to meet more and more members of the dental community as I attend meetings and make presentations around the state, and I look forward to meeting more of you in the months ahead. If you have any questions or comments and want to reach me, feel free to call 971-673-3200 or email me at Stephen.Prisby@state.or.us. I look forward to hearing from you.■

QUESTIONS? *Call the board office at 971-673-3200 or email questions to us*
information@oregondentistry.org

ENFORCEMENT NEWS

by Paul Kleinstub D.D.S., M.S., Dental Director and Chief Investigator

WHEN THE BOARD INVESTIGATES A COMPLAINT

All complaints are initially reviewed to determine whether any statutes or rules in the Dental Practice Act have been potentially violated. There are times when the issues in a complaint, while serious, may not be a violation of the Dental Practice Act, and the complainant may be referred to another agency or professional organization for assistance.

Violations of the Dental Practice Act can result in the Board taking disciplinary action against a licensee. Disciplinary action taken in the past have included wide ranging issues such as self medication of controlled substances, unacceptable patient care, fraud, misrepresentation, sexual misconduct with a patient, failure to cooperate with the Board and conviction of a criminal offense.

If an investigation of a valid complaint is started, both the entity sending the complaint (patient, subsequent treatment provider, hospital, pharmacy, nursing home, etc.) and the licensee are sent letters notifying them that an investigation is being initiated. The investigator gathers documents and evidence, such as patient records, drug logs, prescription records, and also interviews witnesses and other parties who can provide information to enable the Board to proceed with the investigation. A preliminary investigative report is then provided to the licensee and the licensee's attorney, if an attorney has been retained, and the licensee is offered an opportunity to be interviewed to help ensure the accuracy of the report before it is forwarded to the Board for further action. When the investigation has been completed, the investigative report is provided to the Board's two Evaluators for review. These two Board members then review the investigation and make recommendations to the full Board regarding the type of action that may be taken. The investigation is then reviewed by the full Board in executive session, and a final action is then voted upon during the public portion of the Board's meeting.

A variety of actions can be proposed to be taken against a licensee if the Board finds that violations have occurred. When there are relatively minor violations noted, the Board may issue a letter of concern, which is not disciplinary action.

The Board may also issue reprimands, civil penalties, or require a licensee to make restitution payments. More serious actions may limit, restrict, or place conditions on the license that both protect the public and rehabilitate the licensee. When the offenses are very serious, the Board may revoke a license. If the licensee is an immediate threat to the health and safety of the public, the Board may issue an emergency suspension.

All proposed Board actions may be contested by licensees through an administrative hearing process, and all final Board Orders issued following an administrative hearing could be submitted to the Oregon Court of Appeals for review.

INFECTION CONTROL

Pursuant to OAR 818-012-0040, licensees must wear disposable gloves whenever placing fingers in the mouth of a patient or when handling bloody or saliva contaminated instruments; wear masks and protective eyewear or face shields when splattering of blood or other body fluids is likely; sterilize instruments or other equipment between each patient use; **TEST HEAT STERILIZATION EQUIPMENT WEEKLY** disinfect surfaces; and properly dispose of contaminated wastes. In determining what constitutes unacceptable patient care, the Board may also consider compliance similar guidelines such as those from the Centers for Disease Control and the ADA.

Why the bold and capitals? The Board has found that the failure to test heat sterilization equipment on a weekly basis by licensees is an ongoing and disturbing issue. The Board recently disciplined a licensee because between October 3, 2014 and June 23, 2015, the licensee failed to do any weekly testing with a biological monitoring system on the heat sterilizing devices in the licensee's office. At the August 2016 Board meeting the Board proposed taking disciplinary action against eight other licensees for failure to do the weekly testing for at least six times in a calendar year.

In a September 13, 2016 Board blast email to all licensees, the importance of following the section on General

ENFORCEMENT NEWS

(Continued from page 4)

Recommendations for Dental Unit Waterlines, Biofilm and Water Quality in the 2003 CDC Guidelines for Infection Control in Dental Health-Care Settings was highlighted. This "heads-up" was generated following the publishing of an April 8, 2016 report from the CDC documenting a report of a cluster of nine children from a Pediatric Dentistry practice in Georgia who developed *Mycobacterium abscessus* infections following pulpotomy procedures. The day after the e-mail was generated, another report surfaced documenting the hospitalization of seven children from a Pediatric Dentistry practice in California who developed *Mycobacterium abscessus* infections following pulpotomy procedures.

A FEW STRATEGIES FOR AVOIDING COMPLAINTS

Solve the problem with the patient before he or she contacts the Board. The universal theme in the Board's first contacts with potential complainants is that the patient is unable to speak with the dentist about whatever the issue might be. Almost always someone in the office hears about the problem from the patient before he or she contacts the Board. Ensure that your staff tells you about any patient's complaint, then set aside time during the day to pick up the phone and talk to the patient yourself.

In advance of providing any treatment, there should be a clear understanding as to what treatment is being proposed as well as the estimated fee; PARQ needs to be documented, both the dentist and patient should sign the agreed upon treatment plan, give the patient a copy, and keep one in the patient records.

You should update a medical history at least annually. Don't forget to specifically inquire about changes in prescribed medication, and also what non-prescribed and illicit drugs are being ingested by the patient.

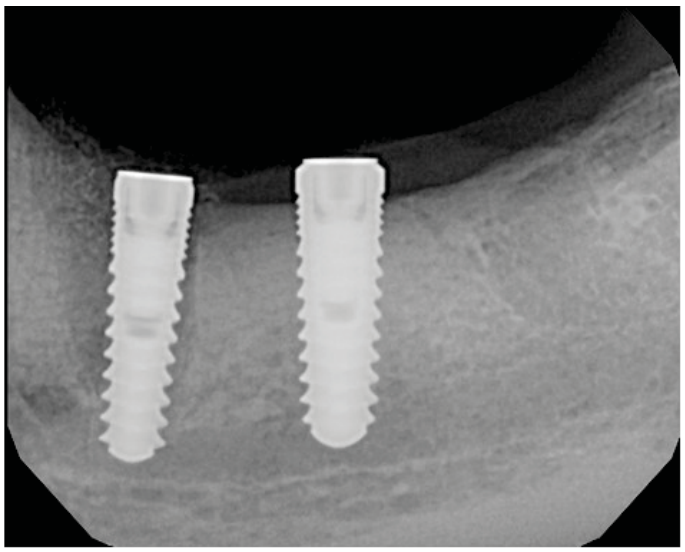
Before a delinquent account is turned over to a collection agency, it is a good idea to exhaust every opportunity for your office to collect the amount and also then evaluate the potential financial gain or loss in pursuing that action, because turning a patient over to collection frequently triggers a complaint being sent to the Board.

Treat all patients the way you would want to be treated when you are a patient, and professional caring and politeness and staff courtesy as perceived by patients as factors contributing to quality care. When you have a difficult patient who presents you with a problem you don't know how to solve, pick up the phone, call someone you trust and respect for advice, a colleague, your malpractice carrier, or even the Board. If red flags are waving, it doesn't mean something good is about to happen, and remember, there are bad people out there that you don't need in your practice.■

IMPLANT FAILURES

by Daniel E. Blickenstaff, D.D.S., M.S.c. & Paul Kleinstub D.D.S., M.S.

The past few years have shown a sharp increase in the number of complaints by patients that involved unexpected loss of dental implants. In general, factors that affect the success or failure of implants for an individual patient are the health of the person receiving them, drugs which affect the chances of osseointegration, and the health of the tissues in the mouth. A study documented in one research article showed that almost a third of all patients with diabetes or a history of bruxism had experienced implant failure. Planning the position, size and number of implants by the dentist is key to the



Two implants placed into the mandibular canal.

(Continued from page 5)
success for the final implant borne prosthetic since biomechanical forces created during chewing can have significant impact on long-term implant retention. The evaluation of all of these factors by the dentist is the obvious key to successful implant therapy, but a number of research articles have shown that successful long-term outcomes for implants still depends heavily on the experience the clinician performing the procedure. Studies have shown that approximately 12 percent of implants failed when placed by dentists who had less than five years of experience after initial training. Implants were also twice as likely to fail if the dentist placing the implants had performed less than 50 implant placements in the dentist's career**.** The issues in the Board investigations that have caused the most concern were not involved with patient selection and implant retention, but rather that errant placement of the implants themselves, with the mandibular canal being the prime target followed closely by the maxillary sinus and perforation of the bone.

To help ensure a successful implant supported restoration, it is important that the dentist has radiographic evidence to adequately assess the bone volume where the implant is to be placed, and assure that there is enough bone height to support an implant without the implant invading into the maxillary sinus, inferior alveolar canal, or the nasal cavity. Pre-plan the final restoration before placing the implant, and if bone grafting has been done, assure that the bone graft has fully integrated.■

DID YOU KNOW?

In addition to reporting Child Abuse, pursuant to ORS 124.050, as of January 1, 2015 dentists are now required to report Elder Abuse.

To report Child or Elder Abuse you may contact your local Department of Human Services (DHS) office, or you may also call the DHS toll-free hotline at 1-855-503-7233

MORE QUESTIONS?

Send us an email:
information@oregondentistry.org

NEW STAFF INTRODUCTIONS

Daniel E. Blickenstaff, D.D.S., M.S.c., *Investigator*

I was born and raised in northern California and earned a BSc, MSc, and DDS from the Ohio State University, graduating from the College of Dentistry in 1977. I was a clinic instructor in restorative dentistry at the Ohio State University College of Dentistry from 1982 to 1985 while practicing in Columbus, Ohio. In 1993 I returned to the West Coast and practiced in the Portland area until 2013. I taught restorative dentistry at Portland Community College from 2011 to 2016 and have been performing Independent Medical Examinations for numerous insurance companies since 2007. In 2015 I joined the Board of Dentistry as a consultant and became a full-time investigator in January 2016. In my spare time I officiate High School Football and have been an Official since 1981. I also enjoy cooking and traveling with my family, having just completed El Camino de Santiago with my wife in May of 2016.■

Haley Huntington, *Office Specialist*

I was born and raised in Oregon and graduated from Oregon State University in 2015 with a Bachelor of Science in Human Development and Family Sciences. Initially I was going to attend college to become a registered dental hygienist, but changed my mind at the very last minute. In my free time I can be found out working in the fields on my family operated Red Angus cattle ranch outside of Molalla, Oregon. I also enjoy hiking with my fiancé and three dogs. I am very excited to finally work in a field related to both dentistry and my degree and am very grateful for the opportunity to work along such great people.■

Ingrid Nye, *Acting Examination and Licensing Manager*

I am so thrilled and grateful for the opportunity to serve as the Acting Examination & Licensing Manager for the Oregon Board of Dentistry. I have been truly fortunate to learn a great many new skills in a relatively short amount of time care of the vast experience (and patience!) of my very talented, very dedicated colleagues. I was born in Oslo, Norway, but have lived in Portland ever since, save for the years I spent attending the University of Redlands. Before I started at the OBD, my background was in healthcare. Working for the OBD has already proved to be exactly the new and exciting challenge for which I had been searching! I spend most of my free time outside; I love to go skiing, hiking, camping, and climbing in the beautiful Pacific Northwest area . . . as often as our climate will allow! I have climbed Mt. Rainier, Mt. Whitney, Mt. Shasta, and of course our own spectacular Cascade sentinel Mt. Hood, among many other mountains. I remain as driven as ever to see the most inaccessible parts of this wonderful state! ■

FREQUENTLY ASKED QUESTIONS

QUESTION:
Do I need to report an address change to the Board?

Answer: YES!

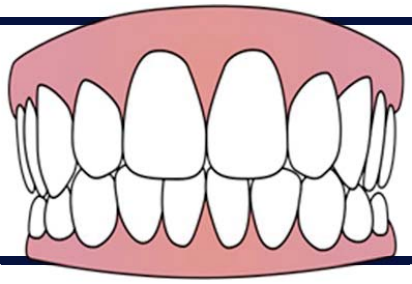
Dentists: 679.120 License Fees; waiver of fee; rules; renewal of license.
(4) Every dentist shall advise the Board within 30 day of any change of address.
Dental Hygienists: 680.075 License fees; waiver; reinstatement of inactive status license; notice of change of address.
(4) Every dental hygienist shall advise the Board within 30 days of any change of address.

QUESTION:
Do I have to renew my license online?

Answer: YES!

The OBD only offers online renewal.

This has saved the OBD time, money and resources to have all licensees use the online vs. paper renewal. It has also allowed the OBD to actually mail second and third reminder notices, that it was never able to do in the past.



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The Board office is open 7:30 a.m. to 4:00 p.m., Monday through Friday, except State and Federal Holidays.

RULE CHANGES

RULEMAKING PROCESS

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

Committees discuss and review potential changes to the OARs. The full Board considers the Committees' recommendations and can move them to a public rulemaking hearing for public testimony or back to a Committee to be refined and discussed further.

Official notice of public rulemaking has been discussed at various presentations. We have also provided information to all of our licensees by posting on the OBD's website, sharing through email blasts and publishing in the Secretary of State's Bulletin.

The Board held a public rulemaking hearing on October 20, 2016. At its regular Board meeting on October 21st the Board voted to amend 26 administrative rules, adopt 5 administrative rules, and repeal 8 administrative rules. All changes to rule language are available on our website.

Effective November 1, 2016
The Board voted to adopt the following NEW OAR effective November 1, 2016.

818-001-0083 - Relief from Public Disclosure. The addition of 818-001-0083 is to be in compliance with HB 4095 (2016) to clarify when a licensee can request relief from public disclosure.

Effective March 1, 2017
The Board voted to adopt the following 4 NEW OARs effective March 1, 2017.

818-005-0050 Criminal Records Check for Employees, Volunteers and Applicants. The addition of 818-005-0050 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-012-0032 Diagnostic Records. The addition of 818-012-0032 is to clarify the fees for digital patient records and how long the licensee has to release the digital patient records.

818-042-0112 Expanded Functions Preventative Dental Assistants (EFPDA). The addition of 818-042-0112 is to add a new category of dental assistant.

818-042-0113 Certification - Expanded Function Preventative Dental Assistants (EFPDA). The addition of 818-042-0113 is to add new duties for this level of expanded function dental assistants.

Effective March 1, 2017
The Board voted to AMEND the following 26 OARs effective March 1, 2017.

818-001-0082 Access to Public Records. The amendment to 818-001-0082 is to clarify that public records requests must be in writing.

818-001-0087 Fees. The amendment to 818-001-0087 is to clarify that the fee is for a background check and not for the permit itself.

818-005-0035 Contesting a Fitness Determination. The amendment to 818-005-0035 is to correct a numbering and grammatical error in the rule.

818-012-0005 Scope of Practice. The amendment to 818-012-0005 is to add the provision for dentists to utilize dermal fillers to treat a condition within the scope of the practice of dentistry and add 4 additional clinical hours to education requirement.

818-012-0010 Unacceptable Patient Care. The amendment to 818-012-0010 is to clarify that failure to determine and document dental justification prior to ordering a Cone Beam CT series documentation with a field greater than 10x10 cm for patients under 20 years of age, and for failure to advise a patient of any treatment complications or treatment outcomes.

RULE CHANGES

(Continued from page 8)

818-012-0030 Unprofessional Conduct. The amendment to 818-012-0030 is to clarify that duplicates of radiographs must be same quality as originals, to update the language as it pertains to substance use disorder, and to add additional language for what may be considered unprofessional conduct.

818-012-0040 Infection Control Guidelines. The amendment to 818-012-0040 is to bring the rule in compliance with ORS 679.535.

818-012-0060 Failure to Cooperate with Board. The amendment to 818-012-0060 is to include failure to cooperate in the course of an investigation.

818-012-0070 Patient Records. The amendment to 818-012-0070 is to clarify that all licensees are required to prepare and maintain an accurate record and also adding that the record must include documentation of informing patient of treatment complications. The rule also mandates that a licensee must notify the Board within 14 days of transferring patient records under certain circumstances.

818-021-0011 Application for License to Practice Dentistry without Further Examination. The amendment to 818-021-0011 is to clarify that teaching clinical dentistry at a CODA accredited dental school can count towards the 3,500 clinical practice hours.

818-021-0025 Application for License to Practice Dental Hygiene without Further Examination. The amendment to 818-021-0025 is to clarify that 3,500 clinical teaching hours must be in a CODA accredited dental hygiene program.

818-021-0026 State and Nationwide Criminal Background Checks, Fitness Determinations. The amendment to 818-021-0026 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor. The amendment to 818-026-0030 is to clarify that in addition to the BLS for Health Care Providers certificate or equivalent, dentist permit holders who induce moderate, deep or general anesthesia must also hold an ACLS and/or PALS certificate, or whichever is appropriate for the patient being sedated.

818-026-0050 Minimal Sedation Permit. The amendment to 818-026-0050 is to clarify the rule and add to dentist, "dentist permit holder".

818-026-0060 Moderate Sedation Permit. The amendment to 818-026-0060 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Dental Assistant is certified by the Oregon Board of Dentistry.

818-026-0065 Deep Sedation Permit. The amendment to 818-026-0065 is to clarify the rule and to add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Dental Assistant is certified by the Oregon Board of Dentistry.

818-026-818-026-0070 General Anesthesia Permit. The amendment to 818-026-0070 is to clarify the rule and add to dentist, "dentist permit holder" and to clarify that the Certified Anesthesia Dental Assistant is certified by the Oregon Board of Dentistry.

818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia. The amendment to 818-026-0080 is to clarify that the qualified anesthesia provider who induces moderate sedation, deep sedation and general anesthesia has to monitor the patient's condition until the patient is discharged.

818-026-0110 Office Evaluations. The amendment to 818-026-0110 is to clarify the rule and add to dentist, "dentist permit holder".

818-035-0040 Expanded Functions of Dental Hygienists. The amendment to 818-035-0040 is add that upon successful completion of a course of instruction approved by the Oregon Health Authority a dental hygienist may purchase epinephrine and administer epinephrine in case of an emergency.

818-042-0020 Dentist and Dental Hygienist Responsibility. The amendment to 818-042-0020 is to clarify that a dental hygienist may supervise more than one dental assistants at a time, and allows an Expanded Practice Dental Hygienist to hire and supervise one or more dental assistant at a time.

RULE CHANGES

(Continued from page 9)

818-042-0050 Taking of X-Rays- Exposing of Radiographs. The amendment to 818-042-0050 is to clarify that a dental hygienist can authorize an assistant to take radiographs.

818-042-0070 Expanded Functions Dental Assistants (EFDA). The amendment to 818-042-0070 is to clarify that EFDA polishes the coronal surfaces with a brush or rubber cup, the patient must be checked by a dental hygienist or dentist prior to being discharged.

818-042-0115 Expanded Functions - Certified Anesthesia Dental Assistant. The amendment to 818-042-0115 is to clarify that only a Certified Anesthesia Dental Assistant by the Oregon Board of Dentistry can perform certain procedures.

818-042-0120 Certification by Credential. The amendment to 818-042-0120 is to add an additional category of expanded functions to the certification by credentials pathway.

818-042-0130 Application for Certification by Credential. The amendment to 818-042-0130 is to allow an additional category of expanded functions dental assistants to apply for certification by credentials.

The Board voted to REPEAL the following 8 OARs effective March 1, 2017.

818-005-0000 Definitions. Removal of 818-005-0000 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0005 Employee Applicant/Employee. The repeal of 818-005-0005 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0011 Criminal Records Check Required. The repeal of 818-005-0011 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0015 Criminal Records Check Process. The repeal of 818-005-0015 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0021 Potentially Disqualifying Crimes. The repeal of 818-005-0021 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0025 Final Fitness Determination. The repeal of 818-005-0025 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0030 Incomplete Fitness Determination. The repeal of 818-005-0030 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

818-005-0045 Record Keeping, Confidentiality. The repeal of 818-005-0045 is required by House Bill 3168 (2013) and House Bill 2250 (2015), which gave the Department of Administrative Services (DAS) authority to adopt statewide administrative rules for criminal background checks and required other agencies to repeal or amend existing rules as needed in order to be consistent with the statewide rules.

New Features Available with the PDMP

The Oregon Prescription Drug Monitoring Program (PDMP) is an excellent tool for prescription management. New features are making it more effective and efficient.

Prescriber Dashboard

A new "prescriber dashboard" gives a report of patients the provider has prescribed Schedule II- IV medications to in the last six months and who meet one or more metrics for an increased risk of possible overdose or substance use disorder. The dashboard includes five thresholds:

- ☐ **Threshold 1**—Patient is receiving opioids at greater than 120 mg MED (Morphine Equivalent Dose) daily.
- ☐ **Threshold 2**—Patient is receiving methadone at greater than 40 mg dose daily.
- ☐ **Threshold 3**—Patient is receiving opioids for longer than 90 consecutive days.
- ☐ **Threshold 4**—Patient is concurrently receiving opioids and benzodiazepines.
- ☐ **Threshold 5**—Patient is being prescribed medications by four or more prescribers and being dispensed medications by four or more pharmacies.

Within this dashboard you can select a patient to view more detailed information. Information is presented in easy to use tables that correspond to each threshold with dates and information on the prescription, prescriber and pharmacy.

Delegate Access

Prescribers can now save time by having office staff, medical assistants and other non- prescribing staff register for a delegate PDMP account. Office staff may visit PDMP's website at **www.orpdmp.com** and follow the instructions to register for a new account. To link a delegate, sign into your account through the PDMP Provider Portal at **https://orpdmp-ph.hidinc.com** and select "User Management" from the option menu at the top of the screen. Select "Delegate Accounts." Select the name(s) of your delegate(s) and select "Link Account." Once your delegates are linked to your provider account, the delegate will be able to create, print and save patient reports; they cannot query patients without being linked. Delegates may be linked to as many prescribers as needed, and prescribers may designate as many delegates as needed. ☐

Suggested Times to Use the PDMP

- ☐ When seeing a new patient
- ☐ When writing a new or renewal prescription for a controlled substance
- ☐ At annual exams
- ☐ Whenever a patient requests an early refill
- ☐ If a patient exhibits signs of substance abuse

Since 1999, the rate of overdose deaths involving opioids—including prescription opioid pain relievers and heroin—nearly quadrupled, and over 165,000 people nationally have died from prescription opioid overdoses. Prescription pain medication deaths remain far too high, and in 2014, the most recent year on record, there was a sharp increase in heroin-related deaths and an increase in deaths involving synthetic opioids such as fentanyl.

Economic Impact of the Opioid Epidemic in the US:

$55 billion in health and social costs related to prescription opioid abuse each year[1]

$20 billion in emergency department and inpatient care of opioid poisonings[2]

Source: Pain Med. 2011; 12(4):657-67.[1] 2013;14(10):1534-47.[2]

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