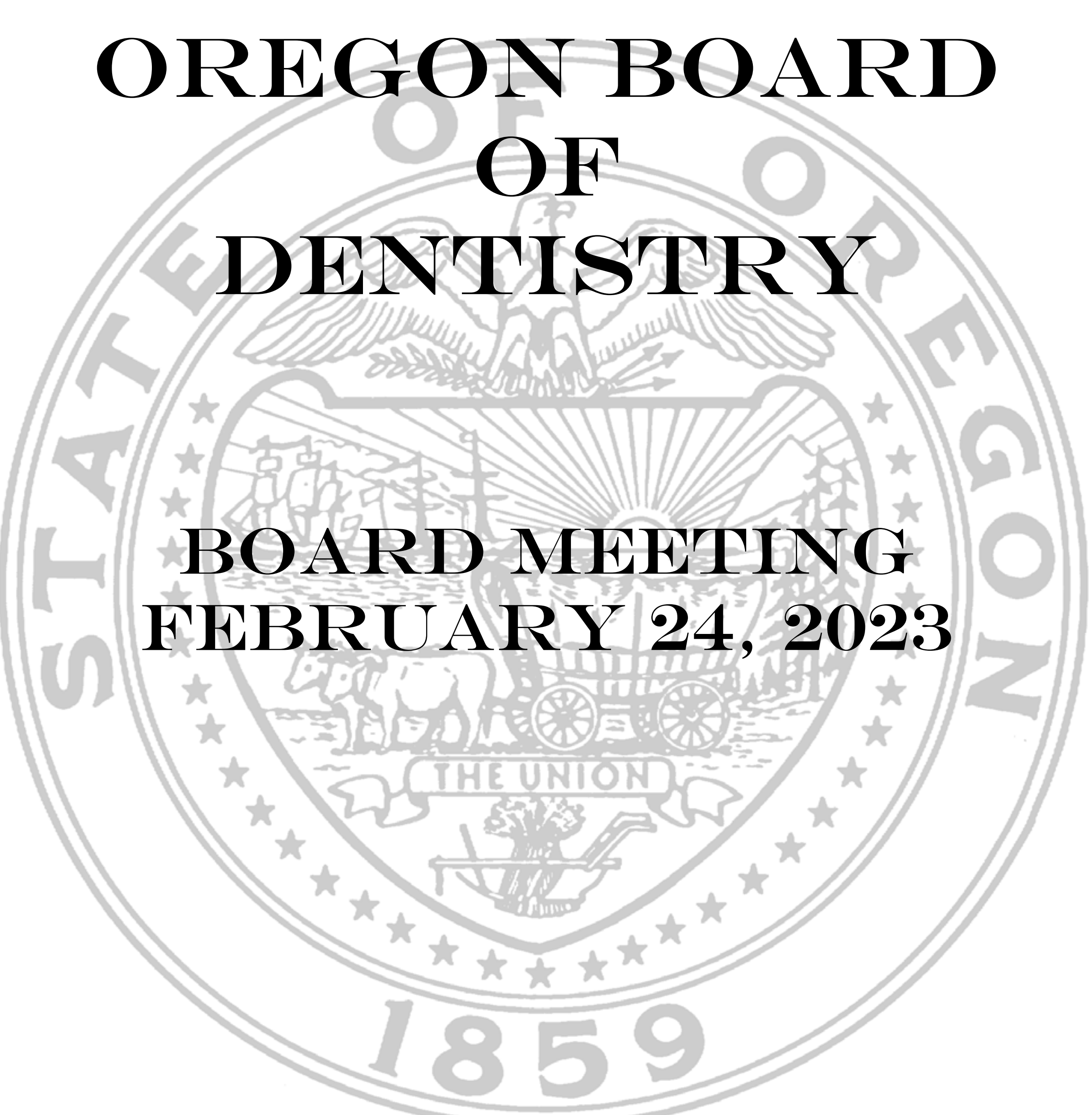
PUBLIC PACKET

OREGON BOARD OF DENTISTRY



BOARD MEETING
FEBRUARY 24, 2023

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

NOTICE OF REGULAR MEETING

PLACE: **VIRTUAL VIA ZOOM**

DATE: **February 24, 2023**

TIME: **8:00 a.m. – 1:30 p.m.**

Call to Order – Jose Javier. D.D.S., President **8:00 a.m.**

OPEN SESSION (Zoom option available)
https://us02web.zoom.us/j/83736860255?pwd=TlZCTVo3anlYeUt6YjZuRk1zQ1UxZz09
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 837 3686 0255 • Passcode: 311129

Review Agenda

1. Approval of Minutes
   - December 16, 2022 Board Meeting Minutes

NEW BUSINESS

2. Association Reports
   - Oregon Dental Association
   - Oregon Dental Hygienists' Association
   - Oregon Dental Assistants Association
   - Oregon Community College Dental Assisting Consortium
     - ADA Report on Dental Assistant Decline & Shortage
   - DANB asked to address the Board regarding legislation introduced in Oregon
     - DANB Letter and Testimony re: HB 2996

