

**PUBLIC PACKET**

**OREGON BOARD  
OF  
DENTISTRY**

**BOARD MEETING  
DECEMBER 17, 2021**





# Oregon

Kate Brown, Governor

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

## NOTICE OF REGULAR MEETING

**PLACE: VIRTUAL VIA ZOOM**

**DATE: December 17, 2021**

**TIME: 8:00 a.m. – 1:00 p.m.**

**Call to Order – Alicia Riedman, R.D.H., President**

**8:00 a.m.**

### **OPEN SESSION (Via Zoom)**

<https://us02web.zoom.us/j/85363590744?pwd=VndTZFhJNWhveFM1M2tYeXhnSUcrdz09>

**Dial-In Phone #: 1-253-215-8782 • Meeting ID: 853 6359 0744 • Passcode: 354735**

### **Review Agenda**

1. Approval of Minutes
  - October 22, 2021 - Board Meeting
  - October 23, 2021 – Strategic Planning Session Meeting
  - November 5, 2021 – Special Board Meeting
  - OLD BUSINESS

### **NEW BUSINESS**

2. Association Reports
  - Oregon Dental Association
  - Oregon Dental Hygienists' Association
    - Report for the Board
  - Oregon Dental Assistants Association
3. Committee and Liaison Reports
  - WREB Liaison Report – Yadira Martinez, R.D.H.
  - AADB Liaison Report – Alicia Riedman, R.D.H.
  - ADEX Liaison Report – Vacant
  - CDCA Liaison Report – Amy B. Fine, D.M.D.
  - Dental Therapy Rules Oversight Committee Meeting #3 12.08.21 – Chair, Yadira Martinez, R.D.H.
    - All meeting documents & minutes are posted on the OBD Website
4. Executive Director's Report
  - Board Member and Staff Updates
  - OBD Budget Status Report
  - Customer Service Survey
  - Board and Staff Speaking Engagements
  - Dental Hygiene License Renewal – Revised Data
  - OBD Strategic Planning
  - AADA Annual Meeting
  - AADB Annual Meeting
  - Pew Dental Therapy Model Rules Project
  - OBD December 2021 Newsletter

#### Notes:

- (1) A working lunch will be served for Board members at approximately 11:30 a.m.
- (2) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.
- (3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

5. Unfinished Business and Rules
  - Strategic Planning follow up with our facilitators (joining the meeting for 25-30 minutes)
    - Draft Plan
  - Public Rulesmaking Notice
    - SOS - Rule Changes effective January 1, 2022
    - SOS - Rule Changes effective July 1, 2022
  - Discuss and Review Current Instructor Application
    - Instructor application
    - Radiation Protection Services OAR
6. Correspondence
  - CODA - email regarding site visit at Pacific University 2022
7. Other Items & Open Public Comment
  - Invitation from the OBD to the Tribal Communities to address dental therapy rules and other important issues
  - Memo - Compliance with SB 770 (2001), ORS 182.164 & ORS 182.166
    - OBD Draft Policy for discussion and approval
  - OHA Public Health Division, Oral Health Program Sealant Program Rule Changes
  - Open Public Comment Period
8. Articles & Newsletters (No Action Necessary)
  - HPSP October 2021 Newsletter
  - PCC Need for Dental Instructors
  - OAGD Staffing Update

## **EXECUTIVE SESSION**

**10:00 a.m.**

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

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

## **LUNCH – Break 30 minutes**

**11:30 a.m.**

## **OPEN SESSION (Via Zoom)**

**12:00 p.m.**

<https://us02web.zoom.us/j/85363590744?pwd=VndTZFhJNWVhveFM1M2tYeXhnSUcrdz09>

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## **Enforcement Actions (vote on cases reviewed in Executive Session)**

## **LICENSURE AND EXAMINATION**

16. Ratification of Licenses Issued
17. License and Examination Issues

## **ADJOURN**

**1:00 p.m.**

Notes:  
 (1) A working lunch will be served for Board members at approximately 11:30 a.m.  
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 (3) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

# APPROVAL OF MINUTES

**DRAFT 1**  
**OREGON BOARD OF DENTISTRY**  
**MINUTES**  
**OCTOBER 22, 2021**

**MEMBERS PRESENT:** Alicia Riedman, R.D.H., President  
Jose Javier, D.D.S., Vice President  
Reza Sharifi, D.M.D.  
Amy B. Fine, D.M.D.  
Jennifer Brixey  
Sheena Kansal, D.D.S.  
Gary Underhill, D.M.D.  
Yadira Martinez, R.D.H.  
Chip Dunn  
Aarati Kalluri, D.D.S.

**STAFF PRESENT:** Stephen Prisby, Executive Director  
Winthrop "Bernie" Carter, D.D.S., Dental Director/ Chief Investigator  
Angela Smorra, D.M.D., Dental Investigator  
Haley Robinson, Office Manager (portion of meeting)  
Shane Rubio, Investigator (portion of meeting)  
Samantha VandeBerg, Examination and Licensing Manager (portion of meeting)  
Ingrid Nye, Investigator (portion of the meeting)

**ALSO PRESENT:** Lori Lindley, Sr. Assistant Attorney General

**VISITORS PRESENT VIA TELECONFERENCE\*:** Barry Taylor, D.M.D.; Phyu Phyu Tun, D.D.S.; Jen Lewis-Goff, Oregon Dental Association (ODA); Lisa Rowley, R.D.H., Oregon Dental Hygienists' Association (ODHA); Kelle Little, Health and Human Services Director, Coquille Indian Tribe; Brenda Meade, Tribal Council Chair, Coquille Indian Tribe

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

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

President Alicia Riedman, R.D.H., welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

## **NEW BUSINESS**

### **Approval of Minutes**

Dr. Javier moved and Dr. Fine seconded that the Board approve the minutes from the August 20, 2021 Board Meeting as presented. The motion passed unanimously.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association (ODA)**

Dr. Taylor reported on the ODA's recent DENI training, and that their new leadership began their tenures at the September house of delegates meeting. They are also recruiting for the upcoming board member seats for the OBD. Dr. Taylor also gave a brief overview of the Oregon Wellness Program.

### **Oregon Dental Hygienists' Association (ODHA)**

Ms. Rowley reported that the ODHA will hold their 2021 Oregon Dental Hygiene Conference November 12 & 13 at the Embassy Suites by Hilton at Washington Square.

### **Oregon Dental Assistants Association (ODAA)**

Mr. Prisby reported on behalf of Mary Harrison that the ODAA will hold has held their annual meeting and planning meeting. The American Dental Assistants Association is holding its annual meeting this weekend through Zoom. With the shortage of Dental Assistants, they are excited to report that ODAA has approved and is going to work on a 4 handed video to be shared with the Dental Community when completed.

## **COMMITTEE AND LIAISON REPORTS**

### **WREB Liaison Report**

Nothing to report at this time.

### **AADB Liaison Report**

Ms. Riedman reported that the AADB annual meeting will take place virtually on October 30-31.

### **CDCA Liaison Report**

Dr. Fine reported that the CDCA annual meeting will take place in Colorado in January.

### **Dental Therapy Rules Oversight Committee Meeting**

Ms. Martinez reported that the meeting was held on October 7, 2021, and the next meeting is scheduled for November 10, 2021.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board and Staff Updates**

Mr. Prisby reported that the OBD Staff continue to show up at the downtown Portland Office and work in person. They have all been designated as "Essential Employees" since March of 2020. They all have persevered through personal issues and Mr. Prisby reported that he is very proud of the work they do. We all hope the most challenging period of this pandemic is behind us now.

The OBD is still trying to fill our open Office Specialist position after an unsuccessful recruitment. It reposted on October 4th and OBD Staff will review candidates later in the month. In the meantime, we are trying to bring on a temporary employee but even that is a challenge in this current employment environment.

### **OBD Budget Status Report**

Mr. Prisby presented the first budget report for the 2021 – 2023 Biennium. This report, which is from July 1, 2021 through August 31, 2021 shows revenue of \$274,010.70 and expenditures of \$218,057.26.

### **Customer Service Survey**

Mr. Prisby presented the legislatively mandated survey results from July 1, 2021 – September 30, 2021. The results of the survey showed that the OBD continued to receive positive ratings from the majority of those that submit a survey.

### **Dental Hygiene License Renewal**

The renewal period started on July 26<sup>th</sup> and ended September 30<sup>th</sup>. Dental Hygienists sent renewal notices in 2021: 2163

Renewed: 1884

Retired: 39

Expired: 238

Resigned: 0

Deceased: 2

### **FY 2021 Annual Performance Progress Report**

Mr. Prisby presented the OBD's FY 2021 Annual Performance Progress Report which was submitted to the Legislative Fiscal Office. Most state agencies are required to complete this report annually.

### **Diversity, Equity & Inclusion Conference**

All OBD Staff were encouraged and invited to attend the 2021 Diversity, Equity & Inclusion Conference held September 13 - 17, 2021. The conference was held virtually via Zoom. Participants had the opportunity to learn and explore from top presenters on a variety of topics.

### **AADA & AADB Virtual Annual Meetings**

The American Association of Dental Administrators (AADA) annual meeting is scheduled for October 29, 2021. The American Association of Dental Boards (AADB) annual meeting is scheduled for October 30 & 31, 2021. The Board's attorney, Lori Lindley, will be presenting at both meetings.

### **NPDB - State Licensing Board Compliance Results**

Compliance reviews include professions that hospitals and other health care organizations identify most often in queries (physicians, dentists, dental hygienists, nurses, physician assistants, and social workers). Additional professions selected at random, are also included in the compliance review. All regulated health care professions are subject to review at the discretion of HRSA. State licensing boards participate in a compliance review and complete attestation every 2 years. Attestation requires state licensing and certification boards to review and verify that they are meeting all NPDB reporting requirements. All state licensing boards in the U.S. and its territories renew their registration every 2 years and attest to their compliance with NPDB reporting requirements. Federal law requires state licensing boards to report certain adverse actions within 30 days of the date the action was taken.

### **OBD Strategic Planning**

The OBD will undertake strategic planning later today on Oct 22 at this board meeting and tomorrow Oct 23 for a full work day. We are doing the work to replace our 2017-2020 Plan which previously replaced the strategic plan from 2007. Mr. Prisby appreciates the OBD Board and staff making time in your busy schedules to undertake this important work.

### **Newsletter**

The OBD Staff is working on the next Newsletter for distribution later this year in December.

### **UNFINISHED BUSINESS AND RULES**

Dr. Javier moved and Dr. Fine seconded that the Board approve the following Oregon Administrative Rules, which went through public rulemaking process, to become effective on January 1, 2022: OARs 818-001-0000, 818-001-0002, 818-001-0082, 818-012-0012, 818-012-0070, 818-012-0120, 818-015-0007, 818-021-0012, 818-021-0080, 818-021-0088, 818-026-0040, 818-026-0050, 818-026-0080, 818-035-0010, 818-035-0020, 818-035-0025, 818-035-0065, 818-035-0100 and 818-042-0040. The motion passed unanimously.

Dr. Javier moved and Dr. Fine seconded that the Board approve the following Oregon Administrative Rules, which went through public rulemaking process, to become effective on July 1, 2022: OARs 818-012-0005, 818-021-0010, 818-021-0011, 818-021-0017 and 818-021-0060. The motion passed unanimously.

### **OTHER ISSUES**

#### **Request for Board Approval of Soft Reline Course – Brock Nelson, DMD**

Dr. Javier moved and Dr. Underhill seconded that the Board approve the soft reline course as requested. The motion passed unanimously.

#### **Coquille Indian Tribe Consultation on Dental Therapy Rules**

Brenda Meade, Coquille Tribal Council Chair, provided an update to the board regarding the tribal consultation on dental therapy rules.

### **ARTICLES AND NEWS (Informational Only)**

- JCNDE DLOSCE and NBDHE Updates
- AADB September 2021 Newsletter
- HPSP September 2021 Newsletter
- Meet Laura Skarnulis – CEO of DANB/DALE

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

**OPEN SESSION:** The Board returned to Open Session at 12:20pm.



## **CONSENT AGENDA**

### **2022-0005, 2022-0010, 2022-0018, 2022-0017, 2022-0028**

Dr. Javier moved and Ms. Martinez seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

## **COMPLETED CASES**

### **2021-0179, 2022-0006, 2021-0168, 2021-0114, 2021-0191, 2021-0133, 2021-0171, 2022-0002, 2022-0014, 2022-0023, 2021-0163, 2021-0108, 2021-0151, 2021-0189**

Dr. Javier moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

### **2021-0180**

Dr. Sharifi moved and Dr. Javier seconded that the Board move to close the matter with a Letter of Concern reminding Licensee to document 1) radiographic bone loss and furcations, 2) clinical periodontal probing depths and presence of furcations, and 3) periodontal and restorative prognoses of the teeth where procedures are performed. The motion passed unanimously.

### **2021-0169**

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he 1) documents how many radiographic images are taken during each patient appointment, and 2) documents in his patient treatment record notes who the sedation provider is, that discharge criteria per the DPA were met for the patient before leaving the office, and that a sedation escort, with the escort's name, is documented in his patient dental treatment notes. The motion passed unanimously.

### **2021-0161**

Dr. Kalluri moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that biological monitoring weekly testing of sterilization devices occurs. The motion passed unanimously.

### **2021-0194**

Ms. Martinez moved and Dr. Fine seconded that the Board move to close the matter with a finding of No Violation. The motion passed with Ms. Riedman, Ms. Martinez, Dr. Sharifi, Dr. Kansal, Dr. Fine, Ms. Brixey, Mr. Dunn, Dr. Underhill and Dr. Kalluri voting aye. Dr. Javier recused.

### **2021-0137**

Dr. Fine moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that the quantity of radiographs is documented in the patient chart; and to assure she comply with HIPAA requirements to protect patient privacy. The motion passed unanimously.

### **FROHNMAYER, JAMES, D.M.D.; TURK, FARZIN, D.M.D.; SALAZAR, AARON, EFODA; 2021-0015**

Mr. Dunn moved and Dr. Underhill seconded that the Board, in reference to Respondent #1: move to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$22,500 civil penalty to be paid within 24 months, unconditionally pass The Probe: Ethics and Boundaries Course within 12 months, complete three hours of Board approved continuing education in record keeping within 30 days and agree to properly supervise all staff while acting as the managing dentist.

In reference to Respondent #2, move to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a \$5,000.00 civil penalty to be paid within 60 days, complete three hours of Board approved continuing education on record keeping within 30 days and agree to properly supervise all staff while acting as the managing dentist.

In reference to Respondent #3, move to issue a civil penalty of \$11,250.00 to be paid within 24 months. The motion passed unanimously.

**HUISH, SETH WILLIAM, D.M.D.; 2021-0170**

Dr. Kansal moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand, a \$5,000.00 civil penalty to be paid within 60 days, three hours of Board approved continuing education in record keeping and eight hours of Board approved continuing education in proper prescription practices. The motion passed unanimously.

**JOHNSON, CRAIG D., D.D.S.; 2021-0098**

Ms. Brixey moved and Ms. Martinez seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$2,000 civil penalty to be paid within 30 days, and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days. The motion passed unanimously.

**2022-0032**

Dr. Sharifi moved and Mr. Dunn seconded the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**2022-0024**

Dr. Underhill moved and Dr. Sharifi seconded that the Board enroll the Licensee in HPSP and close the matter with No Further Action. The motion passed unanimously.

**2022-0026**

Dr. Kalluri moved and Ms. Martinez seconded that the Board release Licensee from the Interim Consent Order, enroll Licensee in HPSP, and close the matter with No Further Action. The motion passed unanimously.

**RANSOM, JAMES A., D.D.S.; 2021-0154**

Ms. Martinez moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action with a reprimand, restitution to patient of \$ 1,829.00, require Licensee to take and pass the Dental Jurisprudence Examination, and take three hours of CE credit on extraction of teeth, with tooth extraction socket bone preservation within 60 days from the effective date of the Order. The motion passed unanimously.

**ROBERTSON, BRITTNEY KAYE, R.D.H.; 2022-0029**

Dr. Fine moved and Ms. Martinez seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating reprimand and a \$ 250.00 civil penalty. The motion passed unanimously. The motion passed unanimously.

**2021-0141**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he informs his patients of (1) risks for local anesthesia administration; (2) the indications and contraindications of silver diamine fluoride, when performing that therapy to insure acceptable care for his patients; (3) to remind Licensee to assure that he retains actual continuing education certificates for two licensure periods (four years), as verification for completion of continuing education; and (4) reminding Licensee to assure that he make sure that instruments he is using for his patients have had weekly biological testing of sterilization devices completed before using those instruments. The motion passed unanimously.

**UFFENS, MICHAEL B., D.M.D.; 2021-0116**

Dr. Kansal moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$3000 civil penalty to be paid within 60 days of the effective date of the Order, pay patient TB \$4374.00 restitution within 60 days of the effective date of the Order, and completion of 24 hours of Board approved continuing education related to dental implants or occlusion in addition to the 40 hours required for the licensure renewal period, within 120 days. The motion passed unanimously.

**2021-0183**

Ms. Brixey moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he obtains a visual confirmation of the premedication taken by a patient for a dental appointment to confirm what the medication is and the dosage taken, especially when that medication has been noted by the patient on the patient medical history as being a medication of which the patient reports he/she is allergic. The motion passed unanimously.

**ZHU, LIN, D.D.S.; 2021-0086**

Dr. Sharifi moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$10,000.00 civil penalty to be paid within sixty days, completion of four hours of Board approved continuing education related to sedation within 60 days, completion of three hours of Board approved continuing education related to pharmacology within 60 days, and completion of three hours of Board approved continuing education related to record keeping within 60 days. The motion passed unanimously.

## **PREVIOUS CASES REQUIRING BOARD ACTION**

### **KRAUSE, CANDACE, D.M.D.; 2021-0037**

Dr. Underhill moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$10,000.00 civil penalty to be paid within six months, unconditionally pass the Probe, Ethics and Boundaries course within nine months, complete a three hour Board approved continuing education course on record keeping within 60 days, complete a three hour Board approved continuing education course on opioid prescribing with an emphasis on the dental profession within 60 days and Licensee agrees to not reapply for a DEA license for five years. The motion passed unanimously.

### **2017-0119**

Dr. Kalluri moved and Ms. Martinez seconded that the Board release Licensee from HPSP. The motion passed unanimously.

### **NEGRU, MIHAI, D.D.S.; 2002-0049**

Ms. Martinez moved and Dr. Javier seconded that the Board accept the proposed Consent Order offered by the Licensee. The motion passed unanimously.

### **2021-0102**

Dr. Fine moved and Dr. Underhill seconded that the Board close the matter with a Letter of Concern reminding Licensee to (1) document all vital signs (including respiratory rate) every 15 minutes, (2) document continuous monitoring of End-tidal CO2 levels, (3) document continuous monitoring of ECG when appropriate, and (4) ensure all sedation discharge criteria are met prior to releasing a patient to a responsible party. The motion passed unanimously.

## **LICENSE & EXAMINATION ISSUES**

### **Request for reinstatement of a retired license – Wendi A. Bass, R.D.H.**

Mr. Dunn moved and Ms. Brixey seconded that the Board approve the reinstatement of retired license. The motion passed unanimously.

### **Request for Reinstatement of an Expired License - Karen C. Russell, R.D.H.**

Dr. Kansal moved and Mr. Dunn seconded that the Board approve the reinstatement of expired license. The motion passed unanimously.

### **Request to waive verification of foreign licensure requirement – Phyu Phyu Tun, D.D.S.**

Ms. Brixey moved and Dr. Javier second that the Board grant licensure based on specific facts in this case, and that she fulfilled the educational and examination requirements. The motion passed unanimously.

### **Request to Review VIORA Technology and TMD Treatment**

Dr. Sharifi moved and Dr. Javier seconded that the Board determine that the treatment of Temporomandibular Disorders (TMD) are within the scope of the practice of Dentistry provided

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the licensee has the training and experience to do so, and is utilizing FDA approved equipment if applicable. The Board will not be endorsing a specific company, therapeutic treatment or technique. The motion passed unanimously.

### **RATIFICATION OF LICENSES**

Dr. Underhill moved and Dr. Sharifi seconded that the Board ratify the licenses presented. The motion passed unanimously.

### **STRATEGIC PLANNING SESSION**

The Board members and Board staff met with the Peak Fleet strategic planning team.

### **ADJOURNMENT**

The meeting was adjourned at 3:15 p.m. Ms. Riedman stated that the next Board Meeting would take place on December 17, 2021.

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Alicia Riedman, R.D.H.  
President

**OREGON BOARD OF DENTISTRY  
Strategic Planning Session  
MINUTES  
October 23, 2021**

**MEMBERS PRESENT:** Alicia Riedman, R.D.H., President  
Jose Javier, D.D.S., Vice President  
Reza Sharifi, D.M.D.  
Amy B. Fine, D.M.D.  
Jennifer Brixey  
Sheena Kansal, D.D.S.  
Gary Underhill, D.M.D.  
Yadira Martinez, R.D.H.  
Chip Dunn  
Aarati Kalluri, D.D.S.

**STAFF PRESENT:** Stephen Prisby, Executive Director  
Winthrop “Bernie” Carter, D.D.S., Dental Director/ Chief Investigator  
Angela Smorra, D.M.D., Dental Investigator  
Haley Robinson, Office Manager  
Ingrid Nye, Investigator

**ALSO PRESENT:** Lori Lindley, Sr. Assistant Attorney General  
Jennifer Coyne, Strategic Planning Facilitator  
Theresa Trelstad, Strategic Planning Facilitator

**VISITORS PRESENT:** Jen Lewis-Goff – ODA Representative via Zoom.

**The session was held at:**  
Marriott Hotel- Downtown Portland  
Pearl Conference Room  
1401 SW Naito Pkwy  
Portland, Or 97201  
Willamette Conference Room

**Session Opening Remarks and Welcome**

Stephen Prisby thanked everyone for their attendance reviewed the overall plan for the day. He introduced OBD President, Alicia Riedman. He also thanked everyone for their attendance and stated that the last time the OBD conducted a strategic planning session was in 2016. Mr. Prisby then introduced the Strategic Planning Facilitators, Jennifer Coyne and Theresa Trelstad. They reviewed the agenda and next steps for the meeting.

**Agenda Review and Session Working Agreements**

Jennifer Coyne explained the day’s plan and housekeeping rules for everyone. Board and staff participated in a collaboration exercise, “a new way to ZOOM.”

The facilitators reviewed the feedback from the conversations and survey of all participants. The feedback was split into different goals for the Board of Dentistry: Community, Workplace

Environment, Technology and Processes, Dentistry and Private Practice, and Licensure Considerations.

Staff and Board members split into five groups and discussed subtopics under the goals established. Subtopics were scored and compiled into the graph (attachment #1).

## **Summarized Discussion**

### **Community**

Under the goals of community, the following themes were identified:

- Equity in investigation outcomes
- Marketing and communications in multiple languages, feature diversity in materials
- Ability to take complaints in a first language, possible vendor or software solution
- Diversity, equity, and inclusion
- Revise mission to include “protect consumers” or something similar

### **Workplace Environment**

Under the goals of workplace environment, the following themes were identified:

- Performance evaluations and feedback
- Consideration of remote and flexible work
- Evolving workplace environment/evolving workplace environment
- Reduce unnecessary work due to outdated processes/optimize use of new capabilities in new system
- Workloads and staffing balance

### **Technology and Processes**

Under the goals of technology and processes, the following themes were identified:

- Build working database to include remote backup and reduce reliance on paper files
- Leverage technology to improve workflow
- On-going modernization of processes and technology, including Board materials

### **Dentistry and Private Practice**

Under the goals of dentistry and private practice, the following themes were identified:

- Strengthen statute regarding ownership and allow Licensees to dictate clinical care
- Request names of all owners and financially interested parties
- Hold Dental Therapists, Dentists, and Dental Hygienists to the respective level of competency. Have OHSU and other schools update Board with current curriculum every few years

### **Licensure Considerations**

Under the goals of licensure considerations, the following themes were identified:

- Make changes to dental assisting rules to allow greater access
- Dental therapy rules and licensure

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Strategic Planning Session

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## **Mission Adaptation & Alignment**

On October 22, 2021, Board members and staff collaborated to modify/create a new proposed mission statement for the OBD. The current mission statement is: to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.

It was important to staff and Board members to expand on the mission statement to include Oregon citizens, and to broaden the scope of the mission statement. The proposed 2021 mission statement of the OBD is: to promote quality oral healthcare and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

## **Lunch**

The participants had lunch and time to attend to personal matters.

## **Strategic Objectives & Priorities 2022-2025**

- Establish priorities
- Anticipated milestones
- Measure of success

Board and staff members prioritized and discussed the goals outlined. It was determined that licensing dental therapists is one of the main priorities, as it is required to be carried out in 2022 by statute. The Dental Therapy Rules Oversight Committee was created this year and is doing the work necessary to get the rules in place. Rulemaking also takes up a lot of staff time and staff is balancing this with their other required duties.

The Oregon Health Authority approved interpreter service was discussed in relation to diversity, equity, and inclusion. Mr. Prisby reported that a lot of work was coming forth from the Racial Justice Council and will be shared with the Board and staff when it is available.

Board members discussed corporate dental models and policies and the impact on patient care. The difference between a group dental practice and corporate offices was brought into question. The statute dictates that only an Oregon licensed dentist can own a dental office. Concerns have been addressed to the OBD regarding specific policies that require associate dentists to adhere to in the spirit of profit, rather than patient care. Ultimately, the responsibility falls on the treating dentist and not the owner of the dental office when it comes to patient care. Board staff were going to compile data regarding investigations to investigate the concerns further. Data will be presented to the Board when the document is finalized.

Mr. Prisby announced that OBD staff will have the opportunity to work remotely with a hybrid work schedule once technology is in place, protocols are established and other details are worked out. In addition to updating technology and obtaining a functional database would help staff retention and morale. The OBD is in the process of recruiting a new Office Specialist, as they have been short-staffed for over a year.

## **Summary**

A draft document incorporating the main points would be first distributed to staff to fine-tune further. The Board would review that document and finalize the document.



The Strategic planning session adjourned at 2:46 p.m.

The next Board meeting would take place December 17, 2021

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Alicia Riedman, R.D.H.  
President

DRAFT

**OREGON BOARD OF DENTISTRY**  
**Special Board Teleconference Meeting Minutes**  
**November 5, 2021**

MEMBERS PRESENT:        Alicia Riedman, R.D.H., President  
                                  Jose Javier, D.D.S., Vice President  
                                  Jennifer Brixey  
                                  Gary Underhill, D.M.D  
                                  Yadira Martinez, R.D.H.  
                                  Chip Dunn  
                                  Aarati Kalluri, D.D.S.

STAFF PRESENT:         Stephen Prisby, Executive Director  
                                  Winthrop "Bernie" Carter, D.D.S., Dental Director/ Chief Investigator  
                                  Angela Smorra, D.M.D., Dental Investigator  
                                  Haley Robinson, Office Manager (portion of meeting)  
                                  Shane Rubio, Investigator  
                                  Ingrid Nye, Investigator  
                                  Samantha VandeBerg, Licensing Manager

ALSO PRESENT  
VIA TELEPHONE:         Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT:     None

**Call to Order:** The meeting was called to order by the President at 12:01 p.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.660 (2)(f),(h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

**OPEN SESSION:** The Board returned to Open Session.

**HEHN, CRAIG E. D.M.D. 2022-0045**

Dr. Kalluri moved and Dr. Javier seconded that the Board issue an Order of Immediate Emergency License Suspension, suspending Licensee's dental license pending further order of the Board. The motion passed unanimously.

**ADJOURNMENT**

The meeting was adjourned at 12:27 p.m.

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Alicia Riedman, R.D.H.  
President

# ASSOCIATION REPORTS

**Oregon Dental Hygienists' Association**  
**Report for Oregon Board of Dentistry Meeting**  
**December 17, 2021**

**2021-2022 ODHA Board of Directors**

The ODHA Board of Directors will meet in January 2022 to develop their 2022 strategic plan. The following dental hygienists will serve on the 2021-2022 ODHA Board of Directors.

President	Laura Vanderwerf
President-Elect	*Tracy Brunkhorst
Vice President	*Leilani Allison
Treasurer	*Lesley Harbison
Secretary	*Lorie Becket
Advocacy Director	Lisa Rowley
Membership Director	*Allison Wood
Student Relation Director	Tina Clarke
High Desert Director	Juanita Simpson
Metro East Director	Karan Bershaw
North West Director	*Ashli Lockett
South West Director	*Jamie Christianson
Director at Large	Sandra Miles
Director at Large	Rachel Patrick

\* New board members

**Oregon Dental Hygiene Conference**

The ODHA held their 2021 Oregon Dental Hygiene Conference (ODHC) in-person on Friday & Saturday, November 12 & 13, 2021 at the Embassy Suites by Hilton at Washington Square. The 2020 ODHC was cancelled due to COVID. Keynote speakers were Dr. Matt Allen who addressed Improving the Patient Experience and Gwen Essex who discussed Cultural Humility. Continuing education course topics included advocacy, caries management, community outreach, expanded practice, instrument sharpening and nutrition.

The following awards were presented during the conference.

**Access to Care Award**

Alicia Riedman received the 2021 Lynn Ironside Access to Care Award. Alicia works as an expanded practice dental hygienist for the Community Health Centers of Lane County, a federally qualified health center, and she currently serves as one of the two dental hygienists on the Oregon Board of Dentistry. The Lynn Ironside Access to Care Award recognizes an ODHA member who has made a significant contribution to increasing access to dental care for underserved patients. This award was established by the ODHA to honor Lynn Ironside for her many years of work to increase access to care for underserved patients and to advance the dental hygiene profession.

**Outstanding Dental Hygienist Award**

Lisa Rowley received the 2021 Lois Whitford Outstanding Dental Hygienist Award. Lisa was founding director for the dental hygiene program at Pacific University, and she currently serves as Advocacy Director for the ODHA. The Lois Whitford Outstanding Dental Hygienist Award recognizes a member of the Oregon Dental Hygienists' Association who has made exceptional contributions to dental hygiene on the local, state, and national levels for an extended period of time; and who is widely known for their achievements and service.

### **Outstanding Partner Award**

The North Portland Area Indian Health Board (NPAIHB) received the 2021 ODHA Outstanding Partner Award. The NPAIHB was instrumental in passing House Bill 2528 which will allow dental therapists to practice in Oregon. The ODHA worked closely with the NPAIHB over the past year to help ensure that the legislation would not prohibit dental hygienists from becoming dental therapists in Oregon. The ODHA Outstanding Partner Award recognizes and honors an individual or organization in the community that has made a significant contribution in support of the dental hygiene profession in Oregon.

### **Upcoming Events**

The ODHA is making plans for the following events:

Oregon Dental Hygiene Student Conference  
Friday, January 28, 2022

ODHA Advocacy Workshop  
Tuesday & Thursday, March 15 & 17, 2022

RDH Event at the Oregon Dental Conference  
Saturday, April 9, 2022

Oregon Dental Hygiene Virtual Symposium  
Saturday, May 14, 2022

### **Contact Information**

Website [www.odha.org](http://www.odha.org)  
Email [info@odha.org](mailto:info@odha.org)

# COMMITTEE REPORTS

**Nothing to report under this tab**



**EXECUTIVE  
DIRECTOR'S  
REPORT**

## **EXECUTIVE DIRECTOR'S REPORT**

**December 17, 2021**

### **Board Member & Staff Updates**

The OBD welcomed Kathleen McNeal as our new Office Specialist on November 29, 2021. Kathleen is a proud University of Oregon graduate, with a BA in Asian Studies. She spent many years traveling and working in the travel industry before joining our team. She lives in Milwaukie with her partner Jason and a very large dog and very small cat. She enjoys gardening, rock hunting, reading and time with friends and family.

In the spring of 2022 we anticipate three board positions open as Dr. Gary Underhill, Dr. Amy B. Fine and Yadira Martinez, RDH will have completed two terms of service on the OBD. A Board Member interest document is attached and is posted on the OBD Website to encourage and facilitate applications for board service. **Attachment #1**

### **OBD Budget Status Report**

Attached is the latest budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through, October 31, 2021 shows revenue of \$816,655.42 and expenditures of \$539,344.79. **Attachment #2**

### **Customer Service Survey**

The customer service surveys received from July 1, 2021 – November 30, 2021 are attached and a majority rate their experience with us positively. **Attachment #3**

### **Board and Staff Speaking Engagements**

OBD President Alicia Riedman shared a brief overview of OBD activities at the Oregon Dental Hygienists' Association Annual Conference. It was held in Tigard, on November 12 -13, 2021. She was awarded the prestigious Lynn Ironside Access to Care Award at the conference. **Attachment #4**

Ingrid Nye gave a license application presentation via Zoom to the Portland Community College Dental Hygiene students on Monday, November 29, 2021.

### **Dental Hygiene License Renewal – Revised Data**

The renewal period started on July 26<sup>th</sup> and ended September 30<sup>th</sup>. We had some revisions to previously reported data to report as final documents were updated and received.

Dental Hygienists sent renewal notices in 2021: 2163

Renewed: ~~1884~~ **revised 1888**

Retired: ~~39~~ **revised 50**

Expired: ~~238~~ **revised 223**

Resigned: 0 no change

Deceased: 2 no change

### **OBD Strategic Planning**

The OBD held its strategic planning sessions October 22 & 23, 2021 to develop its next strategic plan. The Peak Fleet facilitators will provide the Board an overview of the draft plan and discuss it at this meeting. The Board will review and approve a final draft of the strategic plan at the February 25, 2022 Board Meeting.

Executive Director's Report

December 17, 2021

Page 1

### **AADA Annual Meeting**

The American Association of Dental Administrators' (AADA) annual meeting was held on October 29, 2021 as a virtual meeting. Lori Lindley presented and led the Board Attorneys' Roundtable discussion and presentation. We adapted to the virtual setting and it was an efficient meeting. I was elected President of the AADA. The other AADA Officers hail from Washington State, Minnesota, North Dakota and Mississippi. The AADA Mid Year Meeting date will be either April 8 or 9, 2022 in Chicago. I ask that the Board approve my travel to Chicago to lead and attend this meeting and to attend the AADB Meeting which will be April 9 - 10, 2022 as well. **Attachment #5 ACTION REQUESTED**

### **AADB Annual Meeting**

The American Association of Dental Boards' (AADB) annual meeting was held October 30 - 31, 2021 as a virtual meeting. President Riedman, Dr. Javier and I attended. Lori Lindley presented and led the Board Attorneys' Roundtable discussion and presentation. The AADB 2022 Mid-Year Meeting date is already set for April 9 - 10, 2022 in Chicago. **Attachment #6**

### **Pew Dental Therapy Model Rules Project**

I volunteered to participate and share my experience on the topic of dental therapy rulemaking. A preliminary slide deck was released to share the group's work on this project. **Attachment #7**

### **OBD December 2021 Newsletter**

The latest newsletter is attached and available on our website. Thank you to all that contributed and especially to our graphic artist, Samantha VandeBerg, who assembled the newsletter. Alicia Riedman also lent her editorial skills once again. **Attachment #8**

**Thank you for your interest in becoming an Oregon Board of Dentistry (OBD) Board Member. Volunteers like you are crucial to the foundation of a government duly represented by its citizens.**

A Board term of service is four years. Board members may serve two terms. The Governor appoints the Board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor.

- An Oregon licensed Dentist, who resides in Oregon, may apply for a dentist position on the Board.
- An Oregon licensed Dental Hygienist, who resides in Oregon, may apply for a dental hygienist position on the Board.
- Any interested Oregon citizen may apply for a public position on the Board.

An OBD Board Member is actively involved, within the context of the agency's regulatory governance model, policy-making, strategic planning, and oversight responsibilities necessary for the success and well-being of the OBD, consumers, Licensees and other stakeholders.

**Desired Requirements:**

- Commitment to the mission of the OBD and willing to actively seek information that helps guide discussions and decisions regarding achievement of the mission.
- Commitment to complete training and professional development required by State of Oregon.
- Understanding and acceptance of the OBD's legal, fiscal and ethical responsibilities to OBD and Oregon.
- Maintain the confidentiality of relevant investigatory information and other private records.
- Active participation with other Board members in assessing the performance of the OBD's Executive Director.
- Active collaboration with other Board members in decision making.
- Ability to maintain an objective viewpoint on issues that impact Licensees you may be familiar with or know in some way.
- Ability to maintain an objective viewpoint on larger issues that impact oral health care in the state.
- Willingness to volunteer to serve on committees or to serve when asked by the Chair.
- Willingness to volunteer to attend national meetings with American Association of Dental Boards and testing agencies.
- Support OBD decisions by speaking with one voice.
- Prepare in advance for OBD meetings.
- Regular attendance at and active meaningful participation in OBD meetings (there are typically six meetings per year) and related OBD committee meetings, strategic planning and ad hoc committees.
- Maintain a positive working relationship with the OBD Board Members, Executive Director and OBD Staff.
- Understanding of Executive Limitations: Constraints on Board authority that establish the prudence and ethical boundaries within which all Board activity and decisions must take place.
- Understanding of Governance Process: Understanding the ways in which the Board conceives, carries out and monitors its own tasks.
- Understanding of Board – Executive Director Linkage: The delegation of power between the Board and the Executive Director and monitoring its use.
- Understanding the roles and duties each Board member plays and the executive director: respecting these boundaries and roles.
- Board members receive a small per diem for every day of full Board service currently is set at \$155 per day (annually it can adjust) Board members are also reimbursed for travel expenses for Board business.

Some next steps may include:

- A brief phone interview with the Executive Director.
- Complete required documents with the Governor's Office including interest form, resume and oath of office.
- Attendance at Senate Committee Meeting, and short interaction with Senators at the meeting regarding your interest in serving on the OBD.
- Attendance at OBD new Board member onboarding orientation ½ day meeting at the OBD's downtown Portland Office.

It truly is a volunteer position, with Board members needing to be engaged in all areas that impact safe dentistry & dental hygiene - licensure, discipline, education, etc...

It is estimated that Board Members typically attend 6 board meetings and 2 - 3 committee meetings per year which roughly translates to about 120 hours of work per year. The OBD strives to meet in person and utilizes remote meetings in response to pandemics or for emergency meetings to consult on unsafe licensees that need the Board's immediate attention.

For more information you can review Oregon Revised Statutes - ORS 679.230 & 679.250 and the OBD website to look at past history of meetings and minutes, newsletters along with other Board documents.

Please go to the Governor's website:

[https://www.oregon.gov/gov/admin/Pages/How\\_To\\_Apply.aspx](https://www.oregon.gov/gov/admin/Pages/How_To_Apply.aspx)

The actual interest form is located on the governor's website. Please submit the application materials, as well as a cover letter and resume, to the Governor's Office, ideally a few months before the next board position you are applying for is open. The application materials are maintained on file for one year.

Please let me know if you need more information or give me a call at 971-673-3200.

[Stephen.Prisby@oregondentistry.org](mailto:Stephen.Prisby@oregondentistry.org)

Sincerely,  
Stephen Prisby  
Executive Director

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

Appn Year                      2023  
**BOARD OF DENTISTRY**  
**Fund 3400 BOARD OF DENTISTRY**  
**For the Month of OCTOBER 2021**

**REVENUES**

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
0205	OTHER BUSINESS LICENSES	580,425.00	24,009.00	604,434.00	3,100,001.00	2,495,567.00
0210	OTHER NONBUSINESS LICENSES AND FEES	3,300.00	150.00	3,450.00	10,000.00	6,550.00
0410	CHARGES FOR SERVICES	6,461.50	186.50	6,648.00	18,000.00	11,352.00
0605	INTEREST AND INVESTMENTS	2,295.19	713.62	3,008.81	60,000.00	56,991.19
0975	OTHER REVENUE	1,807.91	230.00	2,037.91	13,999.00	11,961.09
0505	FINES AND FORFEITS	187,076.70	10,000.00	197,076.70	250,000.00	52,923.30
		<b>781,366.30</b>	<b>35,289.12</b>	<b>816,655.42</b>	<b>3,452,000.00</b>	<b>2,635,344.58</b>

**TRANSFER OUT**

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	0.00	0.00	226,800.00	226,800.00
		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>226,800.00</b>	<b>226,800.00</b>

**PERSONAL SERVICES**

Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
3260	MASS TRANSIT	928.09	306.07	1,234.16	8,268.00	7,033.84
3110	CLASS/UNCLASS SALARY & PER DIEM	160,020.11	57,679.48	217,699.59	1,327,438.00	1,109,738.41
3190	ALL OTHER DIFFERENTIAL	0.00	0.00	0.00	39,836.00	39,836.00
3170	OVERTIME PAYMENTS	103.13	0.00	103.13	6,400.00	6,296.87
3160	TEMPORARY APPOINTMENTS	0.00	0.00	0.00	4,400.00	4,400.00
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	22,820.20	7,655.80	30,476.00	220,730.00	190,254.00
3221	PENSION BOND CONTRIBUTION	6,926.42	2,324.69	9,251.11	79,458.00	70,206.89
3230	SOCIAL SECURITY TAX	12,156.83	4,375.75	16,532.58	104,164.00	87,631.42
3270	FLEXIBLE BENEFITS	26,974.72	8,990.59	35,965.31	305,856.00	269,890.69
3250	WORKERS' COMPENSATION ASSESSMENT	37.59	12.82	50.41	368.00	317.59
3210	ERB ASSESSMENT	43.20	14.40	57.60	464.00	406.40
		<b>230,010.29</b>	<b>81,359.60</b>	<b>311,369.89</b>	<b>2,097,382.00</b>	<b>1,786,012.11</b>

**SERVICES and SUPPLIES**

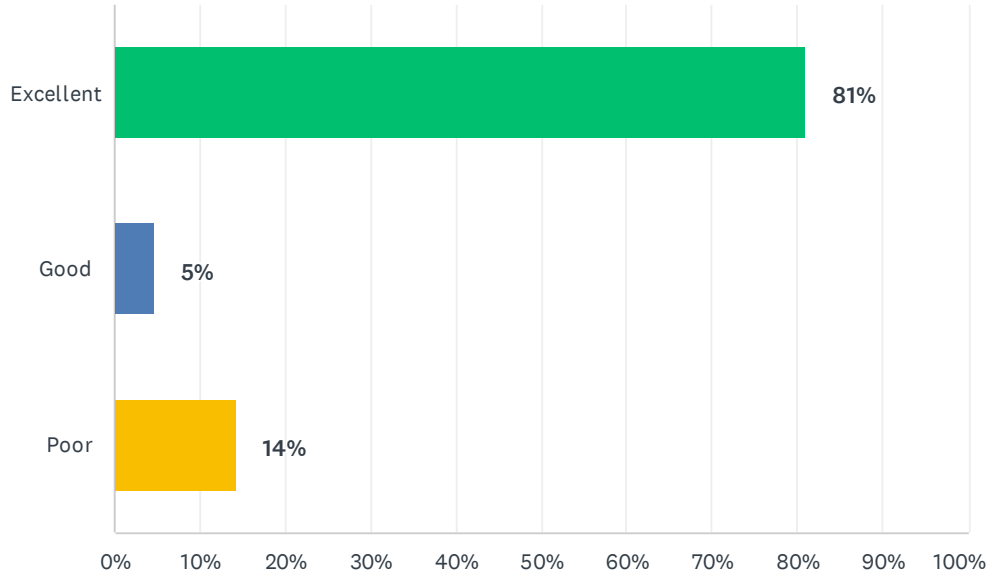
Budget Obj	Budget Obj Title	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
4175	OFFICE EXPENSES	11,849.48	1,531.38	13,380.86	95,153.00	81,772.14
4100	INSTATE TRAVEL	3,180.10	4,156.30	7,336.40	52,968.00	45,631.60
4150	EMPLOYEE TRAINING	4,050.54	535.00	4,585.54	56,553.00	51,967.46
4275	PUBLICITY & PUBLICATIONS	71.98	50.00	121.98	15,494.00	15,372.02
4715	IT EXPENDABLE PROPERTY	0.00	0.00	0.00	24,492.00	24,492.00

Budget Obj	Budget Obj Title	Prior Month	Current Month	Bien to Date	Financial Plan	Unoblig
4200	TELECOMM/TECH SVC AND SUPPLIES	2,062.74	1,133.86	3,196.60	25,997.00	22,800.40
4650	OTHER SERVICES AND SUPPLIES	10,329.87	1,163.97	11,493.84	95,453.00	83,959.16
4300	PROFESSIONAL SERVICES	41,128.21	21,652.00	62,780.21	270,498.00	207,717.79
4400	DUES AND SUBSCRIPTIONS	4,051.98	20.99	4,072.97	10,874.00	6,801.03
4250	DATA PROCESSING	17,450.00	2,409.93	19,859.93	186,234.00	166,374.07
4225	STATE GOVERNMENT SERVICE CHARGES	31,607.03	46.05	31,653.08	73,273.00	41,619.92
4425	LEASE PAYMENTS & TAXES	26,224.89	0.00	26,224.89	186,798.00	160,573.11
4575	AGENCY PROGRAM RELATED SVCS & SUPP	5,032.85	2,319.00	7,351.85	107,494.00	100,142.15
4125	OUT-OF-STATE TRAVEL	0.00	0.00	0.00	7,888.00	7,888.00
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	0.00	6,087.00	6,087.00
4325	ATTORNEY GENERAL LEGAL FEES	18,041.10	8,875.65	26,916.75	306,725.00	279,808.25
4315	IT PROFESSIONAL SERVICES	0.00	0.00	0.00	148,013.00	148,013.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	0.00	735.00	735.00
4475	FACILITIES MAINTENANCE	0.00	0.00	0.00	608.00	608.00
		<b>175,080.77</b>	<b>43,894.13</b>	<b>218,974.90</b>	<b>1,671,337.00</b>	<b>1,452,362.10</b>

		3400		
		Monthly Activity	Biennium Activity	Financial Plan
TRANSFER OUT	TRANSFER OUT	0	0	226,800.00
	Total	0	0	226,800.00
PERSONAL SERVICES	PERSONAL SERVICES	81,359.6	311,369.89	2,097,382.00
	Total	81,359.6	311,369.89	2,097,382.00
REVENUES	REVENUE	35,289.12	816,655.42	3,452,000.00
	Total	35,289.12	816,655.42	3,452,000.00
EXPENDITURES	SERVICES AND SUPPLIES	43,894.13	218,974.9	1,671,337.00
	Total	43,894.13	218,974.9	1,671,337.00

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

Answered: 21 Skipped: 0

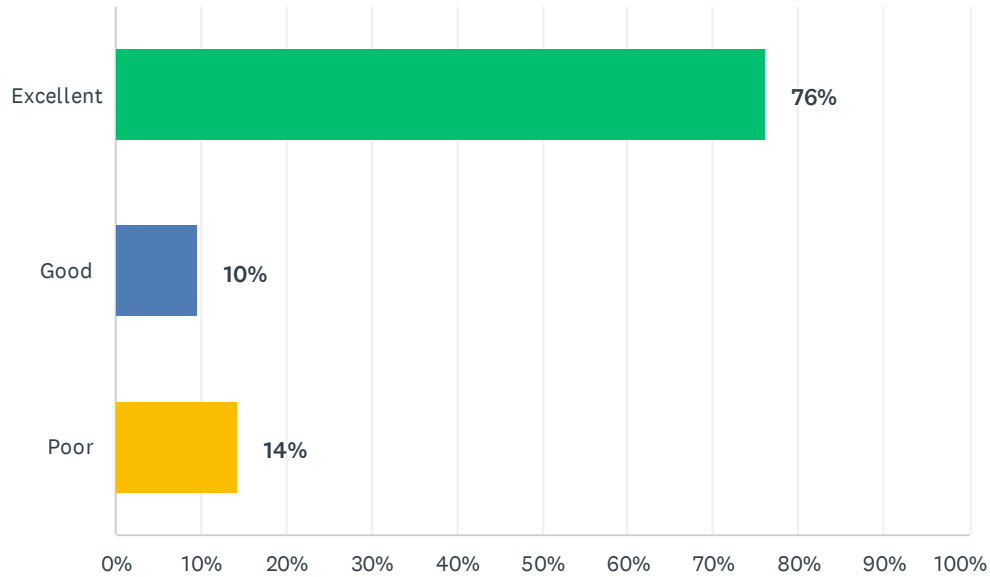


ANSWER CHOICES	RESPONSES	
Excellent	81%	17
Good	5%	1
Poor	14%	3
<b>TOTAL</b>		<b>21</b>



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

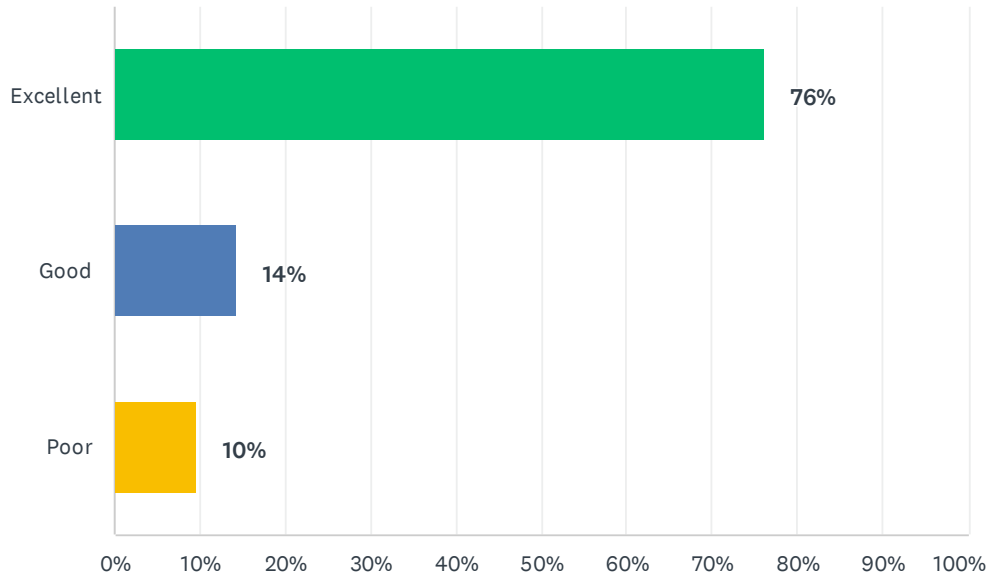
Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	76%	16
Good	10%	2
Poor	14%	3
TOTAL		21

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

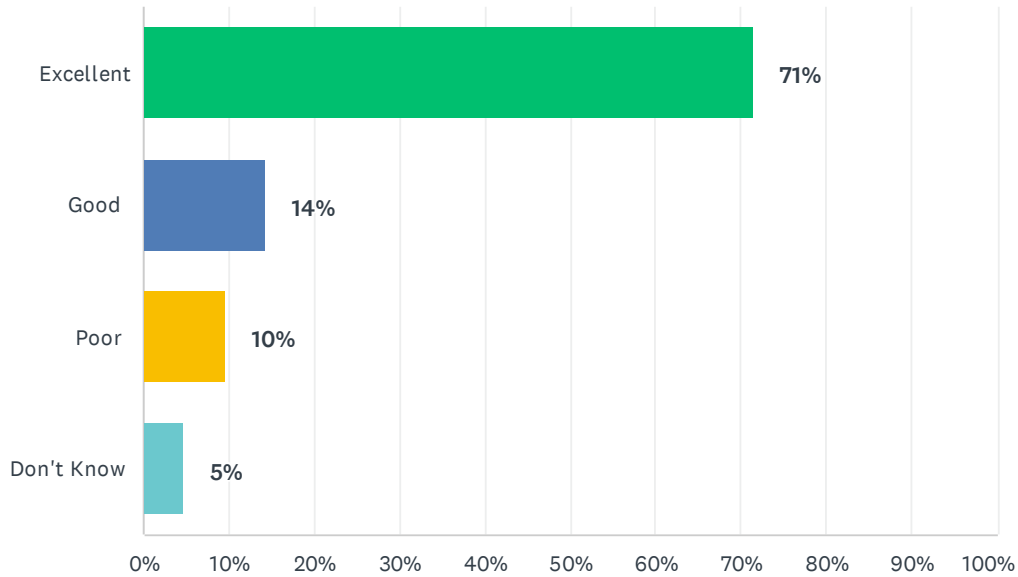
Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	76%	16
Good	14%	3
Poor	10%	2
<b>TOTAL</b>		<b>21</b>

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

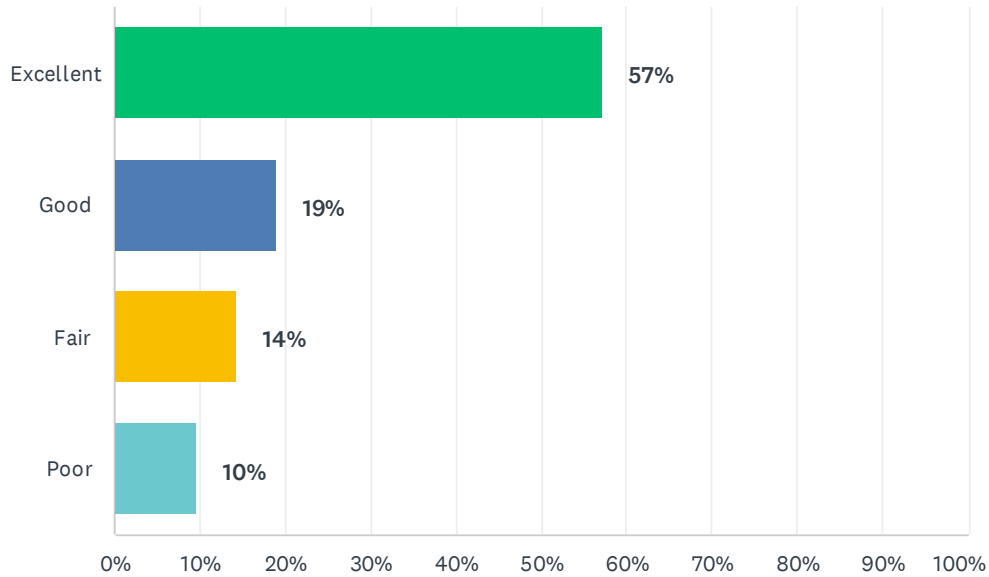
Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	71%	15
Good	14%	3
Poor	10%	2
Don't Know	5%	1
<b>TOTAL</b>		<b>21</b>

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

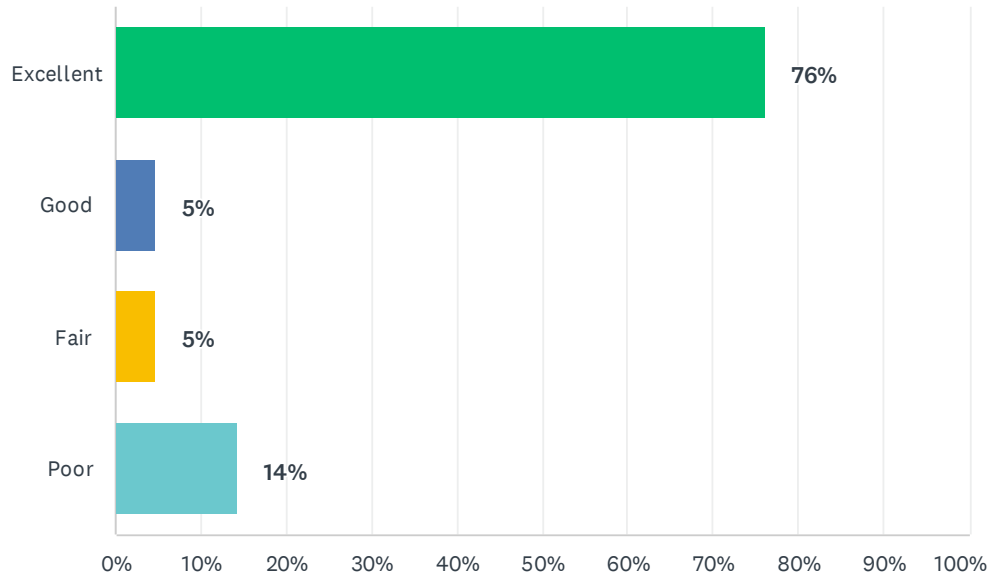
Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	57%	12
Good	19%	4
Fair	14%	3
Poor	10%	2
TOTAL		21

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

Answered: 21 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	76%	16
Good	5%	1
Fair	5%	1
Poor	14%	3
<b>TOTAL</b>		<b>21</b>



## **2021 Lynn Ironside Access to Care Award**

**Alicia Riedman, RDH, EPDH** was chosen to receive the **2021 Lynn Ironside Access to Care Award** from the Oregon Dental Hygienists' Association (ODHA).

Alicia works as an expanded practice dental hygienist for the Community Health Centers of Lane County, a federally qualified health center. For over twelve years she has been a member of a team of expanded practice hygienists that provide on-site dental prevention services to Head Start, Early Head Start, WIC, Relief Nursery, Summer Migrant Program, as well as elementary, middle, and high school students. Alicia uses portable dental equipment to provide oral health assessments, teeth cleaning, fluoride varnish, sealants, and oral health instruction. As a third-generation dental professional, it is her passion to provide dental care to these underserved children.

Alicia is currently one of the two dental hygienist members of the Oregon Board of Dentistry. This is her 6<sup>th</sup> year on the Board and her current term expires in April 2025. Alicia served as Vice President of the Board last year and this year she is President of the Oregon Board of Dentistry.

The **Lynn Ironside Access to Care Award** recognizes an ODHA member who has made a significant contribution to increasing access to dental care for underserved patients. This award was established by ODHA to honor Lynn Ironside for her many years of work to increase access to care for underserved patients and to advance the dental hygiene profession. Lynn's advocacy work with ODHA led to Oregon becoming one of the first states to create an opportunity for dental hygienists to practice without the supervision of a dentist so that they could increase access to dental care for underserved patients. Nominations for this award are accepted through September 30<sup>th</sup> each year. For more information, click on [ODHA Access to Care Award](#).

**OFFICERS AND  
EXECUTIVE COMMITTEE**

**PRESIDENT**

Dr. Arthur (Rusty) Hickham  
Louisiana State Board of Dentistry  
One Canal Place, Suite 2680  
365 Canal St.  
New Orleans, LA 70130  
Telephone: 504-568-8574  
E-Mail: ahickham@lsbd.org

**PRESIDENT-ELECT**

Mr. Stephen Prisby  
Oregon Board of Dentistry  
1500 SW 1st Ave. Suite 770  
Portland, OR 97201  
Telephone: 971-673-3200  
E-Mail: Stephen.Prisby@state.or.us

**VICE-PRESIDENT**

Ms. Jennifer Santiago  
Washington State Dental Quality  
Assurance Commission  
111 Israel Rd. SE  
P.O. Box 47852  
Olympia, WA 98501-7852  
Telephone: 360-236-4893  
E-Mail: jennifer.santiago@doh.wa.gov

**SECRETARY**

Ms. Bridgett Anderson, LDA MBA  
Minnesota Board of Dentistry  
Suite 450  
2829 University Ave. SE  
Minneapolis, MN 55414-3249  
Telephone: 612-548-2127 (Direct Line)  
612-617-2250 (Main Number)  
E-Mail: bridgett.anderson@state.mn.us

**TREASURER**

Ms. Rita M. Sommers, RDH, MBA  
North Dakota Board of Dentistry  
P.O. Box 7246  
Bismarck, ND 58507-7246  
Telephone: 701-391-7174  
E-Mail: rita@nddentalboard.org



**American Association of Dental Administrators  
Annual Meeting Agenda  
Friday October 29, 2021**

**Friday, October 29**

10:00 – 10:20 Presidential Welcome, Introductions & Opening  
Remarks – Roll Call for attendance

10:20 – 11:15 Attorneys' Roundtable Lori Lindley, Oregon, Bobby  
White, North Carolina & Rusty Hickham, Louisiana

11:15 – 11:20 Break

11:20 – 12:00 Attorney's Roundtable Continued

12:00 – 12:20 Lunch (20-minute break for meal)

12:20 – 12:30 AADB Update - President Robert Zena & Brian  
Barnett

12:30 – 1:30 State/Organizations Roundtable Updates – Moderated  
by Rita Sommers

1:30 – 1:40 Break

1:40 – 2:15 Update on Clinical Exams from Testing Agencies & other  
Guests

2:15 – 3:00 Business Session

- Review and vote on changes to Bylaws
- Election of Officers
- Open Forum
- President's Remarks

Adjourn

# 2021 AADB ANNUAL MEETING

Program  
Published 10.28.21



## We're going virtual!



President Robert B. Zena, DMD

AADB Thanks Our Program  
Committee

Chair:

James Sparks, DDS (OK)

Vice Chair:

Tonia Socha-Mower, MBA, EdD  
(AADB)

Yvonne Bach (KY)

Brian Barnett (MO)

Sherry Campbell, RDH, CDHC  
(AL)

Bobby Carmen, DDS (OK)

Dale Chamberlain, DMD (MT)

Cliff Feingold, DDS (NC)

Frank Maggio, DDS (IL)

D. Kevin Moore, DDS (NV)

Laura Richoux, RDH (MS)

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**American Association of Dental  
Boards**

1701 Pennsylvania Ave NW, Suite 200  
Washington, DC 20006

200 East Randolph Street, Suite 5100  
Chicago, IL 60601

[info@dentalboards.org](mailto:info@dentalboards.org)





## **About AADB**

The American Association of Dental Boards is a national association that encourages the highest standards of dental education. The AADB promotes higher and uniform standards of qualification for dental practitioners. Membership is comprised of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, and oral health stakeholders.

## **Our Mission**

To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their commitment to protect the public.

## **About AADB's Meeting**

The AADB Meeting provides an excellent forum for keeping up to date with state board concerns. Programs are designed to allow opportunities for interaction among all participants, including board members, dentists, therapists, dental hygienists, assistants, educators, board attorneys, and dental specialty associations. Participants take away valuable information on current issues and all aspects of dental regulation.

# MEETING AGENDA

\*\*\*Please note the times listed below are in **Eastern Daylight Time**\*\*\*

## Saturday, October 30

- 11:00 a.m. **AADB Attorney Round Table Meeting**  
This closed session is for Attorneys who represents State/Territory Dental Boards.
- 12:00 - 12:15 p.m. **President's Opening Remarks**  
Robert B. Zena, DMD, *AADB President*
- 12:15 - 12:20 p.m. **Executive Director's Report**  
Tonia Socha-Mower, MBA, EdD, *Executive Director*
- 12:20 - 12:30 p.m. **Treasurer's Report**  
Arthur Chen-Shu Jee, DMD, *AADB Treasurer*
- 12:30 - 1:30 p.m. **U.S. Public Health Service**  
Rear Admiral Timothy Ricks, DMD, MPH, FICD, *Chief Dental Officer*
- 1:30 - 1:45 p.m. **Networking with DANB**
- 1:45 - 2:00 p.m. **Overview of the AADB Accredited Continuing Education (ACE) Program**  
Robert B. Zena, DMD, *AADB President*
- 2:00 - 2:10 p.m. **Nominating Committee Report**  
Robert B. Zena, DMD, *AADB President*  
  
Frank Maggio, DDS, Candidate for the Secretary position on the AADB Board of Directors
- 2:10 - 2:15 p.m. **Sponsorship Recognition**
- 2:15 - 3:15 p.m. **Department of Justice & Access to Care**  
Steven Mintz, JD, *Trial Attorney in the Appellate Section of the Antitrust Division*
- 3:15 - 3:30 p.m. **Networking with DANB**
- 3:30 - 4:30 p.m. **Proposed Oral Health Benefits for Medicare Recipients**  
Michael Monopoli, DMD, MPH, MS, FACD *Vice President for Grant Strategy, Carequest*

## Sunday, October 31

- 11:45 a.m. **Networking with DANB**
- 12:00 – 1:00 p.m. **Attorney Round Table**  
Lori Lindley, *Senior Assistant Attorney General, Oregon*  
  
Bobby White, *Chief Executive Officer and Legal Counsel, North Carolina State Board of Dental Examiners*

- 1:00 - 2:00 p.m.**                    **Business Meeting--Voting & Bylaws Changes**  
Robert B. Zena, DMD, *AADB President*
- Frank Maggio, DDS, *Chair of AADB Bylaws Committee*  
*Proposed Bylaws Changes*
- 2:00 - 2:30 p.m.**                    **Introduction to the AADB Remediate+ Program**  
James A. Sparks, DDS, *AADB President-Elect*
- Scot Armstrong, CEO, *Promethean Dental Systems*
- Mary Jane Hanlon, RDH, DMD, MBA, *AADB Remediate+ Project Manager*
- 2:30 – 3:00 p.m.**                    **Council of State Governments**  
Daniel Logsdon, *Director of the National Center for Interstate Compacts*
- Matthew Shafer, *Associate Director of Public Policy at the Council State Governments*
- 3:00 – 3:15 p.m.**                    **Networking with DANB**
- 3:15 – 3:45 p.m.**                    **Simplifying Licensure Pathways - National Examination Standards for the Oral Health Professions – CDCA-WREB merger**  
Harvey Weingarten, DDS, *Chairman, CDCA-WREB*
- Mark Christensen, DDS, *Consultant, CDCA-WREB*
- Guy Shampaine, DDS, OMS, *Senior Advisor, CDCA-WREB*
- 3:45 – 4:05 p.m.**                    **AADB Forum: State/Territory Board Issues**  
This closed session is for individual voting members who have seats (or had seats) on their Board of Dentistry.
- Frank Maggio, DDS, *AADB Member and Moderator*
- 4:05 – 4:20 p.m.**                    **AADB Representative Reports: CDEL, CODA, JCNDE, CERP & DANB**
- 4:20 – 4:25 p.m.**                    **AADB Citizen of the Year Award Presentation**  
Robert B. Zena, DMD, *AADB President*
- Sherry S. Campbell, RDH, CDHC, *2021 AADB Citizen of the Year*
- 4:25 – 4:45 p.m.**                    **Executive Director’s Toast to Celebrate the Transition of Officers**  
Dr. Zena will complete his term as President and Dr. Sparks will assume his new role as AADB President.
- Installation of new officer
- 4:45 p.m.**                                **Adjournment**

**Refund Policy:**

Notification of cancellation must be submitted in writing to [srojas@dentalboards.org](mailto:srojas@dentalboards.org).

Cancellations are subject to a \$75 cancellation charge. No refunds will be given after September 27, 2021. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status

# Biographies



**Scot Armstrong**  
*CEO Promethean Dental Systems*

Scot has almost 30 years of experience providing strategic growth and technology transformation for the companies he has owned, led, or consulted. Scot has a passion for his customers and strives to elevate dental education and lower practice risk by integrating advanced technology and assessments.



**Sherry S. Campbell, RDH, CDHC**  
*AADB Citizen of the Year Awardee*

Sherry is currently working as a CDHC for UAB School of Dentistry in Birmingham, Alabama. In her role, she is the Program Coordinator for community outreach and D4 student rotations within the Pediatric Department of the school. She enjoys the teaching and managing aspect with future dentists and providing their communities with oral health awareness and follow up care.



**Arthur Chen-Shu Jee, DMD**  
*AADB Treasurer*

Dr. Arthur Jee practices full-scope Oral Maxillofacial Surgery in the greater Baltimore-Washington, D.C. area. Dr. Jee is a graduate of the University of Louisville School of Dentistry and Medicine, where he was honored as the “Outstanding Alumnus” in 2013. He is a diplomate of American Board of Oral Maxillofacial Surgery (ABOMS) and a past examiner. Dr. Jee is the past-President of the Maryland State Board of Dental Examiners (MSBDE) and liaison to the Medical Board of Maryland. Dr. Jee is an examiner for the Commission on Dental Competency Assessments (CDCA).



**Mark Christensen, DDS**  
*Consultant, CDCA-WREB*

After forty years of practice as a general dentist in Salt Lake City, Mark transitioned his private practice and became an assistant professor at the University of Utah’s School of Dentistry where he now is engaged in teaching. He became a member of the Utah Dental Board in 1985 and has been variously involved with professional regulation, education, and testing for almost the whole of his professional career. Mark has been a commissioner for the Commission on Dental Accreditation and for the Joint Commission. He chaired the Commission on the Integrated Exam that developed and validated the INBDE that now is replacing Part I and Part II of the National Board Dental Examination. He was president of WREB in 1991 and has continued to serve as an examiner and consultant, now, for CDCA-WREB. He is a member of the International College and American College of Dentists and is a past-president and life member of the AADB.



**MJ Hanlon, RDH, DMD, MBA**  
*Remediate+ Project Manager*

Dr. Hanlon has a long and varied background in dentistry, including dental receptionist, dental assistant, and dental hygienist. She started a practice from scratch in Lexington, MA, where she would work for fifteen years and ultimately led her to pursue an MBA from Suffolk University in 2012. She later became the Associate Dean of Clinical Affairs at Tufts University.



**Lori H. Lindley**  
*Senior Assistant Attorney General, Oregon Department of Justice*

Lori Lindley has been Chair of the AADB Attorney Update Panel for years. She is well qualified to lead this discussion considering her expansive experience. Lori has worked for the Oregon Department of Justice since 1999 and currently is the Senior Assistant Attorney General working with the General Counsel Division and Business Activities Section. Assigned as an attorney for Oregon Dental Board, Oregon Board of Chiropractic Examiners, and the Oregon Board of Licensed Massage Therapists. As an attorney for the Oregon Board of Nursing, she has contested cases and assigned counsel for the Oregon Optometry Board. Lori has also represented most medical boards in her section. Additionally, she was an Associate Attorney for Wiedner, Swanson & Paul, a Deputy District Attorney for the Polk County District Attorney's office, and a Senior Claims Consultant for the Risk Management Division with the Department of Administrative Services. Lori received degrees from Willamette University and Pepperdine University. She is also the recipient of the 2002 Outstanding Service Award from the Department of Justice.



**Daniel Logsdon**  
*Director of the National Center for Interstate Compacts*

Dan Logsdon is the Director of the National Center for Interstate Compacts at The Council of State Governments. Previously, Logsdon was Vice Chair of Kentucky's Public Service Commission. He served as Kentucky Governor Steve Beshear's Deputy Chief of Staff and as Assistant Kentucky State Treasurer. He has experience in the telecommunications industry having served as Vice President for External Affairs at Alltel Communications and Windstream Communications. He holds a Bachelor of Arts degree in history from Murray State University.



**Frank Maggio, DDS**  
*AADB Member and Moderator*

Dr. Maggio was born in Chicago and raised in a dental family. From a young age he was involved with dentistry, and it continues to be his passion. Upon completion of dental school, he served his country in the United States Army. It was at that time that he was able to obtain a California dental license. He returned to Illinois and he completed his residency in Periodontics. In 1975 he established his practice of Periodontics and Implantology in Elgin, Illinois. Dr. Maggio is active with many dental organizations including the American Dental Association, American Dental Education Association, American Academy of Periodontology, National Foundation of Dentistry for the Handicapped-Dental Lifeline Network, Dental Assisting National Board and the American Association of Dental Examiners to name a few.

**Steven Mintz, JD**  
*Trial Attorney in the Appellate Section of the Antitrust Division, Department of Justice*

Steven Mintz obtained his Juris Doctor degree from Harvard Law School. Before his government service, Steve was an Associate with the Jones Day firm in Washington, DC, and a partner with the Hahn Loeser & Parks firm in Cleveland, Ohio. His section represents the Division in civil and criminal appeals. He also works with the Federal Trade Commission on appellate matters and with the Office of the Solicitor General on Supreme Court cases involving antitrust issues.



**Michael Monopoli, DMD, MPH, MS, FACD**  
*Vice President for Grant Strategy, Carequest*

Dr. Monopoli leads grant-making activities, coordinates the best evidence, community input, and various data sources on improving health outcomes to design and manage strategies for the prevention of oral disease, health systems impact, and community-based solutions to oral health problems. Dr. Michael Monopoli is a graduate of the Tufts University School of Dental Medicine. He received Master of Public Health and Master of Science degrees from the Harvard University School of Public Health. Dr. Monopoli also completed a fellowship in Geriatric Dentistry at the Harvard School of Dental Medicine and the Veterans Administration.



**Rear Admiral Timothy Ricks, DMD, MPH, FICD**  
*Chief Dental Officer, US Public Health Service*

RADM Timothy L. Ricks, DMD, MPH, FICD has served as the Chief Professional Officer for the Dental Category since September 2018. As the Chief Professional Officer, RADM Ricks advises the Office of the Surgeon General and the U.S. Department of Health and Human Services (HHS) on the recruitment, assignment, deployment, retention, and career development of oral health professionals. He is also responsible for overseeing the development of the second-ever Surgeon General’s Report on Oral Health, and he chairs the USPHS Oral Health Coordinating Committee. Dr. Ricks holds a Bachelor of Science degree from Delta State University, a Master of Public Health Degree from the University of Nevada, Reno, and received his dental degree from the University of Mississippi. He completed a dental public health residency with the Indian Health Service and is a board-certified Diplomate of the American Board of Dental Public Health and a Fellow of the International College of Dentists.



**Matt Shafer**  
*Associate Director of Public Policy at the Council State Governments*

Matt Shafer currently serves as the Associate Director at the National Center for Interstate Compacts at The Council of State Governments. Matt manages interstate compact development projects for teaching, cosmetology, massage therapy, social work and dentistry. Matt also works with state legislators and stakeholder groups to support the enactment of compacts for counseling, occupational therapy, and speech language pathology. Matt also has a Master’s degree in public administration from the University of Kentucky.



**Guy Shampaine, DDS, OMS**  
*Senior Advisor, CDCA-WREB*

Dr. Guy Shampaine is a Board-Certified Oral and Maxillofacial Surgeon. He completed his undergraduate work at Northwestern University and completed dental school at the University of Missouri at Kansas City School of Dentistry and completed his Oral and Maxillofacial Surgery Residency at Washington Hospital Center in Washington DC. While working at Doctors’ Hospital in Lanham, Maryland, Dr. Shampaine became Chairman of the Department of Dentistry. In 1995, Dr. Shampaine joined the ranks of the Maryland State Board of Dental Examiners. In his tenure he acted as the Dental Board’s Dental Compliance Officer and its Executive Director. A past president of the American Board of Dental Examiners, ADEX, Dr. Shampaine’s contributions to the professions are notable. He has been an examiner for the CDCA-WREB for more than 25 years and served as its Chair from 2011-2014. He is credited with helping develop the CompeDont™ tooth and is currently a Senior Adviser to the organization.



**Tonia Socha-Mower, MBA, EdD**  
*Executive Director of the AADB*

A pioneer in the public health arena, Dr. Socha-Mower is the Executive Director at the American Association of Dental Boards (AADB). She first gained national attention when she started the first dental clinic in the United States that was embedded in a medical and mental health clinic in a student health center on a college campus. She ultimately was promoted to be the Director of Counseling, Medical and Dental Services at Morehead State University in eastern Kentucky. Governor Steven Beshear appointed her to the Kentucky Board of Dentistry where she served to protect the public. As a member of the AADB, Tonia was active on the Program Committee and Sponsor Committee before becoming employed by the AADB.



**James A. Sparks, DDS**  
*AADB President-Elect*

Dr. James A. Sparks is a dentist in private practice in Oklahoma City, Oklahoma. A graduate of Oklahoma University College of Dentistry, class of 1986, where he is and has been part time faculty in Oral Diagnosis and Radiology ever since, and is currently a Clinical Associate Professor. He was elected to six terms (18 years) on the Oklahoma Board of Dentistry and served as President for 8 years. He has served an AADB Board of Director for five years.



**Harvey Weingarten, DDS**  
*Chairman, CDCA-WREB*

Dr. Harvey Weingarten is in his second term as Chair of the Board of Directors for CDCA-WREB. A native of Indiana, he received his DDS from the Indiana University School of Dentistry, and successfully ran a private practice in South Bend. Dr. Weingarten currently serves as Associate Dean of Clinical Affairs and is a Clinical Assistant Professor at the Indiana University's School of Dentistry.



**Bobby White**  
*Chief Executive Officer and Legal Counsel, North Carolina State Board of Dental Examiners*

White currently serves as Chief Executive Officer and Legal Counsel for the North Carolina State Board of Dental Examiners in Morrisville, NC, a position he has held for over 17 years. Prior to his work at the Dental Board, he served as deputy counsel of the North Carolina State Bar where he mediated disputes between lawyers and clients and prosecuted lawyers for misconduct. White previously served on the AADB Board of Directors.



**Robert B. Zena, DMD**  
*AADB President*

He has assumed the roles of clinician, educator, consultant, researcher, author, lecturer, editor, inventor, and most of all, leader. As a graduate from the University of Kentucky's College of Dentistry, he practiced for seven years as a general dentist. He then gained more education by a residency in the Postgraduate Prosthodontics Program at the University of Louisville's School of Dentistry. Actively working in private practice as a Prosthodontist, He also taught part-time in the postgraduate programs at U of L. During his 32 years of practice he has been involved in many diverse roles. He consults as an opinion leader for several major dental companies, while assisting them with marketing and product development. His expertise in dental ceramics and color led to the development of Light Dynamics. He also lectured extensively on Cad/Cam technology. Lecturing internationally, he gained many relationships with dental leaders both clinical and corporate, around the world. He was chief editor of *Dental labor* journal, and on the editorial board of several other journals and executive advisor to the Palmeri Publishing group. He also co-authored one text book, *Implant Prosthodontics*. He has published numerous articles over the years and involved in dental research. He has patents on several products. Still actively practicing prosthodontics as a specialist, he now is president of the American Association of Dental Boards. Before his election to head this important organization he was President of the Kentucky Board of Dentistry. As president of the AADB he has transitioned the 137 year old organization to new heights both influential and financial. The economic stability has more than tripled with new policies and revenue streams created by his vision. Their latest development of continuing education accreditation is a culmination of five years of his leadership and creativity.



The ACE Program is a service of the AADB to assist dental boards in identifying quality continuing education courses to help protect the public. ACE accreditation may not be accepted by particular boards of dentistry. Questions or comments can be directed to the AADB at [info@dentalboards.org](mailto:info@dentalboards.org).

The American Association of Dental Boards is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. The American Association of Dental Boards designates this activity for 8.25 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/cerp](http://www.ada.org/cerp).



# CAUCUSES BY STATE

## East

Connecticut  
Delaware  
District of Columbia  
Maine  
Maryland  
Massachusetts  
New Hampshire  
New Jersey  
New York  
Pennsylvania  
Rhode Island  
Vermont  
West Virginia

## West

Alaska  
Arizona  
California  
Colorado  
Hawaii  
Idaho  
Montana  
Nevada  
New Mexico  
Oregon  
Utah  
Washington  
Wyoming

## North

Illinois  
Indiana  
Iowa  
Kansas  
Michigan  
Minnesota  
Missouri  
Nebraska  
North Dakota  
Ohio  
Oklahoma  
South Dakota  
Wisconsin

## South

Alabama  
Arkansas  
Florida  
Georgia  
Kentucky  
Louisiana  
Mississippi  
North Carolina  
Puerto Rico  
South Carolina  
Tennessee  
Texas  
Virginia  
Virgin Islands

# AADB BOARD OF DIRECTORS

## **Robert B. Zena, DMD, President**

3939 Old Brownsboro Road  
Louisville, KY 40207

## **James A. Sparks, DDS, President-Elect**

5804 Northwest Expressway Street  
Warr Acres, OK 73132

## **Dale Chamberlain, DDS, Vice President**

1240 Lariat Road  
Helena, MT 59602

## **Arthur Chen-Shu Jee, DMD, Treasurer**

13934 Baltimore Avenue  
Laurel, Maryland 20707

## **Clifford Feingold, DDS, Secretary**

4 Stuart Circle  
Asheville, NC 28804

## **Yvonne Bach, Public Member**

312 Whittington Pkwy, Suite 101  
Louisville, KY 40222

## **Brian Barnett, Administrator Member**

3605 MO Blvd  
Jefferson City, MO 65102

## **Laura Richoux, RDH, Dental Hygiene Member**

600 East Amite St., Ste. 100  
Jackson, MS 39201

## **Frank Recker, DDS, JD, Board Attorney**

The Queens Tower, 810 Matson Place, Suite 1101  
Cincinnati, Ohio 45204

## **Tonia Socha-Mower, MBA, EdD**

### **Executive Director**

American Association of Dental Boards  
200 East Randolph Street, Suite 5100  
Chicago, IL 60601



# Our Sponsors

The AADB Board of Directors would like to thank the **Dental Assisting National Board, Inc.** for their sponsorship of the 2021 AADB Annual Meeting. DANB has been a long-term supporter of the AADB meetings.



**Dental Assisting National Board, Inc.**  
*Measuring Dental Assisting Excellence®*

Additionally, the 32nd Edition of the Composite has been made possible through a generous contribution from the **American Dental Education Association.**

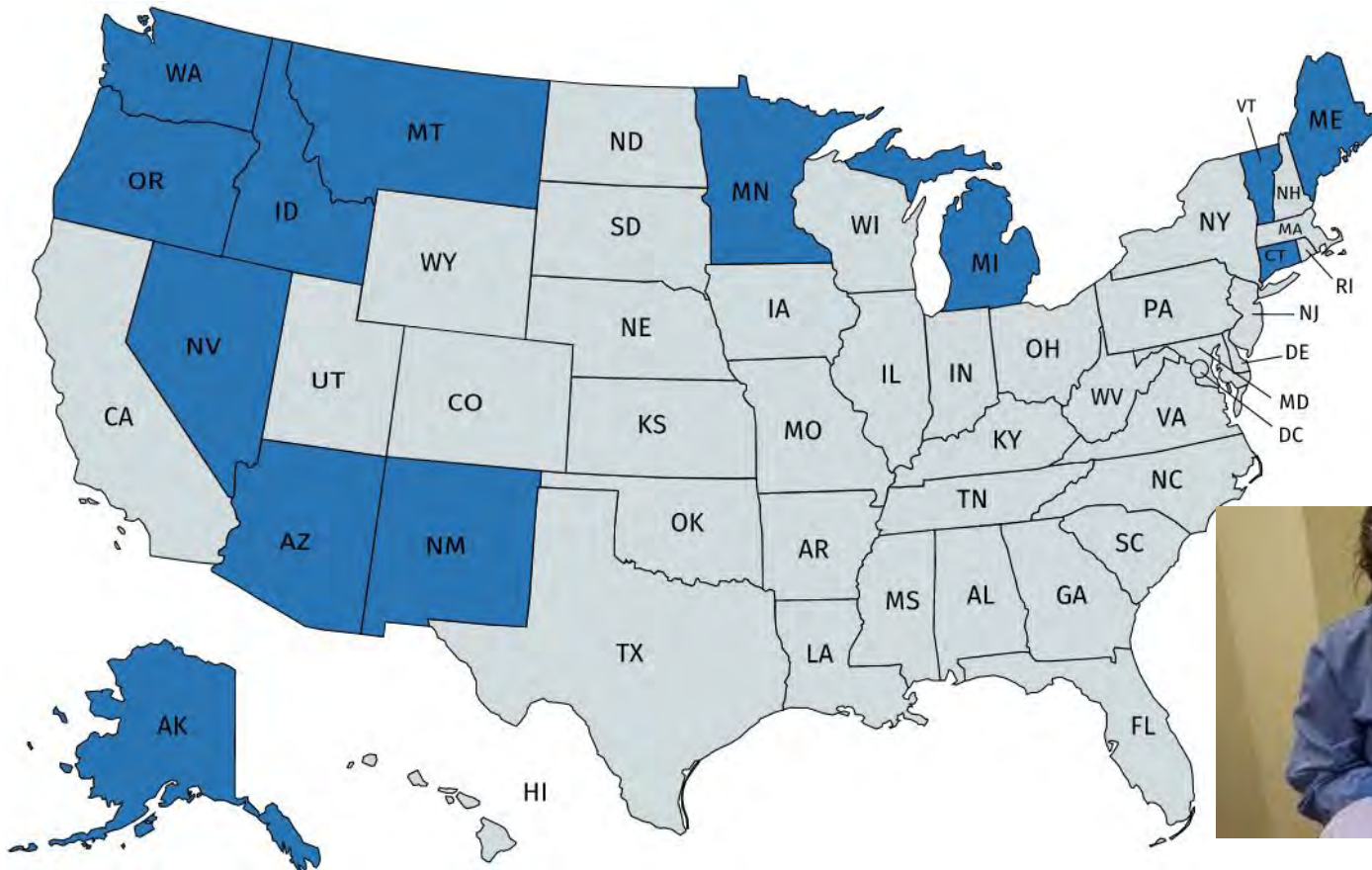


This publication contains 40 charts that provide state-by-state information on dental board structure, licensee populations, licensing requirements, practice regulations, and state board disciplinary actions. Each Agency Member State Board and all Member Specialty Boards should have received a complimentary electronic copy of the Composite as part of their membership package.

The AADB Board of Directors is also appreciative of our Mid-Year 2022 sponsors:



# A MODEL RULE FOR DENTAL THERAPY



# Institutional Building Blocks

## For Dental Therapy in the U.S.

### **2015** National Accreditation Standards For Dental Therapy Education Programs

Commission on Dental Accreditation (CODA)

### **2017** National Model Act for Licensing or Certification of Dental Therapists

National Dental Therapy Standards Consortium

### **2020** Revised IHS Community Health Aide Program Certification Board Standards and Procedures

Indian Health Service/Community Health Aide Program Certification Board

### **2022 NEW** National Model Dental Therapy Rule and Best Practices Guide

National Model Dental Therapy Rule Expert Panel



# MODEL DENTAL THERAPIST RULE

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Composed by

**The National Model Dental Therapy Rule Panel**

**Introduction and Overview**

**Best Practices in Dental Therapy Administrative Rulemaking**

**Tribal Regulation of Dental Therapists**

**Model Dental Therapist Rule**

**Appendices**

# National Model Dental Therapy Rule

## Expert Panel

1. Bridgett Anderson, Minnesota Board of Dentistry
2. Kristen Boilini, Pivotal Policy Consulting
3. Michael Broschinsky, Utah Office of Administrative Rules, National Association of Secretaries of State
4. Allison Corr, The Pew Charitable Trusts
5. Miranda Davis Northwest Portland Area Indian Health Board
6. Christine Farrell, Michigan Department of Health and Human Services
7. Pamela Johnson, Northwest Portland Area Indian Health Board
8. Deborah Kappes, Arizona Dental Hygienists' Association
8. Alida Montiel, Inter Tribal Council of Arizona
9. Christina Peters, Northwest Portland Indian Area Health Board
10. Stephen Prisby, Oregon Board of Dentistry, American Association of Dental Administrators
11. Kim Russell, Arizona Advisory Council on Indian Health Care
12. Brett Weber, National Indian Health Board
13. Mary Williard, US PHS/Indian Health Service, Coquille Indian Tribe
14. Amy Zaagman, Michigan Council for Maternal and Child DENTAL THERAPY

IMPLEMENTATION



# Best Practices Guide

## Brevity, Clarity & Germaneness

1. Include only provisions essential to implement the law.
2. Terms defined in statute should not be redefined in rule.
3. Language already in statute should not be repeated in rule.
4. Use flexible terms for topics like examinations or continuing ed.

For example, use “board-approved clinical examination.”

5. Clarify and explain the legislation only as needed to regulate as provided in law.
6. Don't create new burdens on regulated parties or artificial barriers to entry.
7. Use plain and direct language.



# Best Practices Guide

## Need and Reasonableness Standard

Some states require regulators to justify and explain proposed rules. Whether required or not the exercise of articulating and defending a proposed rule can be helpful.

Core questions to ask and answer can include:

- Is this provision, or a provision on this topic, necessary for implementation of the statute?
- If more detail is needed for implementation on this topic, is the proposed provision a reasonable method for meeting the need?
- Is the proposed provision consistent with the law's plain language or with legislative intent?

# Best Practices Guide

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## Preparation

- Study the technical and legal aspects of rulemaking in your state.
- Become familiar with your state's Administrative Procedures Act.
- Learn the processes and structure for rulemaking in your state.
  - The “personality” of rulemaking varies from state to state, as do points for public involvement, input, decision making and review.



# Tribal Regulation

Tribal health and Tribal authority often intersect with state law and rules.

- Tribal governments have authority similar to states to regulate health occupations.
- IHS established standards for dental health aide therapists or dental therapists are used by some tribal dental programs.
- This Guide includes an overview to alert those involved in rulemaking to be familiar with state/Tribal regulatory interactions.
- State regulatory agencies are strongly encouraged to consult with Tribes throughout the rulemaking process.



Native Dental Therapy Initiative



# Model Rule Highlights

- Model constructed for use when a Board/agency rule adds dental therapist provisions.
- Includes common licensing and regulatory categories.
  - Also includes specific dental therapist provisions.
- Guidance & examples are included.



## Conventions used in the model rule:

1. “State-name” where a specific state name would be used.
2. “Board of Dentistry” and “Board” as placeholders for state regulatory agencies.
3. Proposed new language underlined; proposed deletions ~~struck through~~.
4. References to existing rules or statutes use the format “State-name Statute, section 123,” “State-name Statutes, sections 123.456-789.012,” etc.

## 1) SUPERVISION. [If not in statute]

### 2) LICENSURE BY EXAMINATION.

- a) An applicant for dental therapist licensure by examination shall submit a completed application, on a form provided by the board, together with the requisite fee and shall meet all of the following requirements:
- (i) Graduate from a dental therapy educational program that meets the standards in section 123.456.
  - (ii) Pass a comprehensive, competency-based clinical examination developed and scored by a board-approved clinical testing agency.



[GUIDANCE] Definitions of supervision levels should only be included if undefined in relevant statute or rule. Incorporation by reference may be appropriate; e.g., “General supervision has the meaning as defined in [add citation].”



[GUIDANCE] If limitations on the number of dental hygienists or assistants a dental therapist may supervise are prescribed in statute, they need not be repeated in rule. If not in statute, such restrictions may go beyond legislative intent and should not be included.



[GUIDANCE] Arrangements and details for dentist supervision of dental therapists or dental therapist supervision of hygienists or assistants may fit best in a collaborative agreement rather than in rule.

## Example 2 - Adding Dental Therapists to Existing Rules (from Minnesota rules):

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### CONDUCT UNBECOMING A LICENSEE.

“Conduct unbecoming a person licensed to practice as a dentist, dental therapist, dental hygienist, or dental assistant, or conduct contrary to the best interests of the public,” as used in State-name Statutes, section 123.456.

(A) shall include the act of a dentist, dental therapist, dental hygienist, licensed dental assistant, or applicant in:

- (i) engaging in personal conduct that brings discredit to the profession of dentistry;
- (ii) gross ignorance or incompetence or repeated performance of dental treatment that falls below accepted standards;
- (iii) making suggestive, lewd, lascivious, or improper advances to a patient;
- (iv) charging a patient an unconscionable fee or charging for services not rendered;
- (v) performing unnecessary services;
- (vi) dental therapists, hygienists, or licensed dental assistants performing services not authorized by the dentist under this chapter or in State-name Statutes, section 123.456;

### Example 3 – Adding a parallel provision (from Vermont rules):

#### Renewal requirements.

(A) Dentists. To be eligible for renewal, a dentist must show:

- (I) 30 hours of continuing education, including the emergency office procedures course, CPR course, and opioid-prescribing education where applicable; and,
- (II) active practice of at least 800 hours or 100 continuing education credits within the previous five years.

(B) Dental Therapists. To be eligible for renewal, a dental therapist must show:

- (I) (# of hours from statute) hours of continuing education, including the emergency office procedures course and the CPR course; and,
- (II) active practice of a least (# of hours from least (# of hours from statute) hours or (# of credits from statute) continuing education credits within the previous five years.

(C) Dental Hygienists. To be eligible for renewal, a dental hygienist must show:

- (I) 18 hours of continuing education, including the emergency office procedures course and the CPR course; and,
- (II) active practice of a least 100 hours or 50 continuing education credits within the previous five years.



[GUIDANCE] See the discussion on making conforming changes to existing provisions in the Model Act, page 23, for additional guidance.



[GUIDANCE] If continuing education, fees or other such requirements for dental therapists are not specified in statute, rule makers may want to consider requirements that fall between those required for a dental hygienist and a dentist.

## Other Common Provisions: Amending the standard provisions below can be as simple as adding the term “dental therapists” to existing language

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- 1) Approval of dental professions schools; standards; adoption by reference
- 2) Licensing
  - a) Incomplete applications
  - b) Additional information from all applicants
  - c) Terms and renewal of license or permit; general
  - d) Terms and renewal of licensure; limited faculty and resident dentists
  - e) Reinstatement of license
  - f) Fees
- 3) Complaints
- 4) Suspension or revocation of license or registration
- 5) Statutory grounds for discipline
- 6) Conduct unbecoming a licensee
- 7) Voluntary termination of license
- 8) Allied dental personnel
- 9) Dental treatment records; requirements
- 10) Use of title
- 11) Display of license
- 12) Limited licenses; issuance; requirements

# STATE RULES STATUS

11/21 – subject to change

Adopted	5 (Minnesota, Maine, Michigan, New Mexico, Nevada) 1 temp rule thru 2021 (Idaho) 1 pilot project rule (Oregon – permanent rule pending) 1 No rule Connecticut)
Pending	3 - At stages from discussion draft to awaiting final approval/publication (Oregon, Arizona, Vermont*) * Vermont rule is in effect pending final steps
Governed by a CHAP Certification Board's Standards & Procedures	Alaska Native Tribal Health Consortium Washington – tribal practice only Montana – tribal practice only
2022 legislation expected in approx. 5 – 7 states. Future years??	

IMPLEMENTATION



# DENTAL THERAPY STATE RULES STATUS

August 2021

	ALASKA	MINNESOTA	MAINE	VERMONT	WASHINGTON	ARIZONA
<b>Date DT Law Passed</b>	Tribal authorization in 2003	2009	2014	2016	2017	2018
<b>DTs in Practice</b>	36: 1st in 2005	100: 1st in 2011	1: 1st in 2021		8	
<b>Status of DT Licensing and Rulemaking</b>	<p>CHAP Certification Board (CHAPCB)</p> <p>Standards &amp; Procedures — equivalent to combined statuta and rules.</p> <p>Alaska Tribal Health Consortium administers the CHAPCB.</p>	<p>DT licensing integrated into existing Board rules in 2011.</p>	<p>Rules adopted in April 2020.</p>	<p>Interim rules in place that allow for licensure.</p> <p>Draft rules submitted to Office of Professional Regulation for formal rulemaking process.</p>	<p>The Swinomish Indian Tribal Community adopted the Tribal Dental Health Provider Licensing and Standards Code in 2015.</p> <p>Law only authorizes practice in Tribal and related settings with CHAP certification.</p> <p>No state rules.</p>	<p>Draft rules under discussion by Board workgroup.</p> <p>State license not required for practice in Tribal and related settings.</p>
<b>Education and Clinical Hour Requirements</b>	<p>No minimum degree requirement.</p> <p>Alaska DHAT Educational Program or program with training equivalent to CODA standards.</p> <p>3 months or 400 hours, whichever is longer, under direct supervision for general supervision.</p>	<p>Bachelor's degree for DT.</p> <p>Master's degree for advanced DT (ADT).</p> <p>2,000 hours under direct supervision to become ADT.</p>	<p>Master's degree.</p> <p>Program that is CODA accredited or approved by BOD rule.</p> <p>2,000 supervised hours for licensure.</p>	<p>No minimum degree requirement.</p> <p>CODA accredited program.</p> <p>1,000 hours under direct supervision for general supervision</p>	<p>No minimum degree requirement.</p> <p>Alaska DHAT Educational Program or a program with training equivalent to CODA standards.</p> <p>3 months or 400 hours, whichever is longer, under direct supervision for general supervision.</p>	<p>No minimum degree requirement.</p> <p>CODA accredited program.</p> <p>1,000 hours under direct supervision for general supervision.</p>
<b>Notes</b>	<p>Practice limited to Tribal and related settings.</p> <p>Iñisagvik College's DT Program received CODA accreditation in 2020.</p>	<p>Practice limited to safety-net, public health, and non-profit settings, or private practices where 50% of DTs' patients are underserved.</p>	<p>On-site ("direct") supervision.</p>	<p>Must be a licensed dental hygienist for initial DT license but not for renewal.</p>	<p>Practice limited to Tribal and related settings.</p>	<p>Must be a licensed dental hygienist for initial DT license but not required for renewal.</p> <p>Practice limited to safety-net, public health, or non-profit settings, or private practices that serve patients referred by community health centers.</p>



**DENTAL THERAPY STATE RULES STATUS**

**August 2021**

	MICHIGAN	NEW MEXICO	IDAHO	CONNECTICUT	MONTANA	NEVADA	OREGON
<b>DT Law Passed</b>	2018	2019	2019	2019	2019	2019	2021 (DT pilot projects began in 2016)
<b>DTs in Practice</b>			1 (pending pathway for pre-CODA graduates)				5
<b>Status of DT Licensing and Rulemaking</b>	Rules adopted in April 2021.	Rules adopted in May 2021.  State license not required for practice in Tribal and related settings.	Rules are in effect as of 2020, pending legislative ratification.  DT practice with state license and is limited to Tribal and related settings.	Rulemaking yet to begin.	No state rules.  Law only authorizes practice in Tribal and related settings with CHAP certification.	Rulemaking process is underway.  Licensure application is published.	Draft rules under discussion by BOD workgroup.  State license not required for practice in Tribal and related settings.
<b>Education and Clinical Hour Requirements</b>	No minimum degree requirement.  CODA accredited program.  500 hours under direct supervision as part of DT education program.	No minimum degree requirement.  CODA accredited program.  1,500 - 2,000 hours for general supervision.	No minimum degree requirement.  CODA accredited program.  500 hours under direct supervision for licensure.	No minimum degree requirement.  CODA accredited program.  1,000 hours under direct supervision for general supervision.	No minimum degree requirement.  Alaska DHAT Educational Program or a program with training equivalent to CODA standards.  3 months or 400 hours, whichever is longer, under direct supervision for general supervision.	No minimum degree requirement.  CODA accredited program.  500-1,500 hours under direct supervision for general supervision.	No minimum degree requirement.  CODA accredited program.
<b>Notes</b>	Practice limited to safety-net, public health, and non-profit settings, or private practices where 50% of DTs' patients are underserved.	Must be a licensed dental hygienist.  Practice limited to Tribal, safety-net, public health, or non-profit settings.	Practice limited to Tribal and related settings.	Must be a licensed dental hygienist.  Practice limited to "public health facilities" as defined in state statute.	Scope limited to preventive services.  Practice limited to Tribal and related settings.  Law sunsets in 2023.	Must be a licensed dental hygienist.  Practice limited to safety-net, public health, and non-profit settings, or private practices where 50% of DTs' patients are underserved.	DTs practicing under pilot authority will be eligible for state license; DTs practicing for Tribes will not be required to get licensed.  DT pilot project authority sunsets in 2025.

# National Model Dental Therapy Rule and Best Practices Guide

## Publication early 2022

For further information:  
Mark Schoenbaum  
Staff to the Model Rule Expert Panel  
612.584.9802  
[markschoenbaum@gmail.com](mailto:markschoenbaum@gmail.com)



Attachment #7



## PRESIDENT'S MESSAGE ALICIA RIEDMAN, R.D.H.



The changing of the seasons reminds us that the only constant is change. At our American Association of Dental Boards Conference, we were given many updates on the changes happening at the national level that affect our profession in Oregon. We were informed by Matthew Shafer from The National Center for Interstate Com-

pacts that the Council of State Governments has launched the interstate compact project, which allows interstate licensure portability. Many professions have already had national portability of licensure implemented. The language for license portability for dental professionals is currently in process and is expected to be implemented by the spring of 2023. The discussions on the language will include input from professionals across the nation as well as at the state level. RADM Timothy Ricks, DMD, MPH, FICD, Chief Professional Officer for the dental category discussed the need for the continued integration and development of the medical/dental model. We are perfectly situated to screen for chronic diseases, such as diabetes, as well as provide vaccinations. Many people see their dentist while not visiting their medical provider. We can catch many diseases and provide prevention and referral before these conditions need more costly and extreme interventions, while the medical professionals can refer patients in need of dental services.

It has been a busy year for the Board of Dentistry. We had our Strategic Planning meeting to set priorities for the upcoming years. Thanks to the many that participated in our Strategic Planning Survey as we incorporated your suggestions in our agenda. Dental Therapy licensure is also rapidly developing across the nation as the pandemic has again highlighted the need for many models of dental professionals to meet the demand for equity in healthcare. We continue to work on rules for this newly licensed profession in Oregon.

At the Oregon Dental Hygiene Association Conference, the attendees were informed by Dr. Horst, DDS, PhD that in a groundbreaking announcement the World Health Organization added Silver Diamine Fluoride and Glass Ionomer Cement to the List of Essential Medicines in the medical management of caries, and has become the international standard. These medications will decrease the disease of caries, provide pain free treatments, as well as decrease the need for full anesthesia given to young children that has the potential to harm their developing brains. As a grandmother of three, I see this as a game changing declaration. We can expect to see these medicines being used routinely in Oregon as well as the nation.

Although the above topics have been utilized more readily in recent years, they are now at the forefront of the trends in the nation and we will be seeing an increase in application. As a public health EPDH working in schools, Head Starts and pre-schools, I am extremely thankful to be serving the children again after a year and a half of shutdown due to the pandemic.

It is apparent the need for dental services is also at pandemic levels as I have seen a marked increase in urgent and emergent cases. After the disappointment of dental benefits being cut from the original social spending framework through Medicare, we know we have much work ahead of us as we continue to increase access to equitable quality care. After hearing the many topics of discussion from such dedicated and passionate presenters, both locally and nationwide, I am excited to continue this work. I believe we are going in the right direction. ■

### BOARD STAFF

Stephen Prisby, *Executive Director*  
[Stephen.Prisby@oregondentistry.org](mailto:Stephen.Prisby@oregondentistry.org)

Winthrop "Bernie" Carter, D.D.S.  
*Dental Director/ Chief Investigator*  
[Bernie.Carter@oregondentistry.org](mailto:Bernie.Carter@oregondentistry.org)

Teresa Haynes, *Project Manager*  
[Teresa.Haynes@oregondentistry.org](mailto:Teresa.Haynes@oregondentistry.org)

Ingrid Nye, *Investigator*  
[Ingrid.Nye@oregondentistry.org](mailto:Ingrid.Nye@oregondentistry.org)

Samantha VandeBerg  
*Examination & Licensing Manager*  
[Samantha.VandeBerg@oregondentistry.org](mailto:Samantha.VandeBerg@oregondentistry.org)

Haley Robinson, *Office Manager*  
[Haley.Robinson@oregondentistry.org](mailto:Haley.Robinson@oregondentistry.org)

Shane Rubio  
*Investigator/Diversion Coordinator*  
[Shane.Rubio@oregondentistry.org](mailto:Shane.Rubio@oregondentistry.org)

Angela Smorra, D.M.D.  
*Dental Investigator*  
[Angela.Smorra@oregondentistry.org](mailto:Angela.Smorra@oregondentistry.org)

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## A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY

It was a turbulent and unpredictable year and there is a lot of news to share since our last newsletter. We powered through (like you did) under stressful conditions during the pandemic. The ongoing and changing Covid emergency rules and executive orders has been difficult and challenging for everyone. We acknowledge this, and we have heard from many of you on different topics and your feedback is always valuable. Oregon Board of Dentistry (OBD) Staff are still “essential personnel” and have been reporting to work at our downtown Portland Office, and not working remotely throughout the pandemic. They have shown tremendous resilience, commitment and fortitude in getting the work done and I thank them sincerely for their efforts. I have more good news to share below, I am optimistic for our dental professionals, the state and the OBD.

We welcomed two new Board Members with Dr. Aarati Kalluri and Dr. Sheena Kansal joining the Board in the spring of 2021. We also had staffing changes and welcomed Dr. Angela Smorra as our new Dental Investigator in May 2021. Please enjoy reading their biographies and information about other Board and Staff changes in an article in this Newsletter.

The 2021 Legislative session was a bumpy and difficult affair if you observed or participated in the session. There is an article in this Newsletter that reviews legislation that impacts our Licensees or the OBD, most notable is the Dental Therapy Bill (HB 2528). The bill directs the OBD to create rules and issue licenses to Dental Therapists in 2022.

The Board was established in 1887, and Dental Hygiene was added as a new regulated Licensee back in the 1940s. A new standing OBD Committee was established to make recommendations to the Board. The Dental Therapy Rules Oversight Committee has already met twice, and a third meeting was being scheduled in December 2021. We highlight this Committee in another Newsletter article for you to stay informed on this new type of Licensee and the steps we are taking to administer the provisions of the new legislation.

The OBD went through its regular and transparent rulesmaking process and a Newsletter article also details the twenty-three (23) rule changes that were voted on by the Board at the October 22, 2021 Board Meeting. These rule changes are not related to dental therapy. Eighteen (18) rule changes are effective January 1, 2022 and five (5) rule changes are effective July 1, 2022. Please review these closely as there are new rule changes involving dental license CE requirements, placing dental implants, dental hygienists placing interim therapeutic restorations and other rule changes that may directly impact you, your practice, or colleagues that you supervise.

### FREQUENTLY ASKED QUESTIONS

Q: What information must I maintain in the patient record & give to the patient when placing implants?

A: OAR 818-012-0070(4) Requires when a dental implant is placed the following information must be given to the patient and maintained in the patient record: (a) Manufacture brand; (b) Design name of implant; (c) Diameter and length; (d) Lot number; (e) Reference number; (f) Expiration date. The product labeling stickers containing the above information may also be used in satisfying this requirement.

The OBD also undertook strategic planning in 2021. This endeavor could have been easily delayed due to the pandemic, staffing shortages and other issues. We shifted the work on the strategic plan a few months to welcome two new Board Members and one staff member, but



moved forward to prioritize this important work. The plan is to replace the OBD's 2017 - 2020 Strategic Plan. In early 2021, the OBD circulated a survey on OBD operations and areas of focus to our Licensees and interested parties to inform the Board on the issues important to the dental community.



We followed procurement rules and eventually selected the Peak Fleet to help facilitate our planning and help draft the next plan. The OBD held strategic planning sessions on October 22 & 23 with all ten Board Members participating in-person. The work and efforts are now being distilled and the Board will review a final plan at the February 2022 Board Meeting.

I am so thankful that the OBD continues to attract such interesting, smart, professional and engaged Oregonians year after year. We will have three open Board Member seats next year so please consider contributing to the profession as a Board Member. Another Newsletter article highlights how to apply and learn more about service on the Board.

As 2021 ends, I wish you all happy holidays, good health and a great start to 2022. If you have any questions or comments, I look forward to hearing from you. [Stephen.Prisby@oregondentistry.org](mailto:Stephen.Prisby@oregondentistry.org) or 971-673-3200. ■



## BOARD & STAFF UPDATES

Dr. Hai Pham chose not to seek a second term of service on the OBD and his term expired in April 2021. We thanked Dr. Pham for his service and support on the Board. His experience and clinical knowledge was very valuable in OBD discussions and decisions. We wished him all the best on his future endeavors.

The Governor appointed and the Senate confirmed Dr. Sheena Kalia Kansal to the Oregon Board of Dentistry. She is replacing Dr. Hai Pham's position. Her term began April 19, 2021 and ends March 31, 2025. OBD. Dr. Sheena Kalia Kansal is a pediatric dentist and an owner of Hollywood Children's Dentistry located in northeast Portland. She completed her undergraduate studies and Doctor of Dental Surgery (DDS) in Alberta, Canada. She practiced general dentistry for six years in Canada before relocating to Portland and completing a two-year specialty program in Pediatric Dentistry at OHSU in 2008. She has been practicing dentistry for over 20 years and is, currently, serving communities in Portland and surrounding areas.

The Governor appointed and the Senate confirmed Dr. Aarati Kalluri as a new Board Member on March 4, 2021. She joined the Board due to the opening created when Dr. Todd Beck resigned from the Board in August 2020. Her first term began March 15, 2021 and ended March 31, 2021. This partial term was to fulfill the remaining term of Dr. Beck. Her first full term began April 1, 2021 and ends March 31, 2025. She is eligible to serve another full term. Dr. Aarati Kalluri is a General Dentist and owner of Infinity Dental Care based in Hillsboro. She completed her Bachelors in Dentistry (BDS) and Masters in Prosthodontics and Dental Materials (MDS) in India and served as faculty in Graduate Prosthodontics in India, before moving to the United States. She completed her DDS from University of California at San Francisco in 2008 with honors and was inducted into the Omicron Kappa Upsilon (OKU) Society for Academic Excellence. She opened her practice Infinity Dental Care in 2013 and ever since has been serving communities in Hillsboro and surrounding areas.

The Governor appointed and the Senate confirmed public member Chip Dunn to another term on the Oregon Board of Dentistry. His next term began April 1, 2021 and ends March 31, 2025.

The Governor appointed and the Senate confirmed Alicia Riedman, RDH to another term of service on the Oregon Board of Dentistry. Her next term began April 1, 2021 and ends March 31, 2024. Note it is not a four-year term, since statute dictates that no more than three board members' terms can be scheduled to end in any given year.

Dr. Daniel Blickenstaff, former Dental Director & Chief Investigator retired from the OBD in April 2021. We recognized and thanked him for his service.

Dr. Winthrop "Bernie" Carter transitioned into the Dental Director/Chief Investigator role when Dr. Blickenstaff retired. This created an open dental investigator position.

We were fortunate to attract an excellent pool of candidates for the dental investigator position and ultimately selected Dr. Angela Smorra. Dr. Smorra completed her undergraduate training at University of Arizona and then moved to Oregon to attend OHSU School of Dentistry. She comes to the OBD with 15 years of general dentistry practice in a public health setting at a local FQHC. She completed a GPR residency at the Portland VA Hospital, has served as a volunteer adjunct faculty member with the OHSU Department of Community Dentistry since 2008, and loved working as a preceptor for OHSU dental students during their external rotations. Angela has always been passionate about providing care to the underserved and those with limited access to care. She is looking forward to her next career chapter with the Oregon Board of Dentistry and serving the state of Oregon. Angela enjoys spending time outdoors with her husband, performing chemistry experiments with her son, and walking her Australian shepherd.



Some other exciting staff transitions to report. Both of these changes were effective July 1, 2021. Ingrid Nye has filled the open Investigator Position. Ingrid joined the OBD in November 2015. Samantha VandeBerg will transition to Ingrid's previous position as our new Examination and Licensing Manager. Samantha joined the OBD in March 2018. These positions require unique skills and specialized in-depth knowledge of Board of Dentistry licensing laws, rules, regulations, and procedures. Both have developed the knowledge, skills and abilities to perform these functions. Their commitment and willingness to seek new challenges and support the OBD is noteworthy and on behalf of the Board I thank them both.

- Stephen Prisby, Executive Director

## BOARD MEMBERS



**ALICIA RIEDMAN, R.D.H.**

PRESIDENT  
EUGENE

SECOND TERM EXPIRES 2024

**JOSE JAVIER, D.D.S.**

VICE PRESIDENT  
PORTLAND

SECOND TERM EXPIRES 2024



**CHARLES "CHIP" DUNN**

HAPPY VALLEY

SECOND TERM EXPIRES 2025

**AMY B. FINE, D.M.D.**

MEDFORD

SECOND TERM EXPIRES 2022



**YADIRA MARTINEZ, R.D.H.**

HILLSBORO

SECOND TERM EXPIRES 2022

**GARY UNDERHILL, D.M.D.**

ENTERPRISE

SECOND TERM EXPIRES 2022



**JENNIFER BRIXEY**

PORTLAND

SECOND TERM EXPIRES 2024

**SHEENA KANSAL, D.D.S.**

PORTLAND

FIRST TERM EXPIRES 2025



**REZA SHARIFI, D.M.D.**

PORTLAND

FIRST TERM EXPIRES 2023

**AARATI KALLURI, D.D.S.**

HILLSBORO

FIRST TERM EXPIRES 2025



## SCHEDULED BOARD MEETINGS

2022

- February 25, 2022
- April 22, 2022
- June 17, 2022
- August 19, 2022
- October 21, 2022
- December 16, 2022

## BOARD OPENINGS - SPRING 2022

The Oregon Board of Dentistry consists of 10 Board Members: six dentists, two dental hygienists and two public members.

In the spring of 2022, three board member positions will be available when the second terms of service conclude for Dr. Amy B. Fine, Dr. Gary Underhill and Yadira Martinez, RDH.



A Board term of service is four years. Board members typically serve two terms. The Governor appoints the Board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor.

An Oregon licensed Dentist, who resides in Oregon, may apply for a dentist position on the Board. An Oregon licensed Dental Hygienist, who resides in Oregon, may apply for a dental hygienist position on the Board.

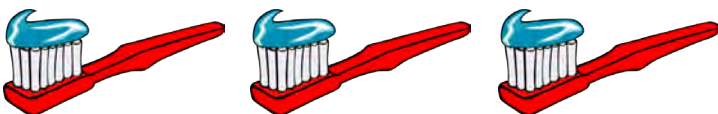
A Board Member is actively involved, within the context of the agency's regulatory governance model, policy-making, strategic planning, and oversight responsibilities necessary for the success and well-being of the OBD, its Licensees, consumers and other stakeholders. It truly is a volunteer position, with Board members needing to be engaged in all areas that impact safe dentistry, dental hygiene & dental therapy - licensure, education, rulemaking, policy and disciplinary matters.

Please go to the OBD website for more information. At the bottom of the OBD home page under Board/Staff Openings there is a link to a detailed document providing an overview of desired requirements of a Board Member and other important information that you should find helpful. The information also links you to the Governor's Office on Executive Appointments. Please direct your questions or interest to Executive Director, Stephen Prisby [stephen.prisby@oregondentistry.org](mailto:stephen.prisby@oregondentistry.org) 971-673-3200

## FREQUENTLY ASKED QUESTIONS

Q: I have an Expanded Practice Permit. Do I need a Collaborative Agreement?

A: The EPP only allows an EPDH to work without supervision at certain locations and/or on certain populations as outlined in the DPA. It does not "expand" the duties dental hygienists are permitted to perform. The Collaborative Agreement is an approved agreement between an Oregon licensed dentist and an EPDH. This agreement which allows that EPDH to perform some, or all, of the following services while practicing under their EPP; (1) administering local anesthesia (if the EPDH also has a local anesthesia endorsement), (2) administering temporary restorations without excavation, (3) prescribing prophylactic antibiotics, and prescribing nonsteroidal anti-inflammatory drugs and (4) Referral parameters. EP-DHs do not need to have a Collaborative Agreement to practice under their EPP, however, the EPDH may not provide any of the previously listed services while working under the EPP if they do not have a current Collaborative Agreement. ORS 680.205(1), and OARs 818-035-0065, 818-035-0066 and 818-035-0100 can provide further guidance.



## FREQUENTLY ASKED QUESTIONS

Q: May a dental assistant remove a healing collar for an implant?

A: OAR 818-042-0040 has a list of 25 prohibited duties for dental assistants. Prohibited duty (23) states "Place or remove healing caps or healing abutments, except under direct supervision." Recall that "Direct Supervision" requires a dentist to diagnose the condition to be treated, a dentist authorize the procedure to be performed, and a dentist remain in the dental treatment room while the procedure is performed. A dental assistant may not permanently seat an implant abutment or crown with a torque wrench or cement.

## CE OPPORTUNITY

OHSU School of Dentistry offers an innovative continuing education program on Dental Pain Management and Substance Use Disorders

Since March of 2020, the world's attention has been squarely on the COVID-19 pandemic, but the ongoing challenges of substance use disorder and overdose death have not gone away while the spotlight was on a different crisis. The New York Times on November 17 of this year noted that overdose deaths in the U.S. have more than doubled since 2015. The Center for Disease Control and Prevention (CDC) reported that more than 100,000 individuals had died from an opioid overdose during the 12 month-period ending April 2021. According to the Oregon Health Authority (OHA), Oregon, like rest of the country, is also experiencing an opioid crisis. This involves opioids misuse, abuse, overdose and death from prescription opioid pain medications and illicit opioids such as heroin and non-pharmaceutical fentanyl.

At the Oregon Health & Science University (OHSU) School of Dentistry, Dr. Richie Kohli, Karan Replogle and Eli Schwarz have created an innovative continuing dental education program to disseminate knowledge around best practices for safe prescribing. The Pain Management and Substance Use Disorders in Dental ECHO utilizes the Project ECHO (Extension for Community Healthcare Outcomes) model, which means the sessions are offered virtually and each session includes discussion of a case brought by a participant.

This 7-session program covers topics on opioid alternatives, judicious use of opioids, identifying patients with substance use disorder (SUD), harm reduction, and managing dental pain for people on medication for Opioid Use Disorder (MOUD). The program is delivered by a multidisciplinary team that includes dental specialists, a behavioral health and social work expert, an addiction medicine physician, an emergency medicine physician, and a pharmacist. The sessions are facilitated by Dr. Barry Taylor, the Executive Director of the Oregon Dental Association (ODA). This initiative is funded by Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response Grant from Oregon Health Authority and supported by Oregon ECHO Network (OEN). It is free and offers up to 7 hours of no-cost continuing dental education (CDE) credits.

This is the first ECHO program to focus on pain management in dentistry. The program started in 2019 and was initially only available to Oregon-based dentists and dental team members. It was then expanded to national and international audience in spring 2020. Since the course initiation, 333 participants have completed the course and out of those, 179 are from Oregon.

Winter 2022 sessions start on January 5, 2022; Spring sessions begin April 6, 2022. Virtual sessions take place 12:30-1:30 p.m., PST. For more information and to register, go to the Oregon ECHO Network.

## PROFESSIONAL COURTESY WINTHROP (BERNIE) CARTER, D.D.S.



Most dentists have had cases where clinically acceptable protocols were followed, but some dentists had less than ideal outcomes. If another dentist was to see one of your “less than ideal” crowns or fillings, what would you want them to do? Discuss the issue with you, or file a complaint with the Board? ORS 679.310 states that “...any person licensed by the Oregon Board of Dentistry, shall report to the Board any suspected violation of this chapter or ORS 680.010 to 680.205 or any rule adopted by the Board.” Would you like an opportunity to discuss what your clinical and/or radiographic findings are with those of the previous dentist? Would you like to discuss previous treatment completed from the previous dentist with the previous dentist? If you agreed with the previous dentist that the case resulted in a less than an ideal outcome, your professional discussion with the previous dentist may “make it right” before a Board complaint is filed against you.

The Oregon Board of Dentistry (OBD) has seen several complaints against dentists filed by fellow dentists in the past year. Almost all of the respondent dentists who have been interviewed state that they are not intentionally harming patients, that they are trying to provide competent patient care for the patient and want to do what is right for the patient. Several complaints involve “miscommunications” of some sort between the patient and the dentist or dental hygienist and are not actual unacceptable clinical procedures performed for the patient.

Dentistry is a profession, and as such is anticipated to govern itself. One aspect of the profession is to engage in professional dialogue, for example, between the two dentists involved to resolve dental issues for the patient. This activity is essentially the lowest level possible of the peer review process which should occur whenever possible and whenever dental misadventures occur with patients.

The OBD is required by statute to investigate all written complaints against licensees and takes the investigative process very seriously. The OBD also uses this process to verify that the licensee has complied with all of the State of Oregon statutes and the Board of Dentistry rules pertaining to continuing education, maintaining a current Healthcare Provider level BLS/CPR certificate, and the testing of each autoclave in the office where the licensee practices on a weekly basis, as well as investigating the treatment provided the patient. Once a case is opened, it cannot be finished until the OBD makes a decision on the case.

If you, as a licensee, have an issue with another licensee’s treatment of a patient, a quicker first step to resolve the issue might be to discuss the matter with the licensee rather than filing a complaint with the Board. You can contact your professional colleague with a short phone call to discuss the case or send an email to the other dentist. If ongoing dental and/or medical problems require time sensitive therapeutic procedures to be completed for the health and safety of the patient (due to trauma, life threatening infection, and/or bleeding), solving the issue without the OBD being involved may be a better way of completing the action required. If bringing the issue to the attention of the licensee doesn’t resolve the issue in your opinion, then you can always take the issue to the OBD.

Again, before you file a complaint against a fellow licensee, pause and think about how you would like to be treated in this situation. Think to yourself if the dental problem which has occurred has a possible “peer review” solution. We are not advocating that you do not follow the Dental Practice Act. We are advocating that you communicate respectfully and professionally with your colleagues to best serve your patients.

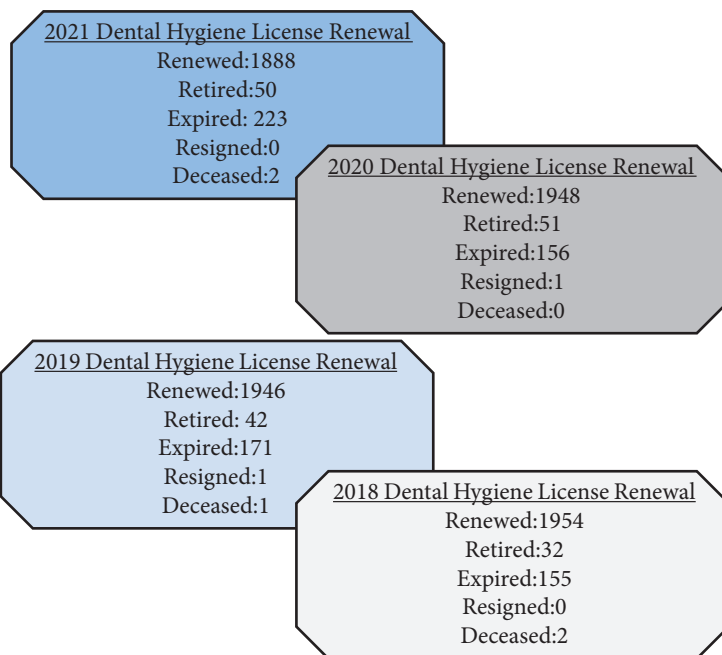
The Board hopes all licensees will have a productive professional year for 2022! Do good work for your patients. ■

CASELOAD	2017	2018	2019	2020
Formal Investigations Opened	199	272	288	216
Cases Completed & Closed	248	260	329	286
Cases Resulting in Discipline	57	89	85	47



## DENTAL HYGIENE LICENSE RENEWAL DATA

An issue of interest were questions related to dental hygiene and how many dental hygienists renewed their license or are practicing in Oregon. Data on dental hygiene license renewal for 2021 and also data from previous years is provided below:



## TREATING SLEEP-RELATED DISORDERED BREATHING

As more and more dentists are treating Sleep-Related Disordered Breathing (SRDB), the Board is starting to see an increase in the number of complaints related to dentists treating Obstructive Sleep Apnea (OSA) and SRDB. Dentists can (and do) play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders, and are well-positioned to identify patients at greater risk of SRDB and OSA.

Since sleep-related disordered breathing can be caused by a number of multifactorial medical issues, a physician's diagnoses of SRDB (based on a patient's medical history, symptoms from a medical evaluation, and findings from either polysomnography or a home sleep apnea test) is necessary before a dentist can treat the SRDB. Oral Appliance Therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of Continuous Positive Airway Pressure (CPAP), and dentists are the only health care provider with the knowledge and expertise to provide OAT.

Working in conjunction with physicians, dentists can help treat these disorders. Dentists have long been aware of the importance of the maintenance of their patient's airway. Many dentists and their hygienists regularly screen their patient's Mallampati score, and grade their patient's tonsils to evaluate a patient's airway. But again, dentists may not diagnose SRDB and sleep apnea; a physician must make the diagnosis and then prescribe oral appliance therapy before the dentist can treat it.

In children, a dentist can refer the patient to a pediatric otolaryngologist for evaluation and treatment of suspected airway obstruction caused by hypertrophic tonsils.

It is the Board's position that the diagnosis of SRDB or OSA is outside the scope of the practice of dentistry, and the diagnosis must be made by a physician prior to oral appliance therapy by a dentist. ■

## SERV - OR

### VOLUNTEER TODAY TO SAVE LIVES DURING COVID

Oregon is facing a public health care crisis due to COVID-19. Health care resources are strained, and we need health care professionals like you to register with SERV-OR to join the response to COVID-19.

What is SERV-OR?

The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a statewide pool of licensed physicians, nurses, pharmacists, Emergency Medical Technicians (EMTs), behavioral health providers, respiratory therapists and other health professionals who are willing to volunteer in response to Federal, State, and/or local emergencies.

How can you help?

There are several ways to help, depending on the need. You may be asked to:

- Staff an alternate care site to decrease pressure on hospitals
- Operate a health information hotline
- Help with contact investigation around known COVID-19 cases
- Support administrative or logistical needs within the OHA Agency Operations Center
- Lend your skills in a wide variety of other volunteer roles

To find out more, visit [SERV-OR.org](http://SERV-OR.org) and register today. ■

## REALD DATA

### COLLECTING & REPORTING REQUIREMENTS FOR HEALTH CARE PROVIDERS

COVID-19 has hit people of color, tribes and people with disabilities hard, but without good data the state cannot fully understand the extent to which these communities are being impacted and cannot adjust the state's response to better protect them. In order to address this data gap, during the 2020 first special session, the Legislature passed House Bill 4212 (See sections 40-43) that requires certain health care providers, including dentists and dental hygienists, to collect race, ethnicity, language, and disability (REALD) data from patients during a COVID-19 encounter and report this data to the Oregon Health Authority (OHA) in accordance with Oregon's disease reporting rules, if reporting is required. A COVID-19 encounter is defined as "an interaction between a patient, or the patient's legal representative, and a health care provider, whether that interaction is in person or through telemedicine, for the purpose of providing health care services related to COVID-19, including but not limited to ordering or performing a COVID-19 test." HB 4212, Sec. 40. Health care providers are required to report to OHA, generally within one day, the following:

- COVID-19 cases
- COVID-19 hospitalizations
- COVID-19 deaths
- Negative COVID-19 tests
- MIS-C (multisystem inflammatory syndrome in children)

The specific requirements for disease reporting and the timelines can be found at OAR 333, Division 18, specifically OAR 333-018-0011 and 333-018-0016.

The collection and reporting of REALD information by providers is being divided into phases:

#### Starting October 1, 2020:

- Hospitals (except for psychiatric hospitals)
- Health care providers within a health system (an organization that delivers health care through at least one hospital in Oregon and through other facilities, clinics, medical groups, and other entities, all under common control or ownership)
- Health care providers working in a federally qualified health center)

#### Starting March 1, 2021:

- Health care facilities
- Health care providers working in or with individuals in a congregate setting

#### Starting October 1, 2021:

- All health care providers
- The standards for collecting REALD information can be found at OAR 943, Division 70
- Enforcement of the collection and reporting REALD requirements can begin January 1, 2021. OHA will report non-compliant providers to the Board and while the Board will work to bring health care providers into compliance, the collection and reporting of REALD information is a priority for the state and will be taken seriously

You can find data collection templates, guides to asking questions, the full implementation guide, and other resources by navigating to the REALD section on the Oregon Health Authority's Website. ■





# NEW CONTINUING EDUCATION REQUIREMENTS

By Ingrid Nye, Investigator

## *Pain Management:*

**EFFECTIVE 7/1/2022**

WHAT'S CHANGING ABOUT THE REQUIRED PAIN MANAGEMENT CE? Earlier this year, the Oregon Legislature passed HB 2078, which was then signed into law by Gov. Kate Brown. The bill makes changes to the pain management continuing education (CE) that many Oregon-licensed healthcare practitioners (including dentists) are required to complete, but left the individual licensing boards some leeway in implementing these new requirements. The Oregon Board of Dentistry (OBD) has carefully considered the most “painless” way to assist our licensees in meeting the revised pain management CE requirements. In the past, Oregon-licensed dentists were required to complete one Oregon Health Authority (OHA)-developed, six-hour pain management education training upon initial licensure; those rules are being changed to comply with HB 2078. Effective July 1, 2022, all Oregon-licensed dentists must complete a one-hour pain management training course during every renewal cycle, for as long as the licensee holds an active license.

WHO WILL BE AFFECTED? The change in CE requirements will affect all actively licensed dentists in Oregon, including volunteer dentists, faculty dentists, dentists who are restricted to specialty practice, and dentists who hold active licenses in Oregon but do not currently practice. The requirement applies regardless of whether or not pain management is a part of the dentist's practice. Dental hygienists will not be affected by the change.

WHY DID THE REQUIREMENT CHANGE? The Oregon Pain Management Commission (OPMC) of the OHA was initially created in 2001, when the conversation within Oregon healthcare circles about pain management was drastically different than what we see in the present day and age. Unfortunately, early incarnations of the OPMC's Pain Management Module tended to encourage what healthcare professionals would now consider to be the over-prescription of dangerous, addictive opioids to control even minor, transitory pain. As we are all acutely aware, the nationwide opioid epidemic wreaked havoc in the State of Oregon. According to the Institute of Medicine's 2011 publication “Relieving Pain in America: A Blueprint for Transforming, Prevention, Care, Education, and Research”, Oregon ranked 4th in the nation in inappropriate use of prescription pain killers for adults. As part of their response to the worsening crisis, the OPMC (who are mandated by statute to update their “Pain Management Module” every two years) took action to radically reevaluate their required Pain Management Module course starting in approximately 2016. Throughout 2016-2017, representatives from every Oregon healthcare board, including the OBD, were invited to attend and provide input at a series of sessions focused on “stepping away” from the overuse of dangerous and highly addictive opioids for pain control, and instead introduce “a new understanding of pain and propose a new pathway of treatment for a more holistic approach to the treatment of pain”. The result of all of the hard work done by the OPMC, the OHA, and the healthcare boards is that dentists who took the Pain Management Module prior to the 2016-2017 “revamp” would likely not recognize the course as it exists now! The content has changed drastically and continues to be updated; gone is the influence of the “pill-pushing” ethos of the late 1990s and early 2000s, replaced by information that reflects a new understanding of pain, pain control, and total patient health. Since the course redesign, the OBD has anticipated that the statutory requirement that dentists complete the OPMC Pain Management Module at least once in their careers would eventually be changed to encourage our dental licensees to continue developing their knowledge of pain management, based on the most up-to-date information, throughout their entire careers in Oregon.

The OBD is proud to have been included in the OPMC's Pain Management Module redesign, and fully supports the Legislature, the Governor, the OHA, and the OPMC in our shared goal of ensuring that Oregon-licensed healthcare practitioners are continually provided with the most contemporary and comprehensive pain management education available.

HOW WILL I COMPLETE THE REQUIRED PAIN MANAGEMENT MODULE? The OBD's vision for implementing the revised Pain Management Module CE requirement is to integrate the Pain Management Module into the existing renewal application process itself. A dentist, while completing their renewal through the OBD's new Licensee Portal, would be taken directly to the Pain Management Module on the OPMC website. Once the dentist had successfully completed the Pain Management Module, they would be directed back to the OBD Portal to finish their renewal application. Our system would record the fact that the dentist had completed the required course for that particular renewal. Two years later when the dentist renewed their license again, they would again be directed to the Pain Management Module to complete the most recent version of the course. The OBD believes that integrating the Pain Management Module directly into the renewal process minimizes the likelihood that a dentist may take the wrong course, take the course outside the required timeline, misplace the documentation showing that they completed the required course, or forget to take the course entirely. As you may already be aware, the OBD is currently in the process of deploying a long-awaited new licensing database system. Perhaps you have already accessed our Licensee Portal to complete your renewal or print a new copy of your license! If not, we invite you to learn more about it by navigating to our website [oregon.gov/dentistry](http://oregon.gov/dentistry) and clicking “New Licensing System”. This process is ongoing, and new features are being continually developed and deployed. The OBD will work with our database vendor, as well as the OHA, and the OPMC, to realize our vision of integrating the Pain Management Module into the renewal application as explained above. Therefore, if all goes according to plan, aside from new applicants for dental licensure in Oregon, the first group of dentists who will experience the practical effects of the implementation of HB 2078 are dentists with an expiration date of March 31, 2023. The remaining dentists, those with an expiration date of March 31, 2024, will follow suit the following year. If circumstances or implementation plans change, we will certainly notify our licensees and provide clear instructions for complying with the revised requirement. Please remember to keep your contact information up-to-date (as required by ORS 679.120 and 680.075) so you don't miss any important reminders from the OBD!

HOW MUCH DOES THE OPMC'S PAIN MANAGEMENT MODULE COST? The course is provided online, and is available at any time, at no charge.

CAN I TAKE A DIFFERENT PAIN MANAGEMENT COURSE, OTHER THAN THE OPMC'S PAIN MANAGEMENT MODULE? The proposed rule changes related to HB 2078 require completion of “a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority”. Currently, the OPMC's one-hour Pain Management Module is the only course that meets those requirements.

CAN I USE THE OPMC'S PAIN MANAGEMENT MODULE TOWARDS THE 40 TOTAL HOURS OF CE THAT THE OBD REQUIRES DENTISTS TO COMPLETE EACH RENEWAL CYCLE? Yes!

*Cultural Competency:*  
EFFECTIVE 1/1/2021

Effective January 1, 2021 in response to HB 2011 (2019), the Oregon Board of Dentistry (OBD) began requiring that all OBD licensees complete two hours of cultural competency continuing education (CCCE) each renewal cycle.

If you have an expiration date of March 31, 2022 (for dentists) or September 30, 2022 (for dental hygienists), and in the future Dental Therapists, your next renewal will be the first time you will be required to document completion of the required CCCE.

As with all CE, we recommend completing CCCE earlier rather than later. Although some courses have migrated to a socially distant and/or online format, our licensees do report that the pandemic continues to complicate the search for certain CE courses. Waiting until close to your expiration date to start your CE requirements is inadvisable, as courses may be difficult or impossible to find on a shortened timeline!

The Oregon Health Authority (OHA) Office of Equity and Inclusion maintains a website ([www.oregon.gov/oha/OEI/Pages/CCCE.aspx](http://www.oregon.gov/oha/OEI/Pages/CCCE.aspx)) that includes a continuously updated list of CCCE courses that the OHA has reviewed and approved. The OBD does not, however, require that you take OHA-approved CCCE; any course(s) totaling at least two hours of training specific to cultural competency in healthcare may be accepted.

In considering whether a particular CE course is related to cultural competency, the OBD defines it this way, "Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups, and communities".

Many of our licensees who have already taken CCCE have reported success finding online courses by searching the internet for keywords like "cultural competency" "healthcare" "dentistry" and "continuing education". If you have questions about whether or not a particular course would meet the requirements for CCCE, please feel free to contact the OBD at [information@oregondentistry.org](mailto:information@oregondentistry.org) or call 971-673-3200.

The two hours of CE related to cultural competency may be counted towards the total number of CE hours required for each type of license issued by the OBD: 40 hours for dentists, 36 hours for dental hygienists who hold Expanded Practice Permits, and 24 hours for dental hygienists without Expanded Practice Permits.

As a final note, in the last two years since HB 2011 was signed into law, OBD Staff (including myself) has fielded calls and emails from licensees who were excited about the new requirements, but we have also spoken with a few individuals who expressed some initial apprehension about the CCCE requirements. Some of those people said they felt overwhelmed, confused, or didn't know where to begin looking for courses. After assisting these individuals in their search for CCCE, I was pleased to discover that a large percentage of the licensees who professed to be apprehensive later took the time to call or email again just to mention that they had learned a great deal from their CCCE that they felt could help them in their practice, and had enjoyed the experience!

2021 LEGISLATIVE SESSION  
WRAP-UP

The 2021 Legislative Session (like all recent sessions) saw thousands of bills introduced. The bills noted below made it through the process and became law.

HB 2528 - This bill creates a new Licensee for the Board of Dentistry to regulate- Dental Therapists (DT). The Board last added a new type of Licensee back in the 1940s with Dental Hygienists. It will involve creating a new division of rules, amend other divisions to add appropriate references to DTs, create a myriad of new application forms, update website, receive approval on fee structure, etc...The OBD created the Dental Therapy Rules Oversight Committee to make recommendations to the OBD on the directives of the bill.

HB 2627- This bill expands the scope of practice for Dental Hygienists with an Expanded Practice Permit regarding the placement of Interim Therapeutic Restorations. Also requires the Board to adopt education standards and instructor requirements related to interim therapeutic restorations as well. The Board already approved the education requirements and new rule changes are effective January 1, 2022 to comply with the directives of this bill.

HB 2074 – This bill increases the Prescription Drug Monitoring Program (PDMP) fee from \$25 to \$35 per year. The OBD will not raise fees on dentists and will absorb the additional cost, but monitor it to see if there will be a need to raise dental licensure fees in the future. The OBD transfers the fee to the OHA after the dentist renews their license.

HB 2078 - This bill revises the pain management CE rules. The OBD amended the CE rule on the timing requirement to complete a pain management continuing education class required for dentists. The Board approved new CE requirements within the rule changes effective July 1, 2022 to comply with the directives of this bill.

HB 2359 – This bill requires use of health care interpreters from the OHA's registry and sets requirements for providers who use an interpreter not on the registry. This bill and issue has been discussed at the OBD and will first be reviewed by the OBD's Licensing, Standards and Competency Committee.

HB 2970 -This bill narrowly updates the statute on who may own or operate a dental clinic, but sunsets January 1, 2023.

HB 2993 - This bill updates rulemaking requirements including the provision that agencies must include a statement identifying how adoption of rules will effect racial equity in the state

SB 5511- The OBD Budget Bill was approved and no fee increases were needed or proposed to cover OBD operations. The overall budget is approximately \$3.7 million and funds 8 full-time employees. ■

FREQUENTLY ASKED QUESTIONS

Q: Can I have a working interview?

A: Individuals who are waiting to get licensed or certified in Oregon cannot perform those duties that are required for licensure or certification without first becoming licensed or certified in Oregon. Under OAR 818-012-0010(4) it is Unacceptable Patient Care to permit any person to perform duties for which the person is not licensed or certified. Only persons holding an active license or certification can perform working interviews. Pursuant to OAR 818-021-0115 and OAR 818-042-0020 (3) all licenses and/or certifications must be posted and visible to people receiving services in the premises

## OBD RULE CHANGES

### CHANGES IMPLEMENTED IN 2021

The Oregon 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 adopted, amended or repealed. OARs are written within the agency's statutory authority granted by the Legislature. The Board held a public rulemaking hearing on September 15, 2021, along with accepting public comment on the proposed rule changes from September 1st until October 8th, 2021.

At the October 22, 2021 Board Meeting, the Board adopted one (1) new rule to ensure compliance with Governor's Executive Orders, and amended twenty-two (22) other rules. The one (1) new rule and amendments to seventeen (17) rules are effective January 1, 2022. The amendments to five (5) rules are effective July 1, 2022.

Official Notice of rulemaking is provided in the Oregon Secretary of State's Bulletin. The full text of the OARs and all rules can be found at our website <http://www.oregon.gov/dentistry> (Look under the Hot Topics Tab).

**ADOPT One New Rule:**

ADOPT: 818-012-0120 (NEW RULE)

RULE TITLE: Compliance with Governor's Executive Orders  
 RULE SUMMARY: A new rule to ensure compliance with Governor's Executive Orders.

**AMEND 18 Rules Effective January 1, 2022:**

AMEND: 818-001-0000

RULE TITLE: Notice of Proposed Rule Making  
 RULE SUMMARY: The rule notification may be made by electronic means now.

AMEND: 818-001-0002

RULE TITLE: Definitions  
 RULE SUMMARY: The reference to Dental Hygienist is being renumbered, Oral Medicine and Orofacial Pain added and BLS clarified at end of rule.

AMEND: 818-001-0082

RULE TITLE: Access to Public Records  
 RULE SUMMARY: The references to labels and diskettes is being removed and that records may be retrieved and transmitted electronically.

AMEND: 818-012-0070

RULE TITLE: Patient Records  
 RULE SUMMARY: The reference to SOAP - Subjective Objective Assessment Plan is being deleted and reference to a current health plan is required in the patient record.

AMEND: 818-015-0007

RULE TITLE: Specialty Advertising  
 RULE SUMMARY: Oral Medicine and Orofacial Pain are being added to the rule.

AMEND: 818-021-0012

RULE TITLE: Specialties Recognized  
 RULE SUMMARY: Oral medicine dentist and orofacial pain dentist and subsequent references are being added to the rule.

AMEND: 818-021-0080

RULE TITLE: Renewal of License  
 RULE SUMMARY: Updates the rule for electronic renewals, instead of paper and clarifies references to licensees.

AMEND: 818-021-0088

RULE TITLE: Volunteer License  
 RULE SUMMARY: Clarifies that the volunteer hours of care must be completed in the state of Oregon.

AMEND: 818-026-0040

RULE TITLE: Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit  
 RULE SUMMARY: Aligns this rule with other sedation permit rules regarding reference to the American Society of Anesthesiologists (ASA) Patient Physical Status Classification and adds pre and post operative documentation requirements.

AMEND: 818-026-0050

RULE TITLE: Minimal Sedation Permit  
 RULE SUMMARY: It adds the requirement that the permit holder shall include a record detailing the patient's condition at discharge.

AMEND: 818-026-0080

RULE TITLE: Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia  
 RULE SUMMARY: Removes outdated reference to the Oregon Medical Board.

AMEND: 818-035-0010

RULE TITLE: Definitions  
 RULE SUMMARY: Clarifies the duties an Expanded Practice Dental Hygienist may do and defines certain terms under their scope of practice.

AMEND: 818-035-0020

RULE TITLE: Authorization to Practice  
 RULE SUMMARY: It adds assessment to the rule and attempts to clarify the rule overall.

AMEND: 818-035-0025

RULE TITLE: Prohibited Acts  
 RULE SUMMARY: Clarifies references within the rule to make it easier to understand.

AMEND: 818-035-0065

RULE TITLE: Expanded Practice Dental Hygiene Permit  
 RULE SUMMARY: The rule clarifies the duties of an expanded practice dental hygienist.

AMEND: 818-035-0100

RULE TITLE: Record Keeping  
 RULE SUMMARY: The rule adds language referencing interim therapeutic restorations to be required to record keeping requirements.

AMEND: 818-042-0040

RULE TITLE: Prohibited Acts  
 RULE SUMMARY: Corrects reference to other rules and that periodontal probing and assessment are prohibited acts.



CONTINUED ON PAGE 10

CONTINUED FROM PAGE 9

## **AMEND 5 Rules Effective July 1, 2022:**

AMEND: 818-012-0005

RULE TITLE: Scope of Practice

RULE SUMMARY: A dentist must meet certain requirements to place dental implants and also complete seven (7) hours of continuing education requirements each licensure period.

AMEND: 818-021-0010

RULE TITLE: Application for License to Practice Dentistry

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

AMEND: 818-021-0011

RULE TITLE: Application for License to Practice Dentistry Without Further Examination

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

AMEND: 818-021-0017

RULE TITLE: Application to Practice as a Specialist

RULE SUMMARY: Prior to licensure an applicant must complete a one hour pain management course as specified in rule.

AMEND: 818-021-0060

RULE TITLE: Continuing Education — Dentists

RULE SUMMARY: Clarifies that all dentists must complete pain management course prior license renewal and that at least seven (7) hours of continuing education every renewal period are required to place dental implants.



## **DENTAL THERAPY**

### **RULES OVERSIGHT COMMITTEE MEETING**

At the August 20, 2021 Board Meeting the Oregon Board of Dentistry (OBD) established a new standing Committee named the “Dental Therapy Rules Oversight Committee” per ORS 679.280, to create, amend, review and discuss the implementation of dental therapy rules with the passage of HB 2528 (2021).

This historic piece of legislation was signed by Governor Kate Brown on July 19, 2021. This new Committee is being created because the OBD seeks a dedicated and focused group of committee members to draft new dental therapy rules in a deliberate, fair and equitable manner for the OBD to consider. This Committee will also consider cost of compliance and racial justice issues as well with the development of these rules.

The Dental Therapy Rules Oversight Committee shall be comprised of three current OBD Board Members, one who will serve as the Chair of the Committee. The Committee shall include three representatives from the Oregon dental therapy community or organizations that represent dental therapists in Oregon.

The Committee members must reside or work in Oregon and the OBD President will select the three members if more than three people volunteer to serve on this Committee. Ideally, Oregon licensed dental therapists will serve on this Committee in the future once licenses are issued. The Committee shall include one representative from the Oregon Health Authority, ideally the Dental Director or their designee. This is to leverage their experience with dental pilot projects. The Committee will also include one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists’ Association and the Oregon Dental Assistants Association.

All Committee meetings will be held virtually unless conditions allow for safe in-person meetings. All OBD Committee and Board meetings are public meetings.

The Legislature requires that the OBD adopt rules necessary to administer certain provisions of the new legislation. In adopting rules, the board shall consult with dental therapists and organizations that represent dental therapists in Oregon. The public, dental therapy communities and all interested parties can take part in the implementation of the new dental therapy rules as they will be subject to the OBD’s public rulemaking process.

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

Inaugural meeting held October 7, 2021  
Second meeting held November 10, 2021  
Third meeting scheduled for December 8, 2021.

PUBLIC HEALTH DIVISION  
Center for Public Health Practice  
Acute and Communicable Disease Prevention  
Kate Brown, Governor

Oregon  
Health  
Authority

The Centers for Disease Control and Prevention (CDC) and Oregon Health Authority (OHA) have launch Project Firstline, a new education program for healthcare infection control. OHA’s first goal is to understand which training topics and formats will be most useful for Oregon’s healthcare workers, and they want to hear from you! Let OHA know what kind of infection control training you need. The survey should take approximately 10 minutes to complete, and your responses are anonymous.

Scan this QR code with your smartphone camera to access the Oregon Project Firstline survey:



ENGLISH



SPANISH

# Finding "Normal" During and After the Pandemic

"Normal" is the buzz word of the day. Our country is eager for a "return to normal," but that won't be so easy after all that we have experienced.

## Signs of Stress

### Physical Reactions\*

- Insomnia, recurrent dreams, difficulty falling or staying asleep
- Fatigue
- Hyperactivity
- Pain in the back or neck
- Headaches
- Heart palpitations\*
- Dizzy spells\*
- Appetite changes
- Stomachaches or diarrhea
- Sweating or chills
- Tremors or muscle twitches

\*If symptoms persist, see a physician.

### Emotional Reactions

- Flashbacks or reliving the event
- Excessive jumpiness or tendency to be startled
- An increase in irritability, with outbursts of anger and frequent arguing
- Feelings of anxiety, helplessness or vulnerability
- Feelings of guilt
- Feeling depressed or crying frequently
- Feeling heroic, euphoric, or invulnerable
- Not caring about anything

### Behavioral Reactions

- An increase or decrease in energy and activity levels
- A change in alcohol, tobacco or other drug use
- Worrying excessively
- Wanting to be alone most of the time
- Blaming other people for everything
- Having difficulty communicating or listening
- Having difficulty giving or accepting help
- An inability to feel pleasure or have fun

### Effects on Productivity

- Inability to concentrate
- Increased incidence of errors
- Lapses of memory
- Increased absenteeism
- Tendency to overwork
- Feeling confused
- Having trouble thinking clearly and concentrating
- Having difficulty making decisions

The pandemic represents a chronic, long-term and on-going tragedy. When any tragedy strikes, normal human reactions follow a pattern called "crisis response." This happens naturally in all of us and encompasses a range of both physical and emotional responses. Initially, our instincts take over and we experience "Fight, Flight or Freeze" reactions to threats or danger. In these moments, physical reactions include increased adrenaline, heightened senses, increased heart rate, hyperventilation, sweating, etc. We experience a variety of emotional reactions as well. These may include shock, disbelief, denial, anger, fear, sorrow, confusion, frustration, and guilt.

Looking at the pandemic through this lens, as a nation we have found ourselves in and out of crisis response for more than a year and a half. For health care providers on the front line, this is even more true. To put it mildly, this has been exhausting, both physically and emotionally. It is helpful to discuss what is happening in a supportive and safe environment. Validation of your experiences and acknowledgement of your emotional and physical reactions is helpful.

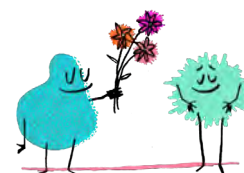
Most people show signs of stress to crisis. These symptoms are typically a normal reaction to an abnormal situation. Some of the predictable reactions that may persist as we continue to face the pandemic, and even after it abates, are listed at left.

In addition, there are some pandemic-specific crisis response reactions people may experience: It can feel like there is an expectation to return quickly to pre-pandemic activities and responsibilities. This may be a welcome change, but there may also be difficulties and challenges during this process. After more than 18 months of being encouraged to stay home and avoid contact with those outside of your family or "pod," you may feel uneasy about resuming activities like eating in a restaurant, attending a movie or performance, going to an outdoor festival or parade, traveling, or many other activities that have not been a part of "normal" life since early 2020. You may be ready to jump back into pre-pandemic life with both feet, but you may also feel anxious about doing so (or likely, somewhere in the middle).

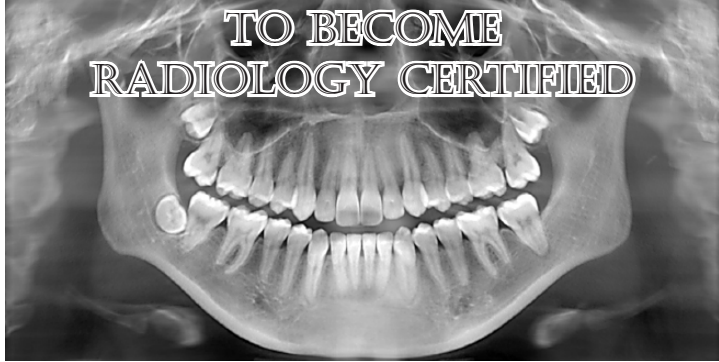
It may take time to feel like you've regained control over your life. Be patient with yourself. Sometimes things become so overwhelming that you need help from a professional. If you are concerned about the changes you are experiencing, reach out to your Employee Assistance Program or a local behavioral health counselor. As a licensed health professional, if you are concerned about your own mental health and/or substance use, you may also be eligible for Oregon's Health Professionals' Services Program. Visit [hpspmonitoring.com](https://hpspmonitoring.com) for more information.

If you are having thoughts of harming yourself or someone else, please call the National Suicide Prevention Hotline at 1-800-273-TALK (8255), contact a member of your care team, or talk to a trusted friend.

As the pandemic continues to rage: Be patient with yourself, take extra self-care measures and reach out for help when you need it! ■



## TRAINING DENTAL ASSISTANTS TO BECOME RADIOLOGY CERTIFIED



As we all know, there is a shortage of trained dental assistants in Oregon. But did you know that Oregon Licensees and dental assistants who hold an Oregon Radiologic Proficiency certificate can become instructors in Oregon to teach dental assistants to become x-ray certified?

Did you know that while they are in the Board approved course, they can learn to take radiographs on patients in a dental office?

Pursuant to the following Oregon Administrative Rules (OAR) dental assistants while in a Board approved course are permitted to take radiographs on patients:

Oregon Board of Dentistry Rule:  
OAR 818-042-0040(21) Prohibited Duties

(21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.

Radiation Protection Services rule:  
OAR 333-106-0055

(c) Dental radiology students in an approved Oregon Board of Dentistry dental radiology course are permitted to take dental radiographs on human patients during their clinical training, under the direct supervision of a dentist or dental hygienist currently licensed, or a dental assistant who has been certified in radiologic proficiency by the Oregon Board of Dentistry.

Once the assistant has completed the Board approved course and has passed the written Radiation, Health and Safety examination, through the Dental Assisting National Board, the assistant pursuant to OAR 818-042-0050 may take radiographs up to six months once authorized by a dentist or dental hygienist before they must submit paperwork and fees to DANB to obtain their certification:

(2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films, adjust equipment preparatory to exposing films, and expose the films under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographs.

*If the assistant has completed the course, but has not passed the written Radiation, Health and Safety examination, they are not allowed to take radiographs in a dental office. ■*

## OREGON DENTISTS NOW ELIGIBLE FOR OREGON WELLNESS PROGRAM

Barry Taylor, D.M.D.  
Executive Director - Oregon Dental Association

A 2015 American Dental Association well-being survey revealed that over one in five dentists reported moderate depression. A recent Oregon Dental Association (ODA) survey taken at the nadir of the pandemic revealed that only 61% of dentists were satisfied with their career. The American Dental Association (ADA) also has reported this year that 87% of dentists under the age of 35 reported anxiety and 55% reported depression. No matter what numbers or survey you choose to look at, we know that stress and burnout is a critical issue in dentistry. Complicating matters, as reported in a 2015 ADA wellness survey, dentists also frequently believe that they don't need help.

Recently, the ODA entered into an agreement with The Foundation for Medical Excellence (TMFE) to expand Oregon Wellness Program (OWP) eligibility to include all Oregon dentists. ODA membership is not required to access the services. This would not have been possible without the generous financial support from Permanente Dental Associates who made a three-year financial commitment to supporting the program.

The OWP is designed to be a state-wide effort to provide highly confidential urgent mental health services to active clinical providers who self-refer. A dentist that contacts the OWP will receive up to eight visits free. These visits are confidential, and insurance is not billed. OWP is served by 18 mental health providers (all vetted PhD, PsyD, Psychiatrist, or MSW) nominated by their local community providers, experienced in providing care to their health care colleagues, and approved by the OWP Executive Committee. There is a standardized process for ensuring consent and confidentiality. All providers utilize Telehealth. OWP has a state-wide call service provided by Cascade Health in Eugene.

The program in its current format originated in 2018 and has since then served over 1500 healthcare professionals. Before the inclusion of dentists, the population served was physicians, physician assistants, and advanced practitioners. As a statewide program and with the use of telehealth, all areas of the state are able to receive equal access to the program. The TFME provides the administrative hub to reimburse the providers of services. Participant anonymity is key, with the TFME unaware of individual participants. Since 2018 there have been no complaints of a failure to protect the confidentiality of the client.

Long a goal of the ODA's Wellness Committee to be included in the OWP, it was made possible this year with the financial commitment of Permanente Dental Associates. "This ongoing pandemic has solidified our belief that every healthcare professional needs these important resources," says Dr. John Snyder, Executive Dental Director and CEO of Permanente Dental Associates. "Sponsoring access to the Oregon Wellness Program is one way we can support the broader community of dentists across the entire state of Oregon."

CONTINUED ON NEXT PAGE



Oregon Wellness Program coverage will supplement services already available through the Oregon Dental Association's Wellness Ambassador Network, which includes nearly two-dozen volunteer dentists trained to provide confidential, peer-to-peer support to our members. To make a self-referral to the OWP the ODA has created a website which is accessible to all dentists in Oregon. When a dentist clicks on the ODA link to the OWP, the dentist will be taken to an independent site, [www.oregonwellnessprogram.org](http://www.oregonwellnessprogram.org) which has the contact information for scheduling an appointment.

Stress and burnout for dentists is a challenge in today's healthcare climate, and the OWP provides for the anonymous and confidential urgent help. ODA is proud of this work, and we encourage any dentist who may need assistance to utilize this new resource. ■



Oregon Governor Kate Brown created the Racial Justice Council in July 2021. It is an advisory group to the governor, with subgroups focused on criminal justice reform and police accountability, health equity, economic opportunity, housing and homelessness, and environmental justice/natural resources.

The council will also provide principles and recommendations that center racial justice to the Governor to inform the 2021-23 Governor's Recommended Budget and future budgets.

The council will examine and begin to dismantle the racist policies that have created grave disparities in virtually every part of our society, including: mass incarceration, prison and criminal justice, access to housing, health outcomes, economic opportunity and wealth creation, and education. The council members come from a diverse set of backgrounds with a majority from BIPOC (Black, Indigenous and People of Color) communities.

The Council seeks to change how we listen to, engage with, respond to, and support Black, Indigenous and People of Color (BIPOC) and Tribal members in Oregon.

Leaders in the public sector, business community and non-profit sector must work with Black, Indigenous and People of Color to dismantle the structures of racism that have created grave disparities in virtually all of our social systems and structures, including: mass incarceration and criminal justice involvement, access to housing, health outcomes, economic opportunity and wealth creation, and educational attainment. The urgency could not be greater in this moment to channel and follow the voices of those people most impacted by historical and institutional racism in Oregon and create a system with them that fully supports us all.

Achieving this goal will require a new approach. Establishing racial justice will take foundational reform and is why this Council will be inclusive of representatives from diverse backgrounds, while at the same time explicitly centering Black, Indigenous and People of Color. BIPOC communities have already been communicating the policies and investments that will have the most significant impact on their communities. The Racial Justice Council will ensure that prioritized recommendations are communicated to the Governor and the State Legislature to inform the next state budget and legislative agenda.

The Racial Justice Council's charge is to:

Direct the collection of data from across sectors of society to support smart, data-driven policy decisions

Provide principles and recommendations that center racial justice to the Governor to inform the '21-23 Governor's Recommended Budget and Tax Expenditures Report

Creating a Racial Justice Action Plan for six specific areas: Criminal Justice Reform and Police Accountability, Housing and Homelessness, Economic Opportunity, Health Equity, Environmental Equity, Education Recovery  
Role of Council Members

Recommend changes to state policies, practices, budgets and structures to align them within a racial justice and equity framework.

The Racial Justice Council's Health Equity Committee will work with the existing Behavioral Health Advisory Council to craft an integrated report for the full Racial Justice Council.

The Racial Justice Council recognizes that existing boards and commissions have been working to address racial inequities in state government. Depending on the policy and issue areas, there may be opportunities for crosspollination and engagement to advance racial justice collaboratively with the Racial Justice Council's committees. ■

## FREQUENTLY ASKED QUESTIONS

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH's can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist's responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

## ENFORCEMENT NEWS

One of the statutory duties of the Board is to conduct investigations, based "upon its own motion or any complaint...on all matters related to the practice of dentistry..." In fulfilling its duties, the Board relies upon the cooperation of licensees to provide information, and also patient records. While most complaints are closed with the Board not taking disciplinary action, the statutes provide for an objective forum in which complainants can voice their concerns, and also help the Board assure quality in the practice of dentistry.

Based upon issues raised in the investigation of recent complaints, the following reminders are here to help you assess your own practice and avoid future potential issues with the Board. Please be aware that in general, the underlying problem causing most complaints is a lack of clear communication between complainants and office staff, both ancillary and professional. Clarity in communication before, during and after providing services is essential in avoiding complaints.

### Copies of Patient Records, Radiographs, Models

Under OAR 818-012-0030(9) a licensee must provide a patient within 14 days of receipt of a written request, legible copies of records, and duplicates of radiographs and study models, if the radiographs or study models have been paid for. The dentist may require the patient to pay in advance the cost of making copies or duplicates. The licensee must provide the duplicates of the radiographs, even if the patient still owes money for services provided subsequent to the appointment when the radiographs were taken, and it is the Board's position that any payment made on an account are presumed to cover radiographs.

### Fees

Under OAR 818-012-0030(8) a licensee engages in unprofessional conduct if the licensee does or permits any person to misrepresent any facts to a patient concerning treatment or fees. When a patient requests fees for individual procedures, and these procedures would necessitate accompanying procedures such as the placements of implants (which would be accompanied by restorations) or cleanings (which would be accompanied by exams and radiographs), the licensee must inform the patient of the charges for the accompanying procedures.

The underlying cause for the greatest number of patient complaints involving billings appears to be centered around disagreements with, or misunderstandings about pre-authorizations from insurance companies, deductibles, and the portion of the fees which will be paid by insurance. It appears that the issues first arise as a result of actions of the "front office" staff in dental offices causing many of the initial patient discontent, and then is compounded by the frustration with the inability of the patient to communicate directly with the licensee when there is no resolution with the billing staff personnel.

### Infection Control (here we go again)

Under 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. The public is increasingly sensitive to infection control, and the Board has received complaints that masks or gloves were not worn, or instruments were not properly sterilized.

Compliance with the Board's infection control guidelines is required, and licensees are urged to comply with similar guidelines (i.e., CDC, Oregon OSHA, etc.).

Further, the Board has received a few complaints about the cleanliness of dental offices and even the presence of office animal mascots. The bulk of the cleanliness complaints have centered around offices that gave the appearance of being dirty or run down. The investigation of these complaints revealed rust or staining that could have easily been resolved by normal housekeeping procedures.

### License Renewal and Continuing Education

Under OAR 818-021-0060 and OAR 818-021-0070 dentists and dental hygienists must complete a certain number of continuing education hours every two years, 40 hours for dentists and 24 hours for dental hygienists, for license renewal and to also keep documentation of the completion of the hours. Included in those hours is the requirement to complete at least two hours of continuing education in infection control and at least three hours of continuing education in medical emergencies. Another requirement for licensure for both dentists and dental hygienists is to maintain at a minimum a current BLS for Healthcare Providers certification.

The license renewal application requires that licensees certify completion of the above continuing education requirements, but there have been a few licensees who certified their completion of the requirements but did not actually complete those requirements. There also have been a few licensees who failed to keep the required documentation of the completion of those continuing education requirements and were not able to provide that information to the Board. ■

## Frequently Asked Questions

**Q:** Based on the individual needs of my patients, history of their disease and clinical findings, I sometimes utilize CBCT imaging. What do I need to document in the patient record?

**A:** Accurate patient records, including the date and description of all radiographs, are required under OAR 818-012-0070 (1)(b) - (f). When CBCT scans are taken, the licensee should document the date, quantity of exposures, and a description of the field of view size. A CBCT scan also requires interpretation; thus a description and diagnosis of incidental findings, pathology and radiographic findings should be documented in the patient record. Providers utilizing CBCT imaging should also review OAR 818-012-0010 (13), which states it is unacceptable patient care to fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

### Did You Know?

The Oregon Board of Dentistry (OBD) has implemented a new licensing system, and the process for requesting additional licenses or updating your contact info has changed.

To update your contact info or print a copy of your license, please log in or register for our licensee portal at [online.oregondentistry.org](http://online.oregondentistry.org)



# OREGON BOARD OF DENTISTRY

OREGON BOARD OF DENTISTRY  
1500 SW 1ST AVENUE, SUITE #770  
PORTLAND, OR 97201

Phone: 971-673-3200

Fax: 971-673-3202

[Oregon.gov/dentistry](http://Oregon.gov/dentistry)

Email:

[Information@oregondentistry.org](mailto:Information@oregondentistry.org)

UNFINISHED  
BUSINESS  
&  
RULES

# Oregon Board of Dentistry



## Strategic Plan 2022-2025

Draft 1.0  
As of December 6, 2021



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## Oregon Board of Dentistry 2022-2025 Strategic Plan

Board members and staff of the Oregon Board of Dentistry who participated in the development of this strategic plan at the October 22-23, 2021 Planning Session:

### OBD Board Members:

Alicia Riedman, RDH - President  
Jose Javier, DDS - Vice-President  
Amy B. Fine, DMD  
Gary Underhill, DMD  
Reza J. Sharifi, DMD  
Charles "Chip" Dunn  
Yadira Martinez, RDH  
Jennifer Brixey  
Aarati Kalluri, DDS  
Sheena Kansal, DDS

### OBD Staff:

Stephen Prisby – Executive Director  
Ingrid Nye – Investigator  
Haley Robinson – Office Manager  
Winthrop “Bernie” Carter, DDS – Dental Director/Chief Investigator  
Angela M. Smorra, DMD – Investigator

### Meeting Facilitators:

Jennifer Coyne, CEO, The PEAK Fleet  
Theresa Trelstad, Consultant Contractor, The PEAK Fleet

## Oregon Board of Dentistry Strategic Plan Overview

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.010 to 680.205 (Dental Hygienists) Oregon Administrative Rules Chapter 818. In addition, direction for Dental Therapists is guided by HB 2528 (2021) and the addition of Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists. These statutes task the OBD with regulation and oversight of the practice of dentistry and dental hygiene by enforcing standards of practice established in the Oregon Legislature statute and rule.

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

In mid-2021 the Board and staff of OBD agreed to secure professional, external strategy and facilitation services in the creation of their next multi-year strategic plan, building upon the efforts in 2016.

During the planning process, the OBD Board and Staff agreed to update the mission statement to reflect a focus on access to care as well as on integrity. The OBD will implement the strategic plan, adaptively to rapidly changing circumstances, in support of its Mission: to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Through external market research, initial discussions with the Board and Staff, and tabulation of the licensee surveys a set of priorities emerged. Through the facilitated process between August and October 2021, five key strategic priorities were defined and goals established. Actions needed to meet the strategic goals were drafted and prioritized.

Covered in more detail in the subsequent pages, focus for the next 3-5 years will be on Licensure Evolution (including Dental Therapy legislation implementation),

Dentistry Practice Accountability, Workplace Environment, Technology & Processes, and Community Interaction & Equity.

This multi-year strategic plan outlines OBD's path and efforts to engage constituents on many levels to upscale practices and processes reflecting the changing environment and statutory responsibilities.

The new strategic plan is built upon a foundation of strength in staff and board expertise and experience, as well as positive licensee sentiment, expressed as 78% positive, following a very tough year with the pandemic and other social impacts especially on the healthcare industry. In addition, the Board and Staff defined and approved organizational core values of integrity, fairness, responsibility, and community. Combined with a focus on mission, the newly defined core values are a visible lens through which to make decisions and set direction.

## Oregon Board of Dentistry Mission Statement & Core Values

### Mission of the Oregon Board of Dentistry:

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

### Oregon Board of Dentistry Core Values:

- Integrity
- Fairness
- Responsibility
- Community

## Oregon Board of Dentistry

### Organizational & External Influences Analysis

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

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

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"><li>• Foundation of known, common values: Integrity, Fairness, Responsibility, Community and commitment to the mission</li><li>• Skilled, experienced, and dedicated staff</li><li>• Successful migration and knowledge transfer as new Board and Staff onboarded during previous strategic period</li><li>• Foresight and proactive succession and onboarding planning</li><li>• Board composition provides a breadth of perspectives</li><li>• Member survey shows support in OBD remains high at 78% after problematic pandemic year</li></ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"><li>• Lack of clear understanding for OBD scope and jurisdiction by public, patients and licensees</li><li>• Limited control over budget/funding impact ability to adjust staffing plans to meet overall strategic plan needs</li><li>• Legislature changes can create significant increases in staff work that are not in alignment with staffing capacity</li><li>• Low levels of Licensee participation in inputs/surveys. 2020 strategic priorities member survey had 265 responses</li><li>• Board member turnover creates loss of continuity and historical knowledge</li></ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"><li>• Ability to implement Dental Therapy licensure process</li><li>• Migration of technology to improve licensee experience, overall processes &amp; efficiency, and provide workplace flexibility</li><li>• Collaboration with Oregon Health Authority (OHA) to manage public engagement and expectations for language, cultural diversity, equity, and inclusion across OHA partners. (With guidance from the State Racial Justice Committee.)</li></ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"><li>• Continued lagging technology infrastructure</li><li>• Shifts in business operations and managed care pose challenges to dentistry practices and regulation</li><li>• Insurance maximums dating to the 1960's influence patient care recommendations</li></ul>

In addition to the SWOT items called out above it is important to note that ability to address Opportunities, Threats, and Weaknesses will come from the areas of Strength. For instance, the Engaged Board and Staff expertise coupled with the



learnings from the migration and knowledge transfer of the previous period is the key to implementing needed technology infrastructure which in turn drives the hybrid work environment. In a similar fashion, collaboration with OHA and the State Racial Justice Committee recommendations will set standards for community engagement, helping clarify OBD scope and public expectations for interaction with OBD.

## STRATEGIC PRIORITY A

### Licensure Evolution

In support of providing quality oral care equitably to all, the dental profession must address the issue of communities having access to dental care services. This access may be limited by lack of dental care professionals in certain community areas such as rural areas, lower socio-economic areas, or tribal communities. Solving this problem requires creativity and the evolution of types of licenses granted. As legislation is created to develop or change licenses or allowed practices within a given type of license, the OBD must implement rules and standards to govern the practices.

#### Goals

- ⇒ Develop and implement rules based on legislation changes
- ⇒ Successfully implement Dental Therapy license

#### Action Items

- Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license
- Implement necessary rules changes for Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists

## STRATEGIC PRIORITY B

### Dentistry Practice Accountability (previously named theme “Group Dentistry”)

The landscape of dental practices continues to evolve further toward group dentistry practice including ownership by national corporate entities. This in turn, creates challenges and complexity in ensuring the public safety and high standards of practice are upheld. In addition, when complaints are made, establishing appropriate accountability and encouraging improvements to happen is more challenging than in the past.

#### Goals

- ⇒ Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions)
- ⇒ Increase OBD visibility into practice ownership models
- ⇒ OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model
- ⇒ Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice

#### Action Items

- Implement changes to Licensee Renewal form to capture multiple office/group affiliation
- Gather dental practice ownership and training information
- Analyze complaints by ownership types
- Receive OHSU updated curriculum and include in Board Book
- Evaluate options for strengthening statute related to accountability, ownership, and standards of care

## STRATEGIC PRIORITY C

### Community Interaction and Equity

The Oregon Board of Dentistry recognizes that systemic inequities exist in our society which have resulted in practices that have not always provided equitable access to dental care across our community.

Protecting the Community has always been at the center of the Oregon Board of Dentistry Mission. Fairness and equity are imbedded in the OBD Values. The OBD believes it can do more to address the systemic inequities that have existed and ensure more fully that our mission and values apply to everyone.

#### Goals

- ⇒ Communicate and market to reach the diverse communities within Oregon
- ⇒ Increase ease of access to OBD services
- ⇒ Ensure equity exists in Investigation outcomes
- ⇒ Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services

#### Action Items

- Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council
- Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations
- Enable OBD to take complaints in complainant's first language
- Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data

## STRATEGIC PRIORITY D

### Workplace Environment

The COVID-19 pandemic, technology advances, talent supply/demand issues as well as numerous factors affecting employee expectations of the work environment are driving the need for changes to work environments worldwide. OBD has previously been limited in ability to offer more flexible work location options due to technological limitations. Those limitations are easing, allowing for secure and effective ways to access needed information while employees work from home or other remote locations. Offering this flexibility will likely increase employee satisfaction while at the same time enabling increased efficiency.

In addition to flexible work arrangements, employees also desire clear expectations and recognition for their work as well as fair and equitable processes for advancing their careers. OBD investments in these areas should result in increased employee retention.

Even with increased employee retention rates, ensuring succession plans, which were fortified in the last strategic planning cycle, continue to be robust is essential. This desire for succession planning extends to Board members; several members have terms ending in this next plan horizon, extending strategic plans to cover the Board itself is important as well.

#### Goals

- ⇒ Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition
- ⇒ Increase workplace flexibility through a hybrid workplace guideline
- ⇒ Increase workplace satisfaction and career development conversations

## Action Items

- Implement standard performance evaluations and feedback process
- Establish consistent expectation setting process
- Define and implement hybrid workplace guidelines
- Evaluate overall workload and staff workload balance, consider adjustments for upcoming fiscal cycles
- Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement

## STRATEGIC PRIORITY E

### Technology & Processes

All organizations are affected by technology developments, and Oregon Board of Dentistry and the dental profession is no exception. The OBD has the strategic opportunity to implement processes and tools that will improve efficiency, employee and board member experience as well as improve the effectiveness of processes for dental professional engaged with OBD. In addition, growing advances in data collection and analysis will enable the ability to continue to ensure fair and equitable outcomes for applicants and licensees.

#### Goals

- ⇒ Improve efficiency and resource utilization through on-line records keeping
- ⇒ Increase ability to complete analytics related to licensees and investigations
- ⇒ Improve investigation case management with archived files

#### Action Items

- Complete digitization and modernization process for Board Books
- Complete implementation of InLumon system
- Build working digital database of licensee records
- Create digital archive of investigation files
- Pilot data analysis capabilities

*Placeholder for Strategy-on-a-Page (will include after initial feedback)*



## Oregon Board of Dentistry 2022-2025 Strategic Plan Roadmap and Goals

Strategic Priorities	2022-2023	2023 - 2024	2024-2025	Goals
<b>Licensure Evolution</b>	<ul style="list-style-type: none"> <li>Develop and implement rules in support of HB 2528 (2021) for newly created Dental Therapist license</li> <li>Interim Therapeutic Restorations, HB 2627 (2021) for Expanded Practice Dental Hygienists</li> </ul>			<ul style="list-style-type: none"> <li>Develop and implement rules abased on legislation changes</li> <li>Successfully implement Dental Therapy license</li> </ul>
<b>Dentistry Practice Accountability</b>	<ul style="list-style-type: none"> <li>Implement changes to Licensee Renewal form to capture multiple office/group affiliation</li> <li>Gather dental practice ownership and training information</li> <li>Receive OHSU updated curriculum and include in Board Book</li> </ul>	<ul style="list-style-type: none"> <li>Analyze complaints by ownership types</li> <li>Evaluate options for strengthening statute related to accountability, ownership, and standards of care</li> </ul>	<ul style="list-style-type: none"> <li>Potential for proposed legislative changes</li> </ul>	<ul style="list-style-type: none"> <li>Ensure licensees dictate clinical care provided to patients (in contrast to corporate non-licensees driving care decisions)</li> <li>Increase OBD visibility into practice ownership models</li> <li>OBD jurisdiction over Dental practices in Oregon, regardless of ownership and business operating model</li> <li>Correlate patient care to level of competency required by practitioners (DT, DMD, DDS, DH); hold entities accountable to the level of licenses within their practice</li> </ul>
<b>Community Interaction and Equity</b>	<ul style="list-style-type: none"> <li>Align Diversity, Equity, and Inclusion plans to guidance provided by the State of Oregon Racial Justice Council</li> <li>Enable OBD to take complaints in complainant's first language</li> </ul>	<ul style="list-style-type: none"> <li>Include diversity analysis when developing Marketing or Communications materials; consider diversity in visual representations</li> <li>Create analysis of prior investigations, findings, and actions across licensee demographics to frame equity-related data</li> </ul>	<ul style="list-style-type: none"> <li>Additional prioritized actions taken from recommendations and resources provided by State Racial Justice Council</li> </ul>	<ul style="list-style-type: none"> <li>Communicate and market to reach the all communities within Oregon</li> <li>Increase ease of access to OBD services</li> <li>Ensure equity exists in investigation outcomes</li> <li>Increase OBD licensee, patient, and community understanding of OBD roles, responsibilities, and services</li> </ul>
<b>Workplace Environment</b>	<ul style="list-style-type: none"> <li>Develop succession plans for Board positions coming open and establish effective process for ongoing timely replacement</li> <li>Establish consistent expectation setting process</li> <li>Develop and implement hybrid workplace guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Implement standard performance evaluations and feedback process</li> <li>Evaluate overall workload and staff workload balance, consider adjustment for upcoming fiscal cycles</li> </ul>		<ul style="list-style-type: none"> <li>Establish succession plan for Board members, continuing to represent many viewpoints and experiences in Board composition</li> <li>Increase workplace flexibility through a hybrid workplace guideline</li> <li>Increase workplace satisfaction and career development conversations</li> </ul>
<b>Technology and Processes</b>	<ul style="list-style-type: none"> <li>Complete digitization and modernization process for Board Books</li> <li>Complete implementation of InLumon system</li> </ul>	<ul style="list-style-type: none"> <li>Build working digital database of licensee records</li> <li>Pilot data analysis capabilities</li> </ul>	<ul style="list-style-type: none"> <li>Create digital archive of investigation files</li> </ul>	<ul style="list-style-type: none"> <li>Improve efficiency and resource utilization through on-line records keeping</li> <li>Increase ability to complete analytics related to licensees and investigations</li> <li>Improve investigation case management with archived files</li> </ul>

OFFICE OF THE SECRETARY OF STATE

SHEMIA FAGAN  
SECRETARY OF STATE

CHERYL MYERS  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK  
DIRECTOR

800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

**PERMANENT ADMINISTRATIVE ORDER**

**OBD 1-2021**

CHAPTER 818

OREGON BOARD OF DENTISTRY

**FILED**

11/08/2021 9:11 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: The Board approved one new and 17 rule changes at 10/22/2021 Board Meeting.

EFFECTIVE DATE: 01/01/2022

AGENCY APPROVED DATE: 10/22/2021

CONTACT: Stephen Prisby

971-673-3200

stephen.prisby@state.or.us

1500 SW 1st Ave.

Portland, OR 97201

Filed By:

Stephen Prisby

Rules Coordinator

**RULES:**

818-001-0000, 818-001-0002, 818-001-0082, 818-012-0070, 818-012-0120, 818-015-0007, 818-021-0012, 818-021-0080, 818-021-0088, 818-026-0040, 818-026-0050, 818-026-0080, 818-035-0010, 818-035-0020, 818-035-0025, 818-035-0065, 818-035-0100, 818-042-0040

AMEND: 818-001-0000

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The rule notification may be made by electronic means now.

**CHANGES TO RULE:**

818-001-0000

Notice of Proposed Rule Making ¶¶

Prior to the adoption, amendment, or repeal of any permanent rule, the Oregon Board of Dentistry shall give notice of the proposed adoption, amendment, or repeal:¶¶

(1) By publishing a notice in the Secretary of State's Bulletin referred to in ORS 183.370 at least 21 days prior to the effective date.¶¶

(2) By mailing, emailing or electronic mailing a copy of the notice to persons on the mailing list established pursuant to ORS 183.335(8) at least 28 days before the effective date of the adoption, amendment, or repeal.¶¶

(3) By mailing, emailing or electronic mailing a copy of the notice to the following persons and publications:¶¶

(a) Oregon Dental Hygienists' Association;¶¶

(b) Oregon Dental Assistants Association;¶¶

(c) Oregon Association of Dental Laboratories;¶¶

(d) Oregon Dental Association;¶¶

(e) The Oregonian;¶¶

(f) Oregon Health & Science University, School of Dentistry;¶¶

(g) The United Press International;¶¶

(h) The Associated Press;¶¶

(i) The Capitol Building Press Room.

Statutory/Other Authority: ORS 183, 192, 670, 679

Statutes/Other Implemented: ORS 183.370, 183.335(7)

AMEND: 818-001-0002

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The reference to Dental Hygienist is being renumbered , Oral Medicine and Orofacial Pain added and BLS clarified at end of rule.

CHANGES TO RULE:

818-001-0002

Definitions ¶¶

As used in OAR chapter 818:¶¶

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶¶
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶¶
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶¶
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.¶¶
- (5) "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~~6~~) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶¶
- ~~(6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.¶¶~~
- (7) "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) "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) "Licensee" means a dentist or hygienist.¶¶
- (10) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶¶
- (11) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶¶
- (12) "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~~specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶¶
  - (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶¶
  - (e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶¶
  - (f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the

hard and soft tissues of the oral and maxillofacial region.¶

(g) "~~Orthodontics and Dental Medicine~~" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of facial Orthopedics is the area medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶

(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.¶

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

(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~~ specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.¶

(13) "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.¶

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

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

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

(17) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.¶

(18) "BLS for Healthcare Providers or its Equivalent" the BLS/CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS/CPR course must be a hands-on course; online BLS/CPR courses will not be approved by the Board for initial BLS/CPR certification: After the initial BLS/CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS/CPR certification card with an expiration date must be received from the BLS/CPR provider as documentation of BLS/CPR certification. The Board considers the BLS/CPR expiration date to be the last day of the month that the BLS/CPR instructor indicates that the certification expires.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-001-0082

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The references to labels and diskettes is being removed and that records may be retrieved and transmitted electronically.

CHANGES TO RULE:

818-001-0082

Access to Public Records ¶¶

(1) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice.¶¶

(2) Copies of public records not exempt from disclosure may be purchased upon receipt of a written request. The Board may withhold copies of public records until the requestor pays for the copies.¶¶

(3) The Board follows the Department of Administrative Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees:¶¶

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

(b) ~~Data files on diskette or CD~~ submitted electronically or on a device:¶¶

(A) All Licensed Dentists - \$50;¶¶

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

(C) All Licensees - \$100.¶¶

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

(d) Certificate of Standing - \$20.

Statutory/Other Authority: ORS 183, 192, 670, 679

Statutes/Other Implemented: ORS 192.420, 192.430, 192.440

AMEND: 818-012-0070

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The reference to SOAP - Subjective Objective Assessment Plan is being deleted and reference to a current health plan is required in the patient record.

CHANGES TO RULE:

818-012-0070

Patient Records ¶¶

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

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

(b) Date description of examination and diagnosis;¶¶

(c) An entry that informed consent has been obtained and the date the informed consent was obtained.

Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "~~SOAP~~" (~~Subjective Objective Assessment Plan~~) or their ~~its~~ equivalent.¶¶

(d) Date and description of treatment or services rendered;¶¶

(e) Date, description and documentation of informing the patient of any recognized treatment;¶¶ complications;¶¶

(f) Date and description of all radiographs, study models, and periodontal charting;¶¶

(g) ~~H~~Current health history; and¶¶

(h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.¶¶

(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.¶¶

(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:¶¶

(a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;¶¶

(b) The licensee gives the records, radiographs, or models to the patient; or¶¶

(c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.¶¶

(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:¶¶

(a) Manufacture brand;¶¶

(b) Design name of implant;¶¶

(c) Diameter and length;¶¶

(d) Lot number;¶¶

(e) Reference number;¶¶

(f) Expiration date;¶¶

(g) Product labeling containing the above information may be used in satisfying this requirement.¶¶

(5) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.¶¶

(6) Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140(1)(e), 679.140(4)

ADOPT: 818-012-0120

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: A new rule to ensure compliance with Governor's Executive Orders.

CHANGES TO RULE:

818-012-0120

Compliance with Governor's Executive Orders

(1) During a declared emergency, unprofessional conduct includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.¶

(2) Failing to comply as described in subsection (1) includes, but is not limited to:¶

(a) Operating a business required by an Executive Order to be closed under any current Executive Order. ¶

(b) Providing services at a business required by an Executive Order to be closed under any current Executive Order. ¶

(c) Failing to comply with Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:¶

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures:¶

(B) Failing to implement a measured approach when resuming elective and nonemergent procedures in accordance with OHA guidance:¶

(d) Failing to comply with any Board of Dentistry guidance implementing an Executive Order:¶

(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.¶

(4) Penalties for violating this rule include: up to \$5,000 per violation pursuant to ORS 679.140(10). Any such penalties shall be imposed in accordance with ORS 679.140.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

AMEND: 818-015-0007

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Oral Medicine and Orofacial Pain are being added to the rule.

CHANGES TO RULE:

818-015-0007

Specialty Advertising ¶¶

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.¶¶

(2) The Board recognizes the following specialties:¶¶

(a) Endodontics;¶¶

(b) Oral and Maxillofacial Surgery;¶¶

(c) Oral and Maxillofacial Radiology;¶¶

(d) Oral and Maxillofacial Pathology;¶¶

(e) Orthodontics and Dentofacial Orthopedics;¶¶

(f) Pediatric Dentistry;¶¶

(g) Periodontics;¶¶

(h) Prosthodontics;¶¶

(i) Dental Public Health;¶¶

(j) Dental Anesthesiology;¶¶

(k) Oral Medicine;¶¶

(l) Orofacial Pain.¶¶

(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140(2)(e)



AMEND: 818-021-0012

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Oral medicine dentist and orofacial pain dentist and subsequent references are being added to the rule.

CHANGES TO RULE:

818-021-0012

Specialties Recognized ¶¶

(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedic~~st~~, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.¶¶

(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140

AMEND: 818-021-0080

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Updates the rule for electronic renewals, instead of paper and clarifies references to licensees.

CHANGES TO RULE:

818-021-0080

Renewal of License ¶

Before the expiration date of a license, the Board will, as a courtesy, mail notice for renewal of license to the last mailing address on file in the Board's records to every ~~person~~ licensee holding a current license. The licensee must ~~return the completed~~ complete the online renewal application ~~along with~~ pay the current renewal fees prior to the expiration of said license. Licensees who fail to renew their license prior to the expiration date may not practice dentistry 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~~ online 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 dental hygienist must submit the renewal fee and completed ~~and signed~~ online renewal application form by September 30 every other year. ~~Dental~~ Dental hygienists licensed in odd numbered years shall apply for renewal in odd numbered years and dental hygienists licensed in even numbered years shall apply for renewal in even numbered years. ¶

(3) 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 continuing educational requirements for renewal set forth in OAR 818-021-0060 or 818-021-0070; ¶

(i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and ¶

(j) A statement that the licensee has not been disciplined by the licensing board of any other jurisdiction or convicted of a crime.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.090, 679.120, 680.072, 680.075

AMEND: 818-021-0088

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies that the volunteer hours of care must be completed in the state of Oregon.

CHANGES TO RULE:

818-021-0088

Volunteer License ¶

(1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:¶

(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.¶

(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.¶

(c) Licensee must provide the health care service without compensation.¶

(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.¶

(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.¶

(f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.¶

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 676.345, 679.010, 679.020, 679.025, 679.090, 680.010, 680.020, 680.050, 680.072

AMEND: 818-026-0040

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Aligns this rule with other sedation permit rules regarding reference to the American Society of Anesthesiologists (ASA) Patient Physical Status Classification and adds pre and post operative documentation requirements.

CHANGES TO RULE:

818-026-0040

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit ¶

Nitrous Oxide Sedation.¶

- (1) The Board shall issue a Nitrous Oxide Permit to an applicant who:¶
  - (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;¶
  - (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and¶
  - (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.¶
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:¶
  - (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;¶
  - (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;¶
  - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;¶
  - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;¶
  - (e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;¶
  - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and¶
  - (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.¶
- (3) Before inducing nitrous oxide sedation, a permit holder shall:¶
  - (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;¶
  - (b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;¶
  - (c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and¶
  - (d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.¶
- (4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.¶
- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.¶
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.¶
- (7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge

derived from training and experience.)¶

(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.¶

(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:¶

(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;¶

(b) The patient can talk and respond coherently to verbal questioning;¶

(c) The patient can sit up unaided or without assistance;¶

(d) The patient can ambulate with minimal assistance; and¶

(e) The patient does not have nausea, vomiting or dizziness.¶

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.¶

(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.250(7), ORS 679.250(10)

AMEND: 818-026-0050

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: It adds the requirement that the permit holder shall include a record detailing the patient's condition at discharge.

CHANGES TO RULE:

818-026-0050

Minimal Sedation Permit ¶

Minimal sedation and nitrous oxide sedation.¶

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

(a) Is a licensed dentist in Oregon;¶

(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and¶

(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or¶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.¶

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

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

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.¶

(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR)

training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶¶

(8) The patient shall be monitored as follows:-¶¶

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.-¶¶

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.-¶¶

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:-¶¶

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;-¶¶

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;-¶¶

(c) The patient can talk and respond coherently to verbal questioning;-¶¶

(d) The patient can sit up unaided;-¶¶

(e) The patient can ambulate with minimal assistance; and-¶¶

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.-¶¶

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.-¶¶

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.¶¶

(10~~1~~) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0080

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Removes outdated reference to the Oregon Medical Board.

CHANGES TO RULE:

818-026-0080

Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia ¶

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon ~~Board of Medical Examiners~~ Medical Board, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing. ¶

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit. ¶

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided. ¶

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure. ¶

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

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures. ¶

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery. ¶

(8) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7), ORS 679.250(10)



AMEND: 818-035-0010

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies the duties a Dental Hygienist with an Expanded Practice Permit may do and defines certain terms under their scope of practice.

CHANGES TO RULE:

818-035-0010

Definitions ¶¶

All terms used in this Division shall have the meanings assigned under ORS 679.010 except that:¶¶

(1) "Limited Access Patient" means a patient who is unable to receive regular dental hygiene treatment in a dental office.¶¶

(2) "Long-Term Care Facility" shall have the same definition as that established under ORS 442.015(14)(b).¶¶

(3) When performed by an Expanded Practice Dental Hygienist with a Collaborative Agreement in accordance with OAR 818-035-0065 (5):¶¶

(a) "Temporary Restoration" means a restoration placed for a shorter time interval for use while definitive restoration is being fabricated or placed in the future.¶¶

(b) "Atraumatic/Alternative Restorative Techniques" means restoring and preventing caries in limited access patients and as a community measure to control caries in large numbers of the population.¶¶

(c) "Interim Therapeutic Restoration" means a direct provisional restoration placed to temporarily stabilize a tooth until a dentist subsequently diagnoses the need for further definitive treatment, and that:¶¶

(A) Consists of the removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material; and¶¶

(B) Does not require the administration of local anesthesia.

Statutory/Other Authority: ORS 679.250(7), 680.150

Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-035-0020

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: It adds assessment to the rule and attempts to clarify the rule overall.

CHANGES TO RULE:

818-035-0020

Authorization to Practice ¶

~~(1) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.¶~~

~~(2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the hygienist's findings.¶~~

~~(3) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:¶~~

~~(a) To take a health history from a patient;¶~~

~~(b) To take dental radiographs;¶~~

~~(c) To perform periodontal probing assessment and record findings;¶~~

~~(d) To gather data regarding the patient; and¶~~

~~(e) To diagnose, treatment plan and provide dental hygiene services.¶~~

~~(4) When dental hygiene services are provided pursuant to subsection (3), the supervising dentist need not be on the premises when the services are provided.¶~~

~~(5) When dental hygiene services are provided pursuant to subsection (3), the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the dental hygiene services are provided.¶~~

~~(6) If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection (3), no further dental hygiene services may be provided until an examination is done by the supervising dentist.¶~~

(5) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist. When dental hygiene services are provided pursuant to this subsection, subsections (2), (3) and (4) also apply.¶

(6) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the dental hygienist's findings.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 680.150

AMEND: 818-035-0025

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies references within the rule to make it easier to understand.

CHANGES TO RULE:

818-035-0025

~~Prohibited Acts~~ ¶

A dental hygienist may not:¶

- (1) Diagnose and treatment plan other than for dental hygiene services;¶
- (2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;¶
- (3) Extract any tooth;¶
- (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);¶
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(142), OAR 818-026-0065(12) and 818-026-0070(142);¶
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;¶
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;¶
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- (9) Place or remove healing caps or healing abutments, except under direct supervision.¶
- (10) Place implant impression copings, except under direct supervision.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.020(1)

AMEND: 818-035-0065

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The rule clarifies the duties of a Dental Hygienist with an Expanded Practice Permit.

CHANGES TO RULE:

818-035-0065

Expanded Practice Dental Hygiene Permit ¶¶

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and¶¶

(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or¶¶

(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and¶¶

(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.¶¶

(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.¶¶

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs ~~(6)~~, ~~(7)~~(a) to ~~(d)~~ of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.¶¶

~~(6)~~ Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205.¶¶

~~(7)~~ The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:¶¶

(a) Administering local anesthesia;¶¶

(b) Administering temporary restorations with or without excavation;¶¶

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and¶¶

~~(d)~~ Performing interim therapeutic restorations after diagnosis by a dentist; and¶¶

~~(e)~~ Referral parameters.¶¶

~~(7)~~ The collaborative agreement must comply with ORS 679.010 to 680.990.¶¶

~~(8)~~ From the date this rule is effective, the Board has the authority to grant a Limited Access Permit through December 31, 2011, pursuant to ORS 680.200.

Statutory/Other Authority: ORS 680

Statutes/Other Implemented: ORS 680.200

AMEND: 818-035-0100

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: The rule adds language referencing interim therapeutic restorations to be required to record keeping requirements.

CHANGES TO RULE:

818-035-0100

Record Keeping ¶

(1) An Expanded Practice Dental Hygienist shall refer a patient annually to a dentist who is available to treat the patient, and note in the patient's official chart held by the facility that the patient has been referred.¶

(2) When a licensed dentist has authorized an Expanded Practice Dental Hygienist to administer local anesthesia, place temporary restorations without excavation, perform interim therapeutic restorations with or without excavation after diagnosis by a dentist, or prescribe prophylactic antibiotics and nonsteroidal anti-inflammatory drugs, the Expanded Practice Dental Hygienist shall document in the patient's official chart the name of the collaborating dentist and date the collaborative agreement was entered into.

Statutory/Other Authority: ORS 680

Statutes/Other Implemented: ORS 680.205(2), (3)

AMEND: 818-042-0040

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Corrects reference to other rules and that periodontal probing and assessment are prohibited acts.

CHANGES TO RULE:

818-042-0040

Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:¶

- (1) Diagnose or plan treatment.¶
- (2) Cut hard or soft tissue.¶
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.¶
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.¶
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.¶
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(1~~4~~2), OAR 818-026-0065(1~~4~~2), OAR 818-026-0070(1~~4~~2) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.¶
- (7) Prescribe any drug.¶
- (8) Place periodontal packs.¶
- (9) Start nitrous oxide.¶
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.¶
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.¶
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
- (13) Use lasers, except laser-curing lights.¶
- (14) Use air abrasion or air polishing.¶
- (15) Remove teeth or parts of tooth structure.¶
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).¶
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- (22) Perform periodontal ~~probing~~assessment.¶
- (23) Place or remove healing caps or healing abutments, except under direct supervision.¶
- (24) Place implant impression copings, except under direct supervision.¶
- (25) Any act in violation of Board statute or rules.

Statutory/Other Authority: ORS 680, ORS 679

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250



## PERMANENT ADMINISTRATIVE ORDER

### OBD 2-2021

CHAPTER 818

OREGON BOARD OF DENTISTRY

**FILED**

11/08/2021 2:56 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: The Board approved these five rule changes at its 10/22/2021 Board Meeting.

EFFECTIVE DATE: 07/01/2022

AGENCY APPROVED DATE: 10/22/2021

CONTACT: Stephen Prisby

971-673-3200

stephen.prisby@state.or.us

1500 SW 1st Ave.

Suite #770

Portland, OR 97201

Filed By:

Stephen Prisby

Rules Coordinator

#### RULES:

818-012-0005, 818-021-0010, 818-021-0011, 818-021-0017, 818-021-0060

AMEND: 818-012-0005

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: A dentist must meet certain requirements to place dental implants and also complete seven (7) hours of continuing education requirements each licensure period.

#### CHANGES TO RULE:

818-012-0005

Scope of Practice ¶¶

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

(a) Rhinoplasty;¶¶

(b) Blepharoplasty;¶¶

(c) Rhytidectomy;¶¶

(d) Submental liposuction;¶¶

(e) Laser resurfacing;¶¶

(f) Browlift, either open or endoscopic technique;¶¶

(g) Platysmal muscle plication;¶¶

(h) Otoplasty;¶¶

(i) Dermabrasion;¶¶

(j) Hair transplantation, not as an isolated procedure for male pattern baldness; and¶¶

(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.¶¶

(2) Unless the dentist:¶¶

(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or¶¶

(b) Holds privileges either:¶¶

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

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

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

(4) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.¶

(5) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective July 1, 2022).

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6), 680.100



AMEND: 818-021-0010

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0010

Application for License to Practice Dentistry ¶¶

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶¶

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

(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶¶

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.¶¶

(2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.¶¶

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, or regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.¶¶

(4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.¶¶

(5) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

Statutory/Other Authority: ORS 670, 679

Statutes/Other Implemented: ORS 679.060, 679.065, 679.070, 679.080

AMEND: 818-021-0011

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Prior to initial licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0011

Application for License to Practice Dentistry Without Further Examination ¶¶

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

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

(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶¶

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

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

(e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, 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 dentistry, and any adverse actions or restrictions; and¶¶

(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶¶

(2) Applicants must pass the Board's Jurisprudence Examination.¶¶

(3) Prior to initial licensure, an applicant must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).¶¶

(4) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.060, 679.065, 679.070, 679.080, 679.090

AMEND: 818-021-0017

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Prior to licensure an applicant must complete a one hour pain management course as specified in rule.

CHANGES TO RULE:

818-021-0017

Application to Practice as a Specialist ¶¶

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶¶

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;¶¶

(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶¶

(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association. ¶¶

(d) Passing the Board's jurisprudence examination.¶¶

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:¶¶

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or¶¶

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and¶¶

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and¶¶

(d) Passing the Board's jurisprudence examination; and¶¶

(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).¶¶

(3) An applicant who meets the above requirements shall be issued a specialty license upon:¶¶

(a) Passing a specialty examination approved by the Board within the five years immediately preceding application; or¶¶

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and¶¶

(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, 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 dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;¶¶

(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.¶¶

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.¶¶

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.140, 679.060, 679.065, 679.070, 679.080 679.090

AMEND: 818-021-0060

NOTICE FILED DATE: 08/30/2021

RULE SUMMARY: Clarifies that all dentists must complete pain management course prior license renewal and that at least seven (7) hours of continuing education every renewal period are required to place dental implants.

CHANGES TO RULE:

818-021-0060

Continuing Education - Dentists ¶¶

(1) Each dentist must complete 40 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) Dentists 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 dentists is April 1 through March 31.) 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 12 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 dentist passes the examination.¶¶

(d) Continuing education credit can be given for volunteer pro bono dental 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 Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty 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 four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.¶¶

(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license (Effective July 1, 2022).¶¶

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

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).¶¶

(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective July 1, 2022).

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(9)

Oregon Board of Dentistry  
 Unit 23  
 PO Box 4395  
 Portland, Oregon 97208-4395  
 (971) 673-3200

**APPLICATION FOR APPROVAL AS AN INSTRUCTOR  
 IN RADIOLOGIC PROFICIENCY FOR DENTAL ASSISTANTS  
 Instructor Permit Fee \$40**

NAME OF PERSON CONDUCTING COURSE:  
(NAME OF SCHOOL AFFILIATED WITH, IF APPLICABLE)

\_\_\_\_\_  
 \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

PLEASE LIST QUALIFICATIONS BELOW AND SUBMIT COPIES OF CURRENT LICENSES AND/OR  
 CERTIFICATES THAT APPLY:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INSTRUCTOR QUALIFICATIONS:

Instructors should have background in and current knowledge of dental radiology, and shall have passed either the American Dental Association's National Board examination or the Radiation Health and Safety examination conducted by the Dental Assisting National Board (DANB). Instructor must have one of the following credentials:

- Dentist with an Oregon license;
- Dental Hygienist with an Oregon license; or
- Dental Assistant holding an Oregon Certificate of Radiological Proficiency and continuous employment for the past two years as a chairside assistant or in an educational setting with taking of radiographs as a primary function.

You may obtain information about the written Radiation Health and Safety Examination from DANB by calling 1-800-367-3262.

I certify this application is correct and agree to teach the course to the goals and objectives outline provided in the course description.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

**OREGON BOARD OF DENTISTRY  
1600 SW 4<sup>th</sup> AVENUE  
SUITE 770  
PORTLAND, OR 97201  
971-673-3200**

**RADIATION USE AND SAFETY COURSE FOR DENTAL ASSISTANTS**

**I. COURSE DESIGN and REQUIRED COMPONENTS**

This course should be presented in a series of lectures and discussion followed by a practical application of principles in the dental setting.

All persons taking radiographs shall follow the correct infection control protocol.

This course offers instruction regarding operator training as required by the State of Oregon, Health Division, "Rules for the Control of Radiation:"

*OAR 333-106-055 (1) The registrant shall assure that individuals who will be operating the X-ray equipment shall have adequate training in radiation safety. Adequate training in radiation safety means instruction in the following subjects:*

- (a) Nature of X-rays*
- (b) Interaction of X-rays with matter*
- (c) Radiation units*
- (d) Principles of the X-ray machine*
- (e) Biological effects of X-ray*
- (f) Principles of radiation protection*
- (g) Low dose techniques*
- (h) Applicable radiation regulation including those portions of Divisions 100, 101, 103, 106, 111 and 120.*
- (i) Darkroom and film processing*
- (j) Film critique"*

**Required Course Components**

This course must include sufficient material and allotted time to adequately cover the requirements of OAR 333-106-055 as explained above and sufficient information regarding techniques of dental radiology to assure that the dental assistant can practice safely in the dental office and in accordance with all Oregon laws and rules regarding operation of x-ray machines and taking of radiographs on actual patients.



This course is only one of three parts necessary to receive an Oregon Certificate of Radiological Proficiency. Oregon Administrative Rule 818-042-0060 states the three steps to obtaining a certificate:

- *Complete a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board;*
- *Pass a clinical examination\*; and*
- *Pass the Dental Radiation Health and Safety (RHS) examination administered by the Dental Assisting National Board, Inc. (DANB).*

*\* Instructions regarding Oregon's clinical examination can be obtained from DANB (1-800-367-3262).*

### **Suggested Texts:**

"Radiographic Imaging for Dental Auxiliaries", Third Edition, Miles.  
"Fundamentals of Dental Radiography", Third Edition, Manson-Hing.  
"Radiology for Dental Auxiliaries", Seventh Edition, Frommer.

## **II. INSTRUCTOR QUALIFICATIONS**

Instructors should have background in and current knowledge of dental radiology, and shall have passed either the American Dental Association's National Board examination or the Radiation Health and Safety examination conducted by the Dental Assisting National Board (DANB). Instructor must have one of the following credentials:

- Dentist with an Oregon license;
- Dental Hygienist with an Oregon license; or
- Dental Assistant holding an Oregon Certificate of Radiological Proficiency and continuous employment for the past two years as a chairside assistant or in an educational setting with taking of radiographs as a primary function.

## **III. APPROVED CURRICULUM**

### **A. THE DISCOVERY AND HISTORY OF X-RADIATION**

#### Instructional Goals:

The goal is to develop knowledge and understanding of the discovery, adaptation and use of x-radiation and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Name the discoverer of x-radiation and the date this discovery was made;
2. Describe the early use and experimentation with x-radiation for dentistry in America and Europe; and
3. Describe the physiological effects of x-radiation on those who first worked with radiation and the effects on operators today.



**B. RADIATION PHYSICS**

*Relates to OAR 333-106-055 (1) (a) Nature of x-rays; (b) Interaction of x-rays with matter; and (f) Principles of radiation protection.*

Instructional Goals:

The goal is to develop understanding and knowledge of the physical properties of radiation and its interaction with other matter and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe the detailed structure of an atom;
2. Explain the ionizing process and name two types of ionizing radiation;
3. Describe the characteristics of electromagnetic radiation and relate this information to a diagram or picture of the spectrum;
4. Explain the inverse square law and how it is applied in dental radiology;
5. Compare the properties of x-radiation with those of light;
6. Describe the difference of x-ray absorption between lead and acrylic; and
7. Explain the difference between primary and secondary radiation.

**C. BIOLOGICAL EFFECTS OF RADIATION AND X-RAY PROTECTION**

*Relates to OAR 333-106-055 (1) (e) Biological effects of x-rays; (g) Low dose techniques; and (h) Applicable radiation regulation.*

Instructional Goals:

The goal is to develop understanding of the biological effects of x-radiation, knowledge of protective devices and skill in the use of "Regulations for Control of Radiation" of the State of Oregon and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe the short and long range biological effects of radiation on living cells and tissues according to:
  - a. least and most sensitive tissues
  - b. acute and chronic exposure
  - c. latent period
  - d. cumulative effects;
2. Describe the nature, application and protective results of the following:
  - a. long versus short cone
  - b. collimator
  - c. aluminum filter
  - d. speed factor of the film
  - e. lead apron with or without a cervical collar;
3. Describe the implications of film distance;
4. Describe the appropriate design and wall structure of operatories;
5. Describe proper operator techniques needed to prevent operator exposure;
6. Explain the use of the film badge;
7. Explain the importance of an accurate and recent health history and describe conditions that would limit patient exposure;
8. Describe precautions necessary for a pregnant patient or operator at various stages of the pregnancy;
9. Demonstrate an understanding of the need to reduce errors and film retakes; and
10. Explain the reasons for a "radiation survey" and list the "Oregon State Safety Rules."

**D. THE DENTAL X-RAY UNIT**

*Relates to OAR 333-106-055 (1) (c) Radiation units; and (d) Principles of the x-ray machine.*

Instructional Goals:

The goal is to develop understanding and knowledge of the components that are essential for generation and control of x-radiation and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify the primary source of energy for an x-ray machine;
2. Define voltage and amperage;
3. Explain the use of the transformer;
4. Label all the components of the x-ray tube on a diagram;
5. Explain how high voltage electrical current affects the cathode and anode;
6. Identify the main source of electrons in the x-ray tube and explain why a transformer is needed;
7. Describe "thermionic emission effect;"
8. Label a diagram showing the conversion of electrical energy to x-radiation; and
9. Explain radiation units, i.e., sieverts and grays.

**E. DENTAL X-RAY MACHINE FUNCTION/OPERATION**

*Relates to OAR 333-106-055 (1) (d) Principles of the x-ray machine.*

Instructional Goals:

The goal is to develop knowledge and skill in the function and operation of the three basic parts of the x-ray machine: the control panel, tube head and indicating device and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Demonstrate and explain the operation of the control panel and exposure switch, timer calibration in impulses;
2. Demonstrate horizontal and vertical angulation;
3. Discuss the advantages and disadvantages of the following indicating devices:
  - a. closed cone
  - b. short and long cylinder
  - c. rectangular indicator
4. Demonstrate manipulation of the indicating device.

**F. DENTAL X-RAY FILM**

*Relates to OAR 333-106-055 (1) (g) Low does techniques.*

Instructional Goals:

The goal is to develop knowledge of the characteristics of the x-ray film base and emulsion and skill in handling the different sizes of screen and non-screen films, storage and record keeping and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify screen and non-screen film and describe their use;
2. Identify various sizes of intra and extra oral film and describe the appropriate uses for each size;
3. Describe the advantages and disadvantages of low, high and ultra speed films;
4. Define and describe film base and emulsion;

5. Explain the reaction of the emulsion to exposure to an x-ray beam;
6. Identify other sources of energy that also affect film emulsion;
7. Differentiate between paper and polyester packets and explain the color coding;
8. Describe film shelf-life according to storage conditions;
9. Describe the uses of double-file packets; and
10. Explain the use and composition of duplicating film.

## **G. INTRA-ORAL RADIOGRAPHIC TECHNIQUES**

### Instructional Goals:

The goal is to develop skill in the intra-oral placement of film and cone positioning, using both paralleling and bisecting techniques, to produce diagnostic quality radiographs of both adult and child dentition and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Demonstrate an understanding of tooth anatomy and alignment., Especially as it relates to the long axis of teeth, proximal contacts, occlusal relationships, root positions and root length;
2. Demonstrate knowledge and correct placement of various types of film holders and tabs;
3. Select appropriate film size for specific exposures and according to the patient's mouth;
4. Select the appropriate exposure time, ma and kvp based upon physiological variables;
5. Demonstrate proper film placement and cone positioning for each film in a full-mouth series according to paralleling and bisecting techniques;
6. Demonstrate the ability to adapt film placement and cone positioning when oral anatomy interferes with standard techniques;
7. Utilize all safety techniques previously learned to reduce radiation exposure to both the operator and patient;
8. Identify exposure errors in processed film;
9. Describe measures needed to correct exposure errors; and
10. Demonstrate all of the above points by exposing 4 fmx's on dexter.

## **H. THE DARKROOM**

*Relates to OAR 333-106-055 (1) (i) Darkroom and film processing.*

### Instructional Goals:

The goal is to become familiar with darkroom equipment and supplies and to develop skill in darkroom maintenance and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Explain the nature and purpose of the safe light and describe the results of light "leaks";
2. Describe the structure, arrangement and general contents of processing tanks;
3. Describe the chemical components of developing and fixing solutions, explaining the differences between powder and liquid concentrates;
4. Describe how solutions become exhausted and how often additional chemicals can be added to old solutions to replenish them;
5. Explain the need for changing solutions and cleaning tanks;
6. Explain the need for water circulation and temperature control;
7. Demonstrate use of film holders; and
8. Describe the advantages and disadvantages of automatic film processing.

## **I. FILM PROCESSING AND MOUNTING**

*Relates to OAR 333-106-055 (1) (i) Darkroom and film processing.*

### Instructional Goals:

The goal is to develop knowledge and skill in the processing and mounting of dental radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. List the four basic steps in film processing;
2. Describe the effects of time and temperature variables during processing on dental x-ray film;
3. Demonstrate the ability to properly unwrap and clamp film to processing holders, properly labeling each holder;
4. Properly process exposed film according to the process described in items "1" and "2" above;
5. Identify processing errors when present and how to correct them;
6. Select an appropriate film mount for the number and type of processed radiographs;
7. Mount dental radiographs correctly to arch, quadrant and tooth sequence;
8. Identify and correct errors in film mounting and explain possible consequences of those errors; and
9. Describe the use and maintenance of view boxes.

## **J. RADIOGRAPHIC INTERPRETATION**

*Relates to OAR 333-106-055 (1) (j) Film critique.*

### Instructional Goals:

The goal is to develop knowledge and skill in identifying diagnostic qualities of radiographs; recognition of normal and abnormal oral conditions; and to understand the ethical and legal implications of radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe and identify the following radiographic qualities and list the basic factors which can influence these qualities:
  - a. density
  - b. contrast
  - c. image sharpness and shape
  - d. shadow casting
2. When given a film that is not diagnostic relative to factors listed in item number 1 (above), identify the errors and describe the causes;
3. Relate exposure errors to radiographic interpretations;
4. Identify major oral landmarks and normal oral conditions on radiographs; and
5. Describe the legal and ethical implications of dental radiographs according to:
  - a. the dental history and record
  - b. treatment planning
  - c. ownership
  - d. patient identification
  - e. referral/ consultation
  - f. disagreement/ legal action

## **K. ADDITIONAL RADIOGRAPHIC TECHNIQUES**

### Instructional Goals:

The goal is to develop knowledge and skill in additional radiographic techniques and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to demonstrate techniques used for periapical film placement other than the use of a film holder with cone guide and describe advantages and disadvantages of each of the following:

1. Cotton roll/ hand-held,
2. Hemostat,
3. Bite blocks (wood and plastic); and
4. Snap-a-Ray

## **L. BASIC SKILL DEVELOPMENT**

### Instructional Goals:

The student will be able to ensure mastery of previously learned information and skills and increase proficiency and efficiency and to relate this information directly and/ or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Correctly identify major oral landmarks as seen on any intra or extra oral film;
2. Analyze the quality of dental radiographs relative to exposure and development and describe corrections as needed;
3. Demonstrate the ability to expose periapical and bitewing film on manikins, using techniques previously taught;
4. Increasing accuracy and speed on all skills; and
5. Demonstrate the ability to solve problems independently.

## **M. DENTAL RADIOGRAPHY FOR PATIENTS**

### Instructional Goals:

The goal is to apply all previously learned knowledge and skills to the exposure and development of patient dental radiographs and to relate this information directly and/or indirectly to "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Read and correctly interpret an order from a dentist requesting patient x-rays;
2. Read, interpret and correctly respond to items found in the patient's medical and dental histories as related to radiology;
3. Demonstrate consistent application of standards as described in the Oregon Health Division publication "Oregon Rules for the Control of Radiation;"
4. Demonstrate consistent understanding and application of the principles of safety and the prevention of disease transmission;
5. Demonstrate understanding of the Oregon rules and regulations that apply to dental radiography;
6. Demonstrate professional courtesy and standards when working with patients;

7. Place, expose, develop and mount radiographs utilizing increasing proficiency and efficiency, especially as related to:
  - a. correct patient management
  - b. selection of film and technique
  - c. unit settings
  - d. correct film placement and exposure to reduce the number of needed retakes
  - e. correct processing and mounting of film;
8. Identify errors and make corrections on needed retakes;
9. Record all important information in the patient's chart at the time of appointment and obtain necessary signatures;
10. Demonstrate film placement and stabilization in edentulous areas; and
11. Select and expose films utilizing various film placement and tube angulation to meet a specific problem, i.e.:
  - a. crowded or overlapping teeth
  - b. excessively long roots
  - c. impacted teeth
  - d. small mouth/constricted arch
  - e. shallow palate/floor of the mouth
  - f. presence of tori
  - g. small child, age 4 or under

## **N. ALTERNATIVE RADIOGRAPHIC TECHNIQUES**

### Instructional Goal:

The goal is to develop knowledge and skill in alternative radiographic techniques and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Describe occlusal film technique according to type of film, placement and exposure Angulation;
2. Identify and describe situations where occlusal film would be appropriate;
3. Compare diagnostic usefulness of occlusal film compared to periapical film. Identify the various essential parts of a panoramic machine;
4. Describe the advantages and disadvantages of panoramic film;
5. Load and unload panoramic film cassettes;
6. Properly position patients of varying ages and sizes in the panoramic chair and unit and expose the film;
7. Identify panoramic film problems and describe needed corrective measures;
8. Describe additional extra-oral film techniques and their uses;
9. Describe dental radiographic procedures used in endodontics procedures and explain how root images can be separated; and
10. Correctly expose radiographs using distal oblique and mandibular third molar techniques.

## O. PATIENT MANAGEMENT

### Instructional Goal:

The goal is to develop awareness and skill in patient management needed to obtain diagnostic dental radiographs and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Explain the importance of communicating with the patient at an understandable level, including:
  - a. explaining why disabled patients and geriatric patients must be treated with courtesy and respect;
  - b. describing "show and tell" method of communication.
  - c. explaining why the operator should pay attention to the patient during radiography.
2. Discuss patient management problems and techniques associated with:
  - a. the very young
  - b. the elderly
  - c. patients who are afraid or uncooperative
  - d. the handicapped patient.
3. Discuss the questions patients ask about dental radiography and how some questions can be answered by the auxiliaries and others only by the dentist.

## P. BASIC RADIOGRAPHIC INTERPRETATION

### Instructional Goal:

The goal is to develop introductory level knowledge and skill in the interpretation of radiographic findings and to relate this information directly and/or indirectly to patient and operator "Radiation Health and Safety."

To meet this goal the dental auxiliary will be able to:

1. Identify unerupted and missing teeth of both primary and permanent dentition;
2. Identify in general terms the type of dental work present in the mouth;
3. Locate and describe oral lesions according to radiolucency, capacity, size and location; and
4. Demonstrate correct charting and recording of radiographic findings as directed by the dentist.



### **333-106-0055**

#### **General Requirements: X-ray Operator Training**

(1) The registrant shall assure that individuals who will be operating the X-ray equipment by physically positioning patients or animals, determining exposure parameters, or applying radiation for diagnostic purposes shall have adequate training in radiation safety.

(a) Radiation safety training records shall be maintained by the registrant for each individual who operates X-ray equipment. Records must be legible and meet the requirements in OAR 333-120-0690.

(b) When requested by the Authority, radiation safety training records shall be made available.

(2) Dental X-ray operators who meet the following requirements are considered to have met the requirements in section (1) of this rule:

(a) Currently licensed by the Oregon Board of Dentistry as a dentist or dental hygienist; or

(b) Is a dental assistant who is certified by the Oregon Board of Dentistry in radiologic proficiency.

(c) Dental radiology students in an approved Oregon Board of Dentistry dental radiology course are permitted to take dental radiographs on human patients during their clinical training, under the direct supervision of a dentist or dental hygienist currently licensed, or a dental assistant who has been certified in radiologic proficiency by the Oregon Board of Dentistry.

(3) Veterinary X-ray operators who meet the following requirements are considered to have met the requirements in section (1) of this rule:

(a) Currently licensed by the Oregon Veterinary Medical Examining Board as a veterinarian or a certified veterinary technician.

(b) Veterinary students enrolled in a radiology course approved by the Oregon Veterinary Medical Examining Board are permitted to take radiographs on animal patients during their clinical training under the direct supervision of a veterinarian or a certified veterinary technician who is currently licensed.

(4) Diagnostic medical X-ray operators who meet the following requirements are considered to have met the requirements of section (1) of this rule:

(a) Holds a current license from the Oregon Board of Medical Imaging; or

(b) Holds a current limited X-ray machine operator permit from the Oregon Board of Medical Imaging; or

(c) Is a student in an approved school of Radiologic Technology as defined in ORS 688.405 while practicing Radiologic Technology under the direct supervision of a radiologist who is currently licensed with the Oregon Medical Board or a radiologic technologist who is licensed with the Oregon Board of Medical Imaging; or

(d) Is a student in an Oregon Board of Medical Imaging approved limited permit program under a radiologic technologist who is licensed by the Oregon Board of Medical Imaging.

(5) All other types of X-ray operators must have completed an Authority approved radiation use and safety course.



(6) At a minimum, an Authority approved training course shall cover the following subjects:

(a) Nature of X-rays:

(A) Interaction of X-rays with matter;

(B) Radiation units;

(C) X-ray production;

(D) Biological effects of X-rays; and

(E) Risks of radiation exposure.

(b) Principles of the X-ray machine:

(A) External structures and operating console;

(B) Internal structures:

(i) Anode; and

(ii) Cathode.

(C) Operation of an X-ray machine;

(D) Tube warm up;

(E) Factors affecting X-ray emission:

(i) mA;

(ii) kVp;

(iii) Filtration; and

(iv) Voltage waveform.

(c) Principles of radiation protection:

(A) Collimation;

(B) Types of personal protection equipment and who must wear it;

(C) ALARA;

(D) Time, distance, shielding;

(E) Operator safety;

(F) Personal dosimetry:

(i) Types of dosimetry;

(ii) Proper placement of dosimetry; and

(iii) Situations that require dosimetry.

(G) Occupational and non-occupational dose limits.

(d) Radiographic technique:

(A) Factors affecting technique choice:

(i) Thickness of part;

(ii) Body composition;

(iii) Pathology; and

(iv) Film versus computed radiography (CR) and digital radiography (DR).

(B) How to develop an accurate chart;

(C) Low dose techniques;

(D) Pediatric techniques (does not apply to veterinary); and

(E) AEC Techniques.

(e) Darkroom:

(A) Safelights;

(B) Chemical storage;

(C) Film storage; and

(D) Darkroom cleanliness.

(f) Image processing:

(A) Automatic film processing;

(B) Dip tank film processing;

(C) Computed radiography (CR) processing; and

(D) Digital radiography (DR) processing.

(g) Image critique:

- (A) Reading room conditions;
- (B) Light box conditions;
- (C) Image identification;
- (D) Artifacts;
- (E) Exposure indicators for CR and DR;
- (F) Technical parameter evaluation; and
- (G) Positioning evaluation.

(h) Veterinary X-ray use (for veterinary courses only):

- (A) Types of animal restraints;
- (B) Small animal versus large animal;
- (C) Film holders; and
- (D) Portable X-ray machine safety.

(i) Applicable federal and state radiation regulations including those portions of chapter 333, divisions 100, 101, 103, 106, 111, 120, and 124.

(7) In addition to the training outlined in section (6) of this rule, medical X-ray equipment operators using diagnostic radiographic equipment on human patients, and who are not regulated by the Oregon Board of Medical Imaging, must have 100 hours or more of instruction in radiologic technology including, but not limited to:

- (a) Anatomy physiology, patient positioning, exposure and technique; and
- (b) Appropriate types of X-ray examinations that the individual will be performing; and in addition
- (c) Receive 200 hours or more of X-ray laboratory instruction and practice in the actual use of an energized X-ray unit, setting techniques and practicing positioning of the appropriate diagnostic radiographic procedures that they intend to administer.

(8) All X-ray operators shall be able to demonstrate competency in the safe use of the X-ray equipment and associated X-ray procedures.

(9) When required by the Authority, applications training must be provided to the operator before use of X-ray equipment on patients.

(a) Records of this training must be maintained and made available to the Authority for inspection.

(b) The training may be in any format such as hands-on training by a manufacturer's representative, video or DVD instruction, or a training manual.

(10) X-ray equipment operators who have received their radiation safety training outside of Oregon will be considered to have met the training requirements in section (5) of this rule, if the Authority's or applicable Oregon Licensing Board's evaluation of their training or training and experience, reveals that they substantially meet the intent of section (6) of this rule.

**Statutory/Other Authority:** ORS 453.605 - 453.807

**Statutes/Other Implemented:** ORS 453.605 - 453.807

**History:**

PH 19-2015, f. 9-30-15, cert. ef. 10-1-15

PH 32-2014, f. 12-22-14, cert. ef. 1-1-15

PH 24-2014, f. & cert. ef. 8-15-14

PH 10-2011, f. 9-30-11, cert. ef. 10-1-11

PH 20-2010, f. & cert. ef. 9-1-10

PH 14-2008, f. & cert. ef. 9-15-08

PH 12-2006, f. & cert. ef. 6-16-06

PH 5-2005, f. & cert. ef. 4-11-05

PH 36-2004, f. & cert. ef. 12-1-04

PH 31-2004(Temp), f. & cert. ef. 10-8-04 thru 4-5-05

PH 3-2003, f. & cert. ef. 3-27-03

HD 24-1994, f. & cert. ef. 9-6-94

HD 15-1994, f. & cert. ef. 5-6-94

HD 1-1991, f. & cert. ef. 1-8-91

HD 4-1985, f. & ef. 3-20-85

# CORRESPONDENCE

## State Board Participation on 2022 Accreditation Site Visits - OR

Molina, Bernadette <molinab@ada.org>

Fri 11/19/2021 1:31 PM

To: Stephen.Prisby@state.or.us <Stephen.Prisby@state.or.us>

Cc: Molina, Bernadette <molinab@ada.org>

 5 attachments (575 KB)

1 State Board Confirmation of Participation Form 6.18.doc; 2 Name or Contact Information Change Form.doc; 3 Policy on State Board During Site Visits 8-21.pdf; 4 Conflict of Interest Policy 8.21.pdf; 5 Policy on Public Disclosure and Confidentiality 8-21.pdf;

Dear Mr. Prisby,

The Commission on Dental Accreditation would like to extend an invitation to your State Board for participation in the upcoming 2022 site evaluation. To aid the Commission in preparing for the site visit evaluation, please complete the attached "**Confirmation of State Board Participation**" form and return it by **December 13, 2021**. **If additional time is needed, please let me know.**

Once the completed form is received, we will notify the institution of your availability to participate. **Please note, the state board reimburses its members for ALL expenses incurred during the site visit.** Should you have any questions, please feel free to contact me.

This is to notify you that the institution listed below have indicated a willingness to have a representative of your state board participate in the Commission on Dental Accreditation's 2022 on-site evaluations of the following dental education program:

### **Dental Hygiene Education Accreditation Site Visit:** Pacific University, Hillsboro, 3/10/2022 to 3/11/2022

**Appointment Process:** In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of **two** representatives who are **current members** of the board for each site visit listed. The Commission will then ask the institution to select **one** individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution.

-  
**Confirmation of State Board Participation Form (to be returned):** The board of dentistry is requested to complete this form for each program identified above.

**Please note:** The Confirmation of State Board Participation Form(s) must be returned by the due date, regardless of whether the response from the State Board is yes or no.

**Conflicts of Interest:** When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or former faculty member, consultant, or in some other official capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

**Time Commitment:** **It is important that the selected representative be fully informed regarding the time commitment required.** In addition to time spent reviewing program documentation in advance of the visit, the representative should ideally be available the evening before the visit to meet with the Commission's site visit team. **Only one state board representative may attend each site visit to ensure that continuity is maintained; the representative is expected to be present for the entire visit.**

**Confidentiality and Distribution of Site Visit Reports:** Please note that, as described in the enclosed documents, state board representatives attending CODA site visits must consider the program's self-study, site visit report, and all related accreditation materials confidential. Release of the self-study, report, or other accreditation materials to the public, including the state board, is the prerogative of the institution sponsoring the program. **State Board representatives who attend a site visit will be requested to sign a confidentiality agreement. If the confidentiality agreement is not signed, the individual will not be allowed to attend the site visit.**

If the Commission can provide further information regarding its site visit evaluation process, please feel free to contact me. Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

**Attachment:** *(to be returned by December 13, 2021)*

- *Confirmation of State Board Participation Form*

**Additional Informational Documents:**

- *Policy on State Board Participation and Role During a Site Visit*
- *Policy on Conflict of Interest*
- *Policy on Public Disclosure and Confidentiality*
- *Name or Contact Information Change Form*

Thank you,  
Bernadette

**Bernadette Molina** [molinab@ada.org](mailto:molinab@ada.org)  
Site Visit Coordinator  
Commission on Dental Accreditation (CODA)  
312-440-2668 Office

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Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 [www.ada.org/coda](http://www.ada.org/coda)

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# OTHER ISSUES





# Oregon

Kate Brown, Governor

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**Board of Dentistry**

1500 SW 1st Ave. Ste 770

Portland, OR 97201-5837

(971) 673-3200

Fax: (971) 673-3202

**TO:** OBD Board Members

**FROM:** Stephen Prisby, OBD Executive Director

**DATE:** December 8, 2021

**SUBJECT:** Draft - OBD Tribal Relationship & Cooperation Policy

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The Oregon Board of Dentistry (OBD) is mandated to comply and follow ORS 182.164 and ORS 182.166. I have reached out to all 9 Federally Recognized Tribes regarding this Draft Policy. The Tribes have been invited to the December 17, 2021 meeting to help foster open and positive communication on this proposed policy, dental therapy and any other important issue.

# Enrolled Senate Bill 770

Sponsored by Senators BROWN, CLARNO; Senators CASTILLO, CORCORAN, DECKERT, FERRIOLI, GORDLY, MESSERLE, METSGER, NELSON, SHIELDS, STARR, TROW, Representatives GARDNER, KNOPP, KRIEGER, MONNES ANDERSON, NOLAN, ROSENBAUM, G SMITH, VERGER, V WALKER, WESTLUND (at the request of Commission on Indian Services)

CHAPTER .....

## AN ACT

Relating to government-to-government relations between the State of Oregon and American Indian tribes in Oregon.

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

**SECTION 1. As used in sections 1 to 4 of this 2001 Act:**

- (1) "State agency" has the meaning given that term in ORS 358.635.**
- (2) "Tribe" means a federally recognized Indian tribe in Oregon.**

**SECTION 2. (1) A state agency shall develop and implement a policy that:**

- (a) Identifies individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.**
- (b) Establishes a process to identify the programs of the state agency that affect tribes.**
- (c) Promotes communication between the state agency and tribes.**
- (d) Promotes positive government-to-government relations between the state and tribes.**
- (e) Establishes a method for notifying employees of the state agency of the provisions of sections 1 to 4 of this 2001 Act and the policy the state agency adopts under this section.**
- (2) In the process of identifying and developing the programs of the state agency that affect tribes, a state agency shall include representatives designated by the tribes.**
- (3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the state agency that affect tribes, including the use of agreements authorized by ORS 190.110.**

**SECTION 3. (1) At least once a year, the Oregon Department of Administrative Services, in consultation with the Commission on Indian Services, shall provide training to state agency managers and employees who have regular communication with tribes on the legal status of tribes, the legal rights of members of tribes and issues of concern to tribes.**

**(2) Once a year, the Governor shall convene a meeting at which representatives of state agencies and tribes may work together to achieve mutual goals.**

**(3) No later than December 15 of every year, a state agency shall submit a report to the Governor and to the Commission on Indian Services on the activities of the state agency under sections 1 to 4 of this 2001 Act. The report shall include:**

- (a) The policy the state agency adopted under section 2 of this 2001 Act.**
- (b) The names of the individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.**

(c) The process the state agency established to identify the programs of the state agency that affect tribes.

(d) The efforts of the state agency to promote communication between the state agency and tribes and government-to-government relations between the state and tribes.

(e) A description of the training required by subsection (1) of this section.

(f) The method the state agency established for notifying employees of the state agency of the provisions of sections 1 to 4 of this 2001 Act and the policy the state agency adopts under section 2 of this 2001 Act.

**SECTION 4.** Nothing in sections 1 to 4 of this 2001 Act creates a right of action against a state agency or a right of review of an action of a state agency.

**Passed by Senate April 2, 2001**

.....  
Secretary of Senate

.....  
President of Senate

**Passed by House May 11, 2001**

.....  
Speaker of House

**Received by Governor:**

.....M,....., 2001

**Approved:**

.....M,....., 2001

.....  
Governor

**Filed in Office of Secretary of State:**

.....M,....., 2001

.....  
Secretary of State

**182.164 State agencies to develop and implement policy on relationship with tribes; cooperation with tribes.**

(1) A state agency shall develop and implement a policy that:

- (a) Identifies individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.
- (b) Establishes a process to identify the programs of the state agency that affect tribes.
- (c) Promotes communication between the state agency and tribes.
- (d) Promotes positive government-to-government relations between the state and tribes.
- (e) Establishes a method for notifying employees of the state agency of the provisions of ORS 182.162 to 182.168 and the policy the state agency adopts under this section.

(2) In the process of identifying and developing the programs of the state agency that affect tribes, a state agency shall include representatives designated by the tribes.

(3) A state agency shall make a reasonable effort to cooperate with tribes in the development and implementation of programs of the state agency that affect tribes, including the use of agreements authorized by ORS 190.110. [2001 c.177 §2]

**182.166 Training of state agency managers and employees who communicate with tribes; annual meetings of representatives of agencies and tribes; annual reports by state agencies.**

(1) At least once a year, the Oregon Department of Administrative Services, in consultation with the Commission on Indian Services, shall provide training to state agency managers and employees who have regular communication with tribes on the legal status of tribes, the legal rights of members of tribes and issues of concern to tribes.

(2) Once a year, the Governor shall convene a meeting at which representatives of state agencies and tribes may work together to achieve mutual goals.

(3) No later than December 15 of every year, a state agency shall submit a report to the Governor and to the Commission on Indian Services on the activities of the state agency under ORS 182.162 to 182.168. The report shall include:

- (a) The policy the state agency adopted under ORS 182.164.
- (b) The names of the individuals in the state agency who are responsible for developing and implementing programs of the state agency that affect tribes.
- (c) The process the state agency established to identify the programs of the state agency that affect tribes.
- (d) The efforts of the state agency to promote communication between the state agency and tribes and government-to-government relations between the state and tribes.
- (e) A description of the training required by subsection (1) of this section.
- (f) The method the state agency established for notifying employees of the state agency of the provisions of ORS 182.162 to 182.168 and the policy the state agency adopts under ORS

Title: OBD Tribal Relationship & Cooperation Policy

Effective Date: TBD (once ratified by the Oregon Board of Dentistry)

Purpose:

The State of Oregon and the Oregon Board of Dentistry (OBD) share the goal to establish clear policies establishing the tribal consultation and requirements to further the government-to-government relationship between the OBD and the nine federally recognized Tribes of Oregon (Tribes) with the passage of SB 2528 (2021) and on any other matters that are important to the Tribes. This policy shall fulfill the requirements of ORS 182.164 & ORS 182.166.

Nine Federally Recognized Tribes of Oregon:

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grande Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes

This Policy:

- Identifies individuals within OBD who are responsible for developing and implementing programs that affect Tribes.
- Establishes a process to identify the OBD programs that impact Tribes.
- Promotes communication between OBD and the Tribes.
- Promotes positive government-to-government relations between OBD and Tribes.
- Establishes a method for notifying OBD employees of ORS 182.162 to 182.168 and this policy.
- Streamlined for ease to understand and apply: the OBD is a small agency with 8 employees.

Meaningful consultation between tribal leadership and agency leadership shall result in information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State.

The goal of this policy includes, but is not limited to: help eliminate health and human service disparities of Indians; ensuring that access to critical health and human services

is maximized; advancing and enhancing the social, physical, behavioral and oral health of Indians; making accommodations in State programs when possible to account for the unique nature of Indian health programs and ensuring that the Tribes are consulted to ensure meaningful and timely tribal input as required under Federal and State law when health and human service policies have an impact on Indians and the Tribes. To achieve this goal, and to the extent practicable and permitted by law, it is essential that the Tribes, and OBD engage in open, continuous and meaningful consultation.

This policy applies to the OBD (Board Members and staff) and shall serve as a guide for the Tribes to participate in OBD rule and policy development to the greatest extent allowable under law. The relationship between OBD and the Tribes is important and should be on a foundation of trust and mutual respect. It is important for OBD to work closely with Tribes on issues related to Dental Therapy and any other matter that is important to the Tribes.

**Policy #834-413-019 OBD Tribal Relationship & Cooperation Policy**  
**Effective Date: TBD**

Applicability: All Board Members, full and part time employees, temporary employees and volunteers

References:

(1) Purpose

This tribal relations policy is adopted pursuant to ORS 182.162 – 182.168, which requires state agencies to develop and implement tribal relations policies.

(2) General Policies and Principles

It is OBD's policy to promote the principle stated in Executive Order No.96-30 that "[a]s sovereigns the tribes and the State of Oregon must work together to develop mutual respect for the sovereign interests of both parties." OBD interacts with tribes in differing roles: in its role as legal advisor to and representative of other state agencies; and in its role as independent administrator of certain OBD programs. In all of its roles, it is OBD's policy to promote positive government to government relations with the federally recognized tribes in Oregon ("tribes") by

(a) Facilitating communication and understanding and appropriate dispute resolution among OBD, other state agencies and those tribes;

(b) Striving to prevent unnecessary conflict with tribes;

(c) Interacting with tribes in a spirit of mutual respect;

(d) Involving tribal representatives in the development and implementation of programs that affect them; and

(e) Seeking to understand the varying tribal perspectives.

(3) The OBD's Native American Affairs Coordinator is the OBD's Executive Director

(a) The state is best served through a coordinated approach to tribal issues. The OBD's Executive Director has been designated as the OBD's Native American Affairs Coordinator, who serves as the OBD's key contact with tribal representatives.

(b) Individuals at the OBD who are working on a significant matter involving or affecting a tribe shall notify the Native American Affairs Coordinator.

#### (4) Dissemination of Tribal Relations Policy

(a) Upon adoption, this policy shall be disseminated to members of the OBD, and shall be incorporated into the OBD Policy Manual. In addition, this policy and information regarding ORS 182.162 – 168 shall be included in new Board Member and employee orientation.

(b) The Executive Director will be responsible for submitting the OBD's annual report in December to the Governor and the Commission on Indian Service per ORS 182.166 detailing its work with the Tribes for the prior year and this Policy.

#### (5) Training

(a) Appropriate OBD representatives will attend annual training provided by the Department of Administrative Services pursuant to ORS 182.166(1).

(b) The OBD's assigned attorney who may come into contact with tribes will be encouraged to consider taking advantage of outside CLE opportunities on Indian law and culture.

#### (7) Identification of OBD Programs Affecting Tribes

The Executive Director will compile a list of OBD programs that affect tribes, as well as the OBD individuals responsible for implementing them with feedback from the affected Tribes or tribal members.

#### (8) Guidelines for OBD Programs

The OBD will invite tribal participation on Dental Therapy issues and other areas of interest that the Tribes bring forth to the OBD.

### III. OBD Commitment to Tribal Consultation

The OBD was established by the Oregon State Legislature in 1887 and is accountable to the people of Oregon, acknowledges this unique relationship, the statutory and regulatory framework for states to consult with Tribes, and recognizes the right of Indian tribes to self-determination and self-governance. The special government-to-government relationship between the Tribes and federal and state governments will be respected in all dealings with the Tribes and OBD. Relationship of State Agencies with Indian Tribes, ORS 182.162 to 182.168.

In order to fully effectuate this policy, OBD will:

- Ensure inclusion of the Tribes prior to the development of policies and program activities that impact Tribes, utilizing the OBD's formal notice that provides descriptive content and a timeline of all public meetings;
- Create opportunities for Tribes to raise issues with OBD and for OBD to seek consultation with Tribes;
- Establish communication channels with Tribes to increase knowledge and understanding of OBD programs;
- Support tribal self-determination;
- Include on every regular Board Meeting Agenda an opportunity for the Tribes to directly communicate with the OBD.

#### IV. Tribal Consultation Principles:

Consultation is an enhanced form of communication that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making, with the ultimate goal of reaching consensus on issues and better outcomes.

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on a regular and as needed basis so that Tribes have an opportunity to provide meaningful, and timely input on issues that may have an impact on Tribes. This government-to-government relationship applies between the Tribes and the State.

Consultation with the Tribes is important in the context of health programs because the Tribes serve many roles in their communities:

- Tribes and tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their tribal citizens, among various other governmental responsibilities.
- Tribal governments operate businesses, are employers, and are health care providers, through administration of clinics and other health programs, which includes public health

#### V. Policy Action

It is the intent of OBD to meaningfully consult with Tribes on any Rule Change or Policy that will impact the Tribes before any action is taken.

Such rule changes or policies include those that:

- Have Indian or Tribal implications; or
- Have implications on the Indian Health Service, tribal health programs or urban Indian health program, or
- Have a direct effect on one or more Tribes, or
- Have a direct effect on the relationship between the state and Tribes, or
- Have a direct effect on the distribution of power and responsibilities between the state and Tribes; or
- Are a federally or statutorily mandated proposal or change in which OBD has flexibility in implementation.



## VII. Tribal Consultation Process:

An effective consultation between OBD and the Tribes requires trust between all parties which is an indispensable element in establishing a good consultative relationship.

Event must be formally identified by OBD or Tribes.

Any Issue includes, but is not limited to:

- Policy development impacting the Tribes;
- Program activities that impacting Tribes;
- Data collection and reporting activities impacting Tribes;
- Rulemaking impacting Tribes; or
- Any other OBD action impacting Tribes.

Upon identification of any Issue impacting one or more Tribes OBD will initiate consultation regarding the issue.

To initiate and conduct consultation, the following serves as a guideline to be utilized by OBD and the Tribes:

- Identify the Issue: complexity, implications, time constraints, deadlines and issue(s).
- Identify how the Issue impacts the Tribes.
- Identify affected/potentially affected Tribes.

Determining Consultation Mechanism: The most useful and appropriate consultation mechanisms can be determined by OBD and Tribes after considering the Issue and Tribes affected/potentially affected. Consultation mechanisms include but are not limited to one or more of the following:

- Email
- Teleconferences
- Virtual Meetings
- Face-to-Face Meetings at regular Board or Committee Meetings
- Other regular or special consultation sessions needed.

Communication Methods: The determination of the Issue and the level of consultation mechanism to be used by OBD shall be communicated to affected/potentially affected Tribes using all appropriate methods and with as much advance notice as practicable or as required under this policy.

These methods include but are not limited to the following:

- Official Notification: Upon the determination of the consultation mechanism, proper notice of the Issue and the consultation mechanism utilized shall be communicated to affected/potentially affected Tribes using all appropriate

methods including mailing and broadcast e-mail. Such notice shall be provided to:

- Tribal Chairman or Chief and their designated representative(s)
  - Any other entity that the Tribes identify that should be included
- The OBD will regularly update its mailing/email list to ensure notice is being provided to designated leadership. Each Tribe is responsible for providing this information to OBD's Executive Director to regularly update the list.

Rulemaking: The OBD will include the Tribes in its regular and transparent rulemaking process. The Tribes will have a regular and open invitation to attend any OBD Committee meeting or public rulemaking hearing to provide additional input on rule concepts and language.

Creation of Committees/Work Group(s): Round tables and work groups may be used for discussions, problem resolution, and preparation for communication and consultation related to an Issue but do not replace formal tribal consultation. Round tables and work groups will provide the opportunity for technical assistance from OBD to Indian health programs and the Tribes to address challenges or barriers and work collaboratively on development of solutions to bring to the meetings.

Implementation Process and Responsibilities: The process should be reviewed and evaluated for effectiveness as requested.

Tribal Consultation Evaluation: The OBD is responsible for evaluating its performance under this Tribal Consultation Policy. To effectively evaluate the results of the consultation process and the ability of OBD to incorporate tribal recommendations, the OBD will assess its performance on an annual basis in the Executive Director's performance review or as needed.

Meeting Records and Additional Reporting: The OBD is responsible for making and keeping records of all public meetings and its tribal consultation activity. All such records shall be made readily available to Tribes

#### Definitions:

Indian or American Indian/Alaska Native (AI/AN) Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12. This means the individual:

Is a member of a Federally recognized Indian Tribe;

Resides in an urban center and meets one or more of the four criteria:

Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second

degree, of any such member;

Is an Eskimo or Aleut or other Alaska Native;

Is considered by the Secretary of the Interior to be an Indian for any purpose; or

Is determined to be an Indian under regulations issued by the Secretary;

Is considered by the Secretary of the Interior to be an Indian for any purpose; or

Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

Tribe. Tribe means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Oregon's nine Federally Recognized Tribes include:

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grande Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes

Disclaimer:

OBD respects the sovereignty of each of Oregon's Tribes. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdictions. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, the Governor's Office.

**From:** [UMPHLETT Amy M](#)  
**To:** [ROBINSON Haley \\* OBD](#); [alicia.riedman@lanecountyor.gov](mailto:alicia.riedman@lanecountyor.gov)  
**Subject:** Notice of Rulemaking re. Certification Requirements for Local School Dental Sealant Programs  
**Date:** Thursday, December 2, 2021 4:45:17 PM

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Hi Haley and Alicia – please forward this to anyone at the BOD that you believe may be interested. Thank you!

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Dear Interested Parties,

The Oregon Health Authority (OHA) Public Health Division, Oral Health Program is proposing to permanently amend Oregon Administrative Rules (OAR) 333-028-0300 through 333-028-0350 in chapter 333, division 28 "Certification for Local School Dental Sealant Programs" and add a new section, OAR 333-028-0395 "COVID-19 Certification Requirements".

In response to the COVID-19 pandemic, the certification rules for school dental sealant programs must be modified to incorporate specific guidelines to safely provide dental sealant services in the school setting. A Rules Advisory Committee (RAC) was convened to help draft the amended rule language.

We invite members of the public to review and comment on the proposed amended language **before 5:00 pm on January 5, 2022**. We will also hold a virtual public hearing on **December 15, 2021 at 11:00 am** for oral testimony. Please visit <http://www.healthoregon.org/sealantcert> to view the proposed amended rules and information on how to provide public comments.

Thank you,  
Amy

**Amy Umphlett, MPH**  
Oral Health Operations & Policy Analyst  
OREGON HEALTH AUTHORITY  
Public Health Division  
Work Cell Phone: 971-666-8815  
[amy.m.umphlett@dhsosha.state.or.us](mailto:amy.m.umphlett@dhsosha.state.or.us)

**NEWSLETTERS  
&  
ARTICLES OF  
INTEREST**



# HealthPro**Choices**

## October 2021

A newsletter for participants in the Health Professionals' Services Program (HPSP)

### IBH Monitoring is now Uprise Health

#### Our 30-Year Legacy is Our Foundation

Founded in 1988, IBH quickly emerged as a trusted behavioral health consultant to large corporations across the nation. **We have continued to evolve along with the behavioral health landscape, acquiring the expertise and products offered through several well-known, marquee organizations, including Claremont EAP, American Behavioral Health, Reliant Behavioral Health, Quality Health Solutions, Inflexion, EAP Preferred, HMC Healthworks, and Uprise.**

#### New Look. New Name. Total Person Care.

The world is a different place and people feel differently about mental health. Just as everything around us changes and evolves, so has our company. We recognize that the path to wellbeing is through a powerful link between physical and mental health and we want this to be represented within our company. We are pleased to announce that we are now **Uprise Health**. This brand represents our culture and alignment of our strategy to be a digital mental health care organization that cares for the total person.

Today, as one company, **Uprise Health** uses clinically validated technology and appropriate, timely and coordinated care to transform mental health for our customers, members, and ourselves. We will pursue this transformation with the same passion we have for our family, friends, and community. On behalf of all of our associates, we value your trust in our company, and we look forward to our continued partnership.



Health Professionals' Services Program

[hpspmonitoring.com](https://hpspmonitoring.com)

888-802-2843



**Supporting you every step of the way.**

### How Does This Name Change Impact Me as a Participant in HPSP?

Other than the name, it doesn't impact you directly! This is part of our ongoing efforts to integrate our offerings and develop innovations to better serve our customers and participants. A few things you will need to know:

- Your Agreement Monitor's email address, and the other HPSP team members' addresses, are now formatted as [first name].[last name]@uprisehealth.com. All of our team members will continue to receive emails to their previous email addresses (both ibhsolutions.com and reliantbh.com addresses)
- The email address for the general mailbox is hpsp@uprisehealth.com. Emails sent to the previous versions of the address will also continue to forward for the time being
- The portal address has not changed; it is still <https://hpspmonitoring.com/>
- The app, "RBH Daily," and the IVR have not changed either.
- You do not need to "re-sign" any releases, agreements, consents, etc. These all still apply since we are doing business as (DBA) our former companies.

### Toxicology Reminder

If your collection site does not have the capability to use an electronic chain of custody of form (CCF), you must take your paper CCF form with you. When you are informed that you need to test, you are told which panel to test on. You must check that panel on the paper CCF. Failure to check the correct panel may result in additional testing and associated costs.

### Nurse Survey Spotlights Mental Health Difficulties During the Pandemic - As featured in MedPage Today

"More than half of nurses working in critical care said they were "not emotionally healthy," according to the latest COVID-19 survey on mental health and wellness conducted by the American Nurses Foundation and shared with MedPage Today." "Of 9,572 nurses surveyed in the third of a series of pandemic-related polls, 75% of nurses across all roles said they felt "stressed," and 10% said they felt "worthless."

Even if you are not a nurse, you are in the healthcare field and the stressors of the pandemic impacted you. Read the rest of this important article at: <https://www.medpagetoday.com/nursing/nursing/95065>



**We are here to help.**

### Participant Reflection Corner

*“A part of my active recovery guides me to be grateful and accountable. Yet another part is being able to work in a profession I hold dear, especially in these challenging times, as a healthcare provider – this is what HPSP has done for me. My career is part of who I am and HPSP allows a safe return to work by providing the accountability needed to safely practice. I have been able to work as a registered nurse and even advance my career with my employer; things that would not have been possible prior to recovery and the structure of HPSP.” - Andrew, RN*

**Thanks, Andrew, for sharing your reflections! Here’s another comment from a licensee after completing the program:**

*“I am so grateful for this program. It gave me a second chance. I now appreciate other people more, see what I needed in my life and I wouldn’t be where I am if I wasn’t in the monitoring program. I believe I would have spiraled down and lost my job, family and support system.”*

If YOU would like to share your reflections on the impact of the program, please email your Agreement Monitor or [hpsp@uprisehealth.com](mailto:hpsp@uprisehealth.com).

### The Holidays are Coming!

There are several toxicology testing exemption days approaching:

- Veteran’s Day – Thursday, November 11, 2021
- Thanksgiving Day - Thursday, November 25, 2021
- Day After Thanksgiving - Friday, November 26, 2021
- Christmas Day Observed – Friday, December 24, 2021
- Christmas Day – Saturday, December 25, 2021
- New Year’s Day Observed – Friday, December 31, 2021
- New Year’s Day – Saturday, January 1, 2022

While checking for testing on these holidays is not required as no tests will be scheduled, we highly recommend that you continue to check in for testing 365 days per year. This can help to maintain a consistent routine and reduce the risk of missing a check in, and possibly missing a scheduled test.

*Please make sure to notify your Agreement Monitor of any travel plans for the holidays so that alternate collection sites can be located in time.*

### Resources

**Resiliency Podcast:** [Click to listen](#)

**Virtual Course via Zoom: Women in Healthcare: The Pursuit of Wellness.** This 3-day interactive, CME approved retreat focuses on individualized wellness for practitioners. Individualized assessments and reports are provided. Learn while participating in highly engaging activities, whole and small group learning sessions, and giving/receiving real-time feedback centered around personal and professional growth and well-being. Learn skills and techniques to promote wellness, joy, and purpose. [Click to register](#)



----- Forwarded message -----

From: **Stacy Kimsey** <[stacy.kimsey@pcc.edu](mailto:stacy.kimsey@pcc.edu)>

Date: Mon, Nov 22, 2021 at 11:16 AM

Subject: **\*\*Need Part Time Instructors\*\***

To: Ginny Jorgensen <[gjorgens@pcc.edu](mailto:gjorgens@pcc.edu)>

Dear Dental Community Member,

As I am sure you are aware, there is a significant hiring shortage in our dental community, which has impacted so many of us.

Here at Portland Community College we are also experiencing a shortage for qualified instructors to support [Dental Continuing Education](#), and our [Integrated Community Dental Assisting program](#).

We are currently hiring instructors for all programs for winter term, which begins January 10th.

Our Dental programs and CE's are a vital part of our dental community, and we need more support from our community members, to ensure these courses can continue to thrive.

If you or someone you know is interested in teaching part time (even one day a term) during the weekends, please let us know.

If we do not find additional support we will have to cancel some of our Winter term courses.

We appreciate your support of our students and programs.

Please feel free to reach out if you have any questions!

--

Ginny Jorgensen, CDA, EFDA, EFODA, AAS.

Instructor, PCC Integrated Community Dental Assisting Program

Institute For Health Professionals (IHP)

1626 SE Water Ave.

Portland, OR 97214

**From:** Laura Seurnyck <[laura@oragd.org](mailto:laura@oragd.org)>  
**Sent:** Wednesday, November 17, 2021 2:14 PM  
**Cc:** staff <[staff@oragd.org](mailto:staff@oragd.org)>  
**Subject:** FW: Oregon AGD Staffing Update



## Help us Welcome and Congratulate our New Staff

Oregon AGD and Oregon AGDF are excited to share with the community recent and upcoming staff changes. With the February 28, 2022 retirement of our current Executive Director, Laura Seurnyck, the board's of OAGD and OAGDF have hired an Executive Team to begin leading in early 2022. In the past three months, we have also promoted our Program Manager and welcomed three new staff who will lead our Foundation's programs and support OAGD's continuing education programs.





## **Erin Kane MS**

Erin Kane MS, Oregon AGD Foundation Executive Director Erin will join the OAGD Foundation in January as its first full-time executive director. She comes to us with 25 years of experience in the nonprofit sector and a deep commitment to organizational leadership and development. Erin began her career in event planning and program management before moving into fundraising and resource development. She has since worked in the arts, education, and healthcare sectors, helping to raise more than \$20+ million for programs, operations, and new initiatives. A creative at heart, Erin loves the visual arts and is an avid photographer. She also enjoys country music, time with friends, and heading into the great outdoors to rest and recharge.



## **Lauren Malone BS, CMP**

Lauren Malone BS, CMP, Oregon AGD Executive Director Lauren Malone, CMP has spent the last 15 years in organized dentistry, most recently serving as the Associate Executive Director of Leadership & Governance for the Oregon Dental Association. During this time, she supported many aspects of association management including membership recruitment and retention, continuing education, leadership development, and governance. She was the lead planner for the Oregon Dental Conference for nine years. Lauren earned her Certified Meeting Professional (CMP) designation from the Events Industry Council in 2012 and is a graduate of Warner Pacific College earning a BS degree in Business Administration. She has served in a multitude of volunteer leadership roles including past president of Oregon Society of Association Management (OSAM). In her free time, Lauren enjoys time with her husband and two young girls camping, hiking, and enjoying the outdoors.



## **Katy Hester BS**

We are happy to announce that Katy has been promoted to Program Director and she will be leading OAGD's curriculum development in collaboration with the OAGD CE Planning Committee. Katy has been with the organization 4 years as the Program Manager. She graduated from Linfield College in 2005 with a BS in Management. In here time with the organization she's also obtained a certificate in Non Profit Management from Oregon State University. Her previous experience includes management in both a dental office and veterinary hospital settings. In her free time she enjoys spending time with her husband and cats.



## **Jasmine Cotrell BS**

Jasmine Cottrell BS, has joined OAGD as our Event and Program Coordinator .Jasmine is our newest team member, and we are excited to have her extensive experience in the non-profit sector added to our staff! With her background and collaborative style, she will be able to hit the ground running in the diverse roles needed to be sure that our events, courses, and study clubs come off without a hitch.



## **Erin Ahlbin EFDA, EFODA**

Erin Ahlbin EFDA, EFODA Dental Assistant has joined OAGD as a Program Specialist and Clinic Coordinator. Erin is one of our new staff and will focus on two distinct areas. She will serve as one in a two-person team to design, launch and teach the OAGD Dental Assistant Training Program established by donations from Priscilla Graff-Oien. She will also coordinate clinic-based programs and specifically, play a lead role coordinating the moderate sedation certificate clinics held here at the Center. Erin comes to us with a decade of experience as a lead assistant in general practice dentistry.



## **Amanda Nash EFDA, EFODA**

Amanda Nash, EFDA, EFODA, Dental Assistant Program Specialist Amanda has recently joined AGD and will be the second half of the team designing, launching, and teaching the OAGD Dental Assistant Training Program. She brings over a decade of experience serving as lead assistants in general practices here in Oregon. She is a true leader, and we are excited to have her expertise and are grateful for the positive impact she will have the profession through her work here. Amanda will also help us support our clinic based events here at the Center.

# LICENSE RATIFICATION

## **16. RATIFICATION OF LICENSES**

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

### **DENTAL HYGIENISTS**

H8329	ALISON KRISTINE STEEL, R.D.H.	10/11/2021
H8330	SARAH ELIZABETH HAMBURG, R.D.H.	10/12/2021
H8331	ELIZABETH BELLE PLESSINGER, R.D.H.	10/19/2021
H8332	CRYSTAL AILANA WHITE, R.D.H.	10/19/2021
H8333	LYDIA LEIGH ROBERTUS, R.D.H.	10/19/2021
H8334	LEANNE NGUYEN, R.D.H.	10/19/2021
H8335	MEGHAN P FLAGER, R.D.H.	10/19/2021
H8336	TAYLOR ELISE GIULIANA, R.D.H.	10/19/2021
H8337	UYEN TRUONG PHUONG PHAN, R.D.H.	10/19/2021
H8338	SUMMER FLEMING, R.D.H.	10/20/2021
H8339	CURRYN LEIGH LI, R.D.H.	10/29/2021
H8340	AMERICA M VALVERDE, R.D.H.	10/29/2021
H8341	CHERYL MISHALEIGH CANLAS LAGMAN, R.D.H.	10/29/2021
H8342	SIERRA SHAY WATSON, R.D.H.	10/29/2021
H8343	JAVIER BARRON, R.D.H.	10/23/2021
H8344	FIONA SOMALY PHETNOUVONG, R.D.H.	11/5/2021
H8345	KATHERINE CHRISTINE HINTZ, R.D.H.	11/10/2021
H8346	AYE CHAN MAY, R.D.H.	11/10/2021
H8347	SARAH LAURA LARGENT, R.D.H.	11/10/2021
H8348	KYLEE LAHELA V GASPARD, R.D.H.	11/10/2021
H8349	SAMANTHA LYNN CUEVAS, R.D.H.	11/10/2021
H8350	JESSICA L LIVENGOOD, R.D.H.	11/15/2021
H8351	NIKOLAI JANAK POENISCH, R.D.H.	11/19/2021
H8352	KAYLIN A MCCONVILLE, R.D.H.	11/19/2021

### **DENTISTS**

D11553	KEVIN HILDEBRANDT, D.D.S.	10/20/2021
D11554	JOHN W PARK, D.M.D.	10/20/2021
D11555	CLAIRE SUNYOUNG YI, D.M.D.	10/20/2021
D11556	LAURA E. S. JOHNSON, D.D.S.	10/20/2021
D11557	ASHLEY EVELYN TAYLOR, D.D.S.	10/20/2021
D11558	PHYU PHYU TUN, D.D.S.	10/27/2021
D11559	CRISTINA SOLA MARTÍN,	11/5/2021
D11560	LETICIA CHAVEZ, D.D.S.	11/10/2021
D11561	DEMETRI HOWERTON, D.M.D.	11/10/2021
D11562	ERIN ROSE, D.D.S.	11/19/2021
D11563	SHILPA KUDVA, D.D.S.	11/19/2021

**LICENSE, PERMIT  
&  
CERTIFICATION**



**Nothing to report under this tab**