3. Committee and Liaison Reports
   - Rules Oversight Committee Meeting 1/11/2023 – Chair Chip Dunn
     - Minutes - Action requested
   - March 18, 2022 Anesthesia Committee Meeting Minutes – Action Requested
   - Memo – Overview of possible committee meetings & rulemaking for 2023 – Possible Action
   - 2023 CDCA-WREB-CITA Annual Meeting Update
   - Committee and Liaison Assignments

4 Executive Director's Report
   - Board Member and Staff Updates
   - OBD Budget Status Report
   - Customer Service Survey
   - Board Member and Staff Speaking Engagements
   - Dental License Renewal – OHA Health Care Workforce Questionnaire
   - Governor Kotek Expectations of Agency Leaders
   - ORS 192 Handout covering executive sessions
   - OBD Budget Bill - HB 5011 Presentation
   - 2023 Legislation being monitored
   - 2023 Legislative Calendar

Notes:
(1) 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.
(2) 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.

- AADA & AADB 2023 Mid -Year Meetings
- Newsletter

5. Unfinished Business and Rules
   - Board review updated Dental Therapy Verification of Collaborative Agreement

6. Correspondence
   - Capitol Dental Group - D8660 with Handicapping Malocclusion OHP benefit – Dr. Chaudhry asked the Board to address this and plans to be available during the meeting
   - Placeholder for OHA – HERC to address OHP dental benefits
   - Letter from American Academy of Dental Sleep Medicine

7. Other
   - Tribes
   - Other Public Comment
   - HPSP Satisfaction Report (Year 13, Period 1)
   - OHA Dental Program Update
   - CSG – D & DH license compact model rules

8. Articles & Newsletters (No Action Necessary)
   - CODA's Annual Report
   - DANB Article – reasons DA change jobs
   - US Court rules dental therapists can receive Medicaid payments
   - OHA Presentation 1.24.2023
   - ADA – FTC Letter 1.5.2023
   - Dental Associations Letter to CODA 1.16.2023
   - Solution to declining dental workforce isn't less training — it's more support
   - Legislative proposal seeks to help dental industry recruit and retain staff

EXECUTIVE SESSION **9:15 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 **11:30 a.m.**

OPEN SESSION (Zoom option available) **1:00 p.m.**

https://us02web.zoom.us/j/83736860255?pwd=TlZCTVo3anlYeUt6YjZuRk1zQ1UxZz09

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 837 3686 0255 • Passcode: 311129

Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

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

ADJOURN **1:30 p.m.**

Notes:
(1) 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.
(2) 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.

STANDARD PROTOCOLS FOR
GENERAL CONSENT ORDERS

CIVIL PENALTIES

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

> **NOTE:** The Board will allow licensed dentists a 30-day payment period for each civil penalty increment of $2,500.00.
>
> **NOTE:** The Board will allow licensed dental hygienists a 30-day payment period for each civil penalty increment of $500.00.

REFUND OR RESTITUTION PAYMENTS

Licensee shall pay $(**XX**) *refund or restitution*, by a single payment, in the form of a cashier's, bank, or official check made payable to patient (PATIENT INITIALS) and delivered to the Board offices within (**XX**) days of the effective date of the Order.

> **NOTE:** The Board will allow licensed dentists a 30-day payment period for each restitution and/or refund increment of $2,500.00.
>
> REFUND: To restore money paid by patient for treatment.
>
> RESTITUTION: Money to repair unacceptable treatment.

REIMBURSEMENT PAYMENTS

Licensee shall provide the Board with documentation verifying reimbursement payment made to (COMPANY NAME), patient (PATIENT INITIALS) insurance carrier, within (**XX**) days of the effective date of the Order.

> **NOTE:** The Board will allow licensed dentists a 30-day payment period for each reimbursement increment of $2,500.00.

CONTINUING EDUCATION – BOARD ORDERED

Licensee shall successfully complete (**XX**) hours of (**XX**) (OPTIONS: Board approved, hands-on, mentored), continuing education in the area of (**XX**) within (**XX**) (OPTIONS: years, months) of the effective date of the Order, unless the Board grants an extension, and advises Licensee in writing. This ordered continuing education is in addition to the continuing education required for the licensure period(s) (**XX**) (i.e. April 1, XXXX to March 31, XXXX). As soon as possible, Licensee shall submit documentation to the Board verifying completion of the Board ordered course(s).

COMMUNITY SERVICE

Licensee shall provide (**XX**) hours of Board approved community service in Oregon within (**XX**) (years, months) of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing. The community service shall be pro bono, and shall involve the Licensee providing direct dental care to patients. As soon as possible, Licensee shall submit documentation to the Board verifying completion of the community service.

> **NOTE:** The Board will allow three months to complete each increment of ten hours of community service.

FALSE CERTIFICATION OR STATEMENTS ON DOCUMENTS OR RECORDINGS

Licensee shall pay a $(**XX**) civil penalty, by a single payment, and complete the balance of the (**XX**) (40, 36 or 24) hours of continuing education for the licensure period (i.e. April 1, XXXX to March 31, XXXX), within (**XX**) days of the effective date of the Order. As soon as possible, Licensee shall submit documentation to the Board verifying completion of the continuing education.

> **NOTE:** The civil penalties are $2,000.00 for dentists and $1,000.00 for dental hygienists.

FAILURE TO MEET CONTINUING EDUCATION STANDARDS

NOTE: If Licensee completes ≥75% of the required continuing education, it will result in a letter informing the Licensee to complete the remaining CE by the specified deadline. Licensee will have a 60-day grace period, from its due date, to complete the remaining CE.

NOTE: If Licensee completes >25% and <75% of the required continuing education, the Board will request a letter of explanation, review extenuating circumstances, and audit an additional two-year cycle. Discipline may be recommended after review of circumstances by the Board Evaluators.

NOTE: If Licensee completes ≤25% of the required continuing education, the Board will audit previous renewal cycles and recommend a reprimand and a civil penalty.

NOTE: If Licensee fails to provide the CE required to maintain their anesthesia permit (i.e. For a random CE audit), the permit will be immediately removed from their license until documentation is provided to the Board.

FAILURE TO MAINTAIN HEALTH CARE PROVIDER BLS/CPR

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

NOTE: Failure to maintain Health Care Provider BLS/CPR for one day to three months will result in a Letter of Concern.

NOTE: Failure to maintain Health Care Provider BLS/CPR for three months to six months will result in a reprimand.

NOTE: Failure to maintain Health Care Provider BLS/CPR for longer than six months will result in a $500.00 (DENTIST) civil penalty or a $250.00 (DENTAL HYGIENIST) civil penalty.

NOTE (ANESTHESIA PERMIT HOLDERS): Failure to maintain Health Care Provider BLS/CPR for longer than six months will result in a reprimand and a $1000.00 (DENTIST) civil penalty or a $500.00 (DENTAL HYGIENIST) civil penalty. Failure to provide the CE required to maintain their anesthesia permit will result in immediate removal of the permit from their license until documentation is provided to the Board.

FAILURE TO MAINTAIN ACLS/PALS

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

> **NOTE:** Failure to maintain ACLS/PALS for one day to three months will result in a Letter of Concern.
>
> **NOTE:** Failure to maintain ACLS/PALS for longer than three months will result in a reprimand and a $1000.00 civil penalty.
>
> **NOTE:** If Licensee fails to provide the CE required to maintain their anesthesia permit (i.e. For a random CE audit), the permit will be immediately removed from their license until documentation is provided to the Board.

WORKING WITHOUT A CURRENT LICENSE

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

> **NOTE:** A licensed dentist, who worked any number of days without a license will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and a $2,000.00 civil penalty.
>
> **NOTE:** A licensed dental hygienist who worked any number of days without a current license, will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and civil penalty of $1,000.00.

ALLOWING A PERSON TO PERFORM DUTIES FOR WHICH THE PERSON IS NOT LICENSED OR CERTIFIED

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing.

> **NOTE:** The Licensee will be charged $2,000.00 for the first offense and $4,000.00 for the second, and each subsequent offense.

FAILURE TO RESPOND WITHIN TEN DAYS TO A BOARD REQUEST FOR INFORMATION

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

> **NOTE:** The Board will issue a Notice of Proposed Disciplinary Action and offer a Consent Order, incorporating a reprimand and a $1,000.00 civil penalty, to a licensed dentist, who fails to respond within ten days to a Board request for information.

> **NOTE:** The Board will issue a Notice of Proposed Disciplinary Action and offer a Consent Order, incorporating a reprimand and a $500.00 civil penalty, to a licensed dental hygienist, who fails to respond within ten days to a Board request for information.

FAILURE TO CONDUCT WEEKLY BIOLOGICAL TESTING OF STERILIZATION DEVICES

Licensee shall pay a $ (**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within (**XX**) days of the effective date of the Order.

Licensee shall successfully complete (**XX**) hours of Board approved continuing education in the area of infection control within (**XX**) (OPTIONS: years, months) of the effective date of the Order. This ordered continuing education is in addition to the continuing education required for the licensure period(s) (**XX**) (i.e. April 1, XXXX to March 31, XXXX). As soon as possible, Licensee shall submit documentation to the Board verifying completion of the Board ordered course(s).

For a period of one year of the effective date of the Order, Licensee shall submit, by the fifteenth of each month, the results of the previous month's weekly biological monitoring testing of sterilization devices. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the one-year requirement.

> **NOTE:** Failure to do biological monitoring testing one to five times within a calendar year will result in a Letter of Concern.
>
> **NOTE:** Failure to do biological monitoring testing six to ten times within a calendar year will result in the issuance of a Notice of Proposed Disciplinary Action and an offer of a Consent Order incorporating a reprimand.
>
> **NOTE:** Failure to do biological monitoring testing 11 to 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a $3,000.00 civil penalty, two hours of Board approved continuing education in the area of infection control within (**XX**), and monthly submission of spore testing results for a period of one year from the effective date of the Order.
>
> **NOTE:** Failure to do biological monitoring testing more than 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a $6,000.00 civil penalty, four hours of Board approved continuing education in the area of infection control within (**XX**), and monthly submission of spore testing results for a period of one year from the effective date of the Order.

FAILURE TO REGISTER WITH THE PRESCRIPTION DRUG MONITORING PROGRAM (PDMP). Effective July 1, 2020.

Licensee shall pay a $(**XX**) civil penalty, by a single payment, in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

> **NOTE:** Failure to be registered with the PDMP for one day to three months will result in a Letter of Concern.
>
> **NOTE:** Failure to be registered with the PDMP for three months to six months will result in a reprimand.
>
> **NOTE:** Failure to be registered with the PDMP for longer than six months will result in a $1000.00 civil penalty.

STANDARD PROTOCOLS FOR CONSENT ORDERS
RELATED TO DIAGNOSED SUBSTANCE USE DISORDER

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall voluntarily enter the State's Health Professionals' Services Program (HPSP) and abide by all of the terms and conditions established by the HPSP vendor, per Oregon law ORS 676.

Licensee shall contact and initiate procedures to enter HPSP within one (1) business day of the effective date of this Order. Business days are defined as days Monday through Friday excluding holidays. Licensee understands that failure to enroll in HPSP will result in notification to the Board.

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and must do so in writing. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, or dental hygiene as a dental hygienist in Oregon, shall not apply to reduction of the five-year requirement.

Licensee shall not use alcohol, marijuana, illegal drugs, stimulants, narcotics, sedatives, or any other mind altering substances at any place or time unless prescribed by a licensed practitioner for a bona fide medical condition and upon prior notice to the Board and care providers, except that prior notice to the Board and care providers shall not be required in the case of a bona fide medical emergency.

Licensee shall undergo an evaluation by a Board approved evaluator or treatment provider within 30 days of the effective date of the Order and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of this Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any positive test results or any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of

determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall submit to a Board approved, random, supervised, urinalysis, hair, or blood testing program, at Licensee's expense, with the frequency of the testing to be determined by the Board, but initially at a minimum of 36 random tests per year. Licensee shall arrange for the results of all tests, both positive and negative, to be provided promptly to the Board.

Licensee shall advise the Board, within 72 hours, of any alcohol, illegal or prescription drug, or mind altering substance related relapse, any positive urinalysis test result, or any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

Licensee shall, within three days, report the arrest for any misdemeanor or felony and, within three days, report the conviction for any misdemeanor or felony.

Licensee shall assure that, at all times, the Board has the most current addresses and telephone numbers for residences and offices.

IF APPROPRIATE –

Licensee, agree to not order, store, inventory, audit, access, draw, administer, dispense, waste, or have unilateral access to any Scheduled controlled drugs for any clinic setting.

Licensee shall immediately begin using pre-numbered triplicate prescription pads for prescribing controlled substances. Said prescription pads will be provided to the Licensee, at his/her expense, by the Board. Said prescriptions shall be used in their numeric order. Prior to the 15th day of each month, Licensee shall submit to the Board office, one copy of each triplicate prescription used during the previous month. The second copy to the triplicate set shall be maintained in the file of the patient for whom the prescription was written. In the event of a telephone prescription, Licensee shall submit two copies of the prescription to the Board monthly. In the event any prescription is not used, Licensee shall mark all three copies void and submit them to the Board monthly.

Licensee shall maintain a dental practice environment in which nitrous oxide is not present or available for any purpose, or establish a Board approved plan to assure that Licensee does not have singular access to nitrous oxide. The Board must approve the proposed plan before implementation.

Licensee shall immediately surrender his/her Drug Enforcement Administration Registration.

STANDARD PROTOCOLS FOR CONSENT ORDERS
SPECIFICALLY RELATED TO SEXUAL VIOLATIONS

SEX RELATED VIOLATIONS

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and must do so in writing. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the five-year requirement.

Licensee shall undergo an assessment by a Board approved evaluator, within 30 days of the effective date of the Order, and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of the Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall report all arrests or interaction with law enforcement within 72 hours.

Licensee shall advise the Board, within 72 hours, of any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

IF APPROPRIATE –

Require Licensee to advise his/her dental staff or his/her employer of the terms of the Consent Order at least on an annual basis. Licensee shall provide the Board with documentation attesting that each dental staff member or employer reviewed the Consent Order. In the case of a Licensee adding a new employee, the Licensee shall advise the individual of the terms of the Consent Order on the first day of employment and shall provide the Board with documentation attesting to that advice.

STANDARD PROTOCOLS FOR CONSENT ORDERS
REQUIRING CLOSE SUPERVISION

CLOSE SUPERVISION

For a period of at least (XX) months, Licensee shall only practice dentistry in Oregon under the close supervision of a Board approved, Oregon licensed dentist (Supervisor), in order to demonstrate that clinical skills meet the acceptable level of patient care. Periods of time Licensee does not practice dentistry as a dentist in Oregon, shall not apply to reduction of the (six) month requirement

Licensee will submit the names of any other supervising dentists for Board approval. Licensee will immediately advise the Board of any change in supervising dentists.

Licensee shall only treat patients when another Board approved Supervisor is physically in the office and shall not be solely responsible for emergent care.

The Supervisor will review and co-sign Licensee’s treatment plans, treatment notes, and prescription orders.

Licensee will maintain a log of procedures performed by Licensee. The log will include the patient’s name, the date of treatment, and a brief description of the procedure. The Supervisor will review and co-sign the log. Prior to the 15th of each month, Licensee will submit the log of the previous month’s treatments to the Board.

For a period of two weeks, or longer if deemed necessary by the Supervisor, the Supervisor will examine the appropriate stages of dental work performed by Licensee in order to determine clinical competence.

After two weeks, and for each month thereafter for a period of six months, the Supervisor will submit a written report to the Board describing Licensee’s level of clinical competence. At the end of six months, the Supervisor, will submit a written report attesting to the level of Licensee’s competency to practice dentistry in Oregon.

At the end of the restricted license period, the Board will re-evaluate the status of Licensee’s dental license. At that time, the Board may extend the restricted license period, lift the license restrictions, or take other appropriate action.

STANDARD PROTOCOLS – DEFINITIONS

Group practice: On 10/10/08, the Board defined "group practice" as two or more Oregon licensed dentists, one of which may be a respondent, practicing in the same business entity and in the same physical location.

STANDARD PROTOCOLS – PARAGRAPHS

WHEREAS, based on the results of an investigation, the Board has filed a Notice of Proposed Disciplinary Action, dated (**XX**), and hereby incorporated by reference; and

Licensee shall successfully complete the Board/OAGD Mentor Program at Licensee's expense. Licensee will remain in the Mentor Program until such time as the mentor advises the Board that Licensee achieved an acceptable level of skill in the listed areas of XXX and the Board advises Licensee in writing that he met the provisions of this Order. Participation in the Mentor Program requires that Licensee successfully complete continuing education and/or engage in a study club, as recommended by the Mentor and move to adopt the Mentor's recommendations on treatment. In the event Licensee's mentor agreement ends prematurely, the Board may require an alternative education program for Licensee.

APPROVAL OF MINUTES

DRAFT 1
OREGON BOARD OF DENTISTRY
MINUTES
DECEMBER 16, 2022

MEMBERS PRESENT: Jose Javier, D.D.S., President
Chip Dunn, Vice President
Alicia Riedman, R.D.H.,E.P.P.
Reza Sharifi, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey
Aarati Kalluri, D.D.S.
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.,E.P.P. (portion of meeting)
Michelle Aldrich, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/ Chief Investigator
Winthrop “Bernie” Carter, D.D.S., Dental Investigator
Haley Robinson, Office Manager
Shane Rubio, Investigator
Samantha Plumlee, Examination and Licensing Manager
Ingrid Nye, Investigator
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT:
VIA TELECONFERENCE*: Jen Lewis-Goff, Oregon Dental Association (ODA); Lisa Rowley, R.D.H., ODHA; Tracy Brunkhorst, R.D.H., E.P.P.; Mary Harrison, ODAA; Bonnie Marshall, ODAA President; Lynn Murray, Dental Assisting Program Director at Central Oregon Community College, Jill Lomax, Amy Coplen, R.D.H., E.P.D.H., Pacific University; Richael Cobler, Executive Director of CRDTS; Dr. Mark Edwards D.D.S., Director of Dental Examinations at CRDTS; Cindy Gaskill, RDH, MAE, Director of Dental Hygiene Examinations at CRDTS; Kelly Mandela, Dental Strategic Outreach Coordinator at CRDTS; Miranda Davis, D.D.S.; Olesya Salathe, D.M.D.; Mary Ellen Murphy, DeAnn Dardis, Karen Hall, Gary Stafford, D.M.D., Stacey Gerger, Heidi Klobes, Emily Coates, Karan Replogle, D.D.S.

*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 8:03 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

Dr. Terrence Clark joined the meeting at 8:30 a.m.
Sharity Ludwig, R.D.H., E.P.P. left the meeting at 12:40 p.m.

DRAFT

President Jose Javier, D.D.S. welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of Minutes

Dr. Sharifi moved and Ms. Ludwig seconded that the Board approve the amended minutes from the October 21, 2022 Board Meeting with one edit. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Jen Lewis-Goff presented the ODA 2023 Dental Workforce Budget Request. The ODA is making proposals to the Oregon Legislature for investments in oral health professional fields.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley reported on the ODHA annual conference, held in November. The ODHA elected Tracy Brunkhorst as ODHA President. Lisa Rowley is stepping down as ODHA Advocacy Director, and Karen Hall will fill this position.

Oregon Dental Assistants Association (ODAA)

A letter from ODAA President Bonnie Marshall was presented. Mary Harrison reported on the ODAA's work with the ODA.

Oregon Community College Dental Assisting Consortium

Lynn Murray spoke about the Oregon Community College Dental Assisting Consortium. Jill Lomax described the OCCDAC's history of helping to educate dental assistants in Oregon.

COMMITTEE AND LIAISON REPORTS

Licensing, Standards and Competency Committee Meeting - November 16, 2022

Ms. Ludwig moved and Dr. Sharifi seconded that the Board send OAR's 818-001-0002, 818-012-0005, 818-012-0007, 818-012-0030, 818-012-0032, 818-021-0012, 818-021-0015, 818-021-0017, 818-021-0030, 818-021-0040, 818-021-0060, 818-021-0070, 818-021-0076, 818-042-0040, 818-042-0060 to the Rules Oversight Committee for further review. The motion passed unanimously.

The Board had further discussion for the proposed rule regarding Local Anesthesia Functions of Dental Assistants. ODA representative Jen Lewis-Goff stated that the ODA would like more time to discuss this issue, before the January 11, 2023 Rules Oversight Committee.

Dr. Aldrich moved and Dr. Sharifi seconded that the proposed new rule for local anesthesia functions of dental assistants be sent back to the Licensing, Standards and Competency Committee for further review.

DRAFT

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.

(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.

(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 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.

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(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) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of 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.
(j) "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.
(k) "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.
(l) "Prosthodontics" is the 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.

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(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.

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**s** that ~~is~~ **are** within the **oral and maxillofacial region** ~~scope of the practice of dentistry~~ after completing a minimum of **10** ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ **in** 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). **Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.**

(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in 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). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

(5) 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) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(6) 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~~ **January 1, 2024**).

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:

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(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~~ **January 1, 2024**).

818-012-0007
Procedures, Record Keeping and Reporting of Vaccines
(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.
(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.
(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.
(4) The dentist or designated staff must document in the patient record:
(a) The date and site of the administration of the vaccine;
(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;
(c) The name or identifiable initials of the administering dentist;
(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;
(e) The date of publication of the VIS; and
(f) The date the VIS was provided and the date when the VIS was published.

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(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.
(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.
(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.
(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).
(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
(A) Legible copies of records; and
(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.

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(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in
(9)(a)(B) of this rule.
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program’s electronic system if the Licensee holds a Federal DEA registration.

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(24) Fail to comply with ORS 413.550-413.558, regarding health care interpreters.

818-012-0030
Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9) (a) Fail to **release patient records pursuant to OAR 818-012-0032.** ~~provide a patient or patient's guardian within 14 days of written request:~~
~~(A) Legible copies of records; and~~
~~(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.~~
~~(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.~~
(10) Fail to identify to a patient, patient's guardian, or the Board the name of an

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employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal DEA registration.

818-012-0032
Diagnostic Records
(1) Licensees shall provide duplicates of physical diagnostic records ~~that have been paid for~~ to patient or patient's guardian within 14 calendar days of receipt of written request.
~~(A)~~ **(a)** Physical records include**:**
(A) Legible copies of paper charting and chart notes, and;
(B) Duplicates of silver emulsion radiographs **of the same quality as the originals**, **duplicates of** physical study models, ~~paper charting and chart notes,~~ **and photographs if they have been paid for**.

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~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.
~~(1)~~ **(2)** Licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for 11-50 and no more than $0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.
~~(2)~~ **(3)** Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian.
~~(A)~~ **(a)** Digital records include any patient diagnostic image, study model, test result or chart record in digital form.
~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.
~~(C)~~ **(c)** Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.
~~(D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.~~
~~(E)~~ **(d)** Licensees may charge up to $5 for duplication of digital records up to 25Mb and up to $30 for more than 25Mb.
~~(F)~~ **(e)** Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
~~(G)~~ **(f)** Duplicated digital records shall be of the same quality as the original digital file.
~~(3)~~ **(4)** If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.
(5) Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (1)(a)(B) of this 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-~~

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~~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."~~

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 orthopedics, 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.~~
The Board recognizes the following specialties:
(a) Dental Anesthesiology;
(b) Dental Public Health;
(c) Endodontics;
(d) Oral and Maxillofacial Pathology;
(e) Oral and Maxillofacial Radiology;
(f) Oral and Maxillofacial Surgery;
(g) Oral Medicine;
(h) Orofacial Pain;
(i) Orthodontics and Dentofacial Orthopedics;
(j) Pediatric Dentistry;
(k) Periodontics;
(l) Prosthodontics.

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818-021-0015
Certification as a Specialist
The Board may certify a dentist as a specialist if the dentist:
(1) Holds a current Oregon dental license;
(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or
(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or
~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061.~~

818-015-0005
General Provisions
(1) "To advertise" means to publicly communicate information about a licensee's

professional services or qualifications for the purpose of soliciting business.
(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.
(3) Advertising shall not make a representation that is misleading as to the credentials, education, or the licensing status of a licensee. Licensee may not claim a degree, credential, or distinction granted by a professional organization or
institution of higher learning that has not been earned.
(**4**~~3~~) A licensee who authorizes another to disseminate information about the licensee's professional services to the public is responsible for the content of that information unless the licensee can prove by clear and convincing evidence that the content of the advertisement is contrary to the licensee's specific directions.
(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title "doctor")

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.
(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).
(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

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(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.

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~~818-021-0030~~
~~Dismissal from Examination~~
~~(1) The Board may dismiss any applicant from an examination whose conduct interferes with the examination and fail the applicant on the examination.~~
~~(2) Prohibited conduct includes but is not limited to:~~
~~(a) Giving or receiving aid, either directly or indirectly, during the examination process;~~
~~(b) Failing to follow directions relative to the conduct of the examination, including termination of procedures;~~
~~(c) Endangering the life or health of a patient;~~
~~(d) Exhibiting behavior which impedes the normal progress of the examination; or~~
~~(e) Consuming alcohol or controlled substances during the examination.~~

~~818-021-0040~~
~~Examination Review Procedures~~

~~(1) An applicant may review the applicant's scores on each section of the examination.~~
~~(2) Examination material including test questions, scoring keys, and examiner's personal notes shall not be disclosed to any person.~~
~~(3) Any applicant who fails the examination may request the Chief Examiner to review the examination. The request must be in writing and must be postmarked within 45 days of the postmark on the notification of the examination results. The request must state the reason or reasons why the applicant feels the results of the examination should be changed.~~
~~(4) If the Chief Examiner finds an error in the examination results, the Chief Examiner may recommend to the Board that it modify the results.~~

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, 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 (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~~**January 1, 2024**).

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.~~ **provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(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) 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.
(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).

818-021-0070
Continuing Education — Dental Hygienists

(1) Each dental hygienist must complete 24 hours of continuing education every two

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years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dental hygienist. The certificate of completion should list the dental hygienist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(d) Continuing education credit can be given for volunteer pro bono dental hygiene 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 Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.
(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).

818-021-0076
Continuing Education - Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:

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(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dental therapist. The certificate of completion should list the dental therapist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) At least two (2) hours of continuing education must be related to infection control.
(6) At least two (2) hours of continuing education must be related to cultural competency.
(7) At least one (1) hour of continuing education must be related to pain management.

OAR 818-021-XXXX Temporary Practice Approval
(1) A dentist, dental therapist or dental hygienist may practice, without compensation
and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement. Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.
(2) A dentist, dental therapist or dental hygienist is not required to apply for licensure
or other authorization from the Board in order to practice under this rule.
(3) To practice under this rule, a dentist, dental therapist or dental hygienist shall submit, at least 10 days prior to commencing practice in this state, to the Board:
(a) Out-of State volunteer application;
(b) Proof that the practitioner is in good standing and is not the subject of an active disciplinary action;
(c) An acknowledgement that the practitioner may provide services only within the scope of practice of the health care profession that the practitioner is authorized to practice and will provide services pursuant to the scope of practice of Oregon or the health care practitioner's licensing agency, whichever is more restrictive;

(d) An attestation from the dentist, dental therapist, or dental hygienist that the practitioner will not receive compensation for practice in this state;
(e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and
(f) The dates on which the practitioner will practice in this state.
Failure to submit (a)-(e) above will result in non-approval.
(4) Misrepresentation as to information provided in the application for the temporary
practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.
(5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.
(6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

818-042-00XX
Local Anesthesia Functions of Dental Assistants
(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

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 **as allowed under the indirect supervision of a Licensee, such as** fluoride, topical anesthetic, desensitizing agents, **topical tooth whitening agents,** over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)~~(a)~~, OAR 818-026-0060(12), OAR 818-

026-0065(12), OAR 818-026-0070(12) 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 **when using topical teeth whitening agents, or** 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 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.

818-042-0060
Certification — Radiologic Proficiency
(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:
(2) Submits an application on a form approved by the Board, pays the application fee and:
(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;
(b) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

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EXECUTIVE DIRECTOR'S REPORT

Board and Staff Updates
Mr. Prisby noted that the OBD will be closed for the holidays on Monday, Dec. 26 and Monday, Jan. 2. Most OBD Staff will be taking off time throughout December, but emails and calls will still be responded to promptly during regular business hours.

OBD Budget Status Report
Mr. Prisby presented the latest budget report for the 2021 - 2023 Biennium was presented. This report, which is from July 1, 2021 through, October 31, 2022 shows revenue of $2,493,826.72 and expenditures of
$2,345,463.15.

FY 2021 Gold Star Certificate
Mr. Prisby reported that the State Controller's Office has once again issued the OBD a Gold Star Certificate signifying that the OBD has provided accurate and complete fiscal year end information for FY 2021 in a timely manner. He praised Office Manage Haley Robinson for all her hard work along with OBD partners at the medical board. He noted that the OBD has earned this distinction all ten years he has been with the OBD.

Customer Service Survey
Mr. Prisby shared the legislatively mandated survey results from July 1, 2021 – November 30, 2022. The results of the survey showed that the OBD continues to receive positive ratings from the majority of those that submit a survey.

Board and Staff Speaking Engagements
Mr. Prisby noted that Dr. Angela Smorra and Dr. Bernie Carter gave a Board Updates and Regulatory Review to the Washington County Dental Society in Beaverton on Thursday, October 27, 2022.

Dental Hygiene License Renewal
Mr. Prisby presented information on the dental hygiene renewal period which started on July 26th and ended September 30th. 2141 renewal notifications were mailed out.
Renewed: 1884
Retired: 36
Expired: 202
Resigned: 0
Deceased: 0

For comparison, last year's data - 2021 Dental Hygienists: 2163 renewal notices sent
Renewed: 1888
Retired: 50
Expired: 223
Resigned: 0
Deceased: 2

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Dental Therapist Licenses Issued
Mr. Prisby shared that the inaugural dental therapy rules were effective on July 1, 2022. He expressed that it was a surprise that the first dental therapy application was not received until September 20, 2022. The first Dental Therapist license was approved and issued on November 1, 2022. The OBD, committee members and interested parties convened five dental therapy rules oversight committee meetings, a special March 2022 Board Meeting and the OBD's regular public rulemaking hearings to craft the initial rules and policies. The OBD filed the rules with the Secretary of State leading up to issuing the first dental therapist licenses.

Database Update
Mr. Prisby reported that Teresa Haynes has been leading the InLumon Database project which replaced the OBD legacy system. Online Applications are planned to go live in December 2022. This has been a time consuming endeavor as OBD staff have been testing it and working with our vendor to ensure it is functioning properly. Online applications are now available for Dental, Specialty, Faculty, Dental Hygiene and Dental Therapy.

Two full license renewal cycles have been completed when the dental hygiene license renewal wrapped up this fall. The January 2023 dental license renewal is positioned to be ready with enhancements and updates learned through the previous renewals. The investigative functions of the system are partially in place as we fully implement all the changes and ensure it is functioning as well. Additional updates will allow dental assistant certifications and all other permits.

News for employers from the Oregon Department of Revenue
Mr. Prisby reported that starting Jan. 1, 2023, employers will be required to start withholding contributions for Paid Leave Oregon. Starting with the first quarter of 2023, employers will report Paid Leave Oregon subject employee wages, employee contributions based on those wages. There will be 1% of employee pay diverted to this plan. Employees' paychecks are deducted money in January 2023 to fund this, but employees cannot utilize benefits of the program until September 2023.

2023 Calendars
Mr. Prisby shared the OBD 2023 Calendar, with regular Board Meeting dates, holidays and office closure dates are noted. The Legislative session calendar was provided as well.

UNFINISHED BUSINESS AND RULES
Nothing to report under this tab.

CORRESPONDENCE
Richael Cobler presented a slideshow on behalf of Central Regional Dental Testing Service, Inc. (CRDTS). The presentation may be found in tab 6 of the public packet posted on the OBD website.

Dr. Smorra presented a memo regarding a request for clarification if Dental Therapists' scope of practice includes prophylaxis, including subgingival scaling and polishing procedures. It was discussed and the Board affirmed that scaling and root planning (SRP) as understood is not within the scope of practice of a dental therapist unless they are also a dental hygienist.

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OTHER ISSUES
Mr. Prisby thanked Lisa Rowley for her work with the ODHA and her advocacy for dental hygienists.

NEWSLETTERS & ARTICLES OF INTEREST
Pacific University Alumni lead first wave of dental therapists in Oregon. Rosalie Goode, class of 2015 is the first licensed dental therapist.

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 1:30 pm.

CONSENT AGENDA

2023-0071, 2023-0059, 2023-0055, 2023-0067

Mr. Dunn moved and Ms. Riedman seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

COMPLETED CASES

2023-0039, 2023-0011, 2023-0056, 2023-0008, 2023-0010, 2023-0031, 2023-0060, 2023-0049, 2023-0044, 2023-0034, 2023-0018

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

Akhtar, Stephanie Ann, R.D.H.; 2023-0041
Dr. Sharifi moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and pay a $1,000.00 civil penalty within 30 days of the effective date of the Order. The motion passed unanimously.

Avey, Corbin Thomas, D.D.S.; 2022-0138
Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, and a $2000 civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order, and a requirement that the licensee complete the balance of 11 hours of remaining continuing education for the licensure period April 1, 2020 to March 31, 2022, within 30 days of the effective date of the Order. These 11 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024.

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Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.

Baker, Nithya Nagaraj, D.D.S.; 2022-0143
Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, and a $2000 civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order, and a requirement that the licensee complete the balance of 34 hours of remaining continuing education for the licensure period April 1, 2020 to March 31, 2022, within 30 days of the effective date of the Order. These 34 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022 to March 31, 2024. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.

Baumgartner, Monte, L, D.D.S.; 2023-0042
Dr. Kansal moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand and a $2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed unanimously.

2023-0040
Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he completes required documentation of specific DPA discharge criteria and documents that patient is ready for discharge when performing parenteral moderate sedation procedures for his patients. The motion passed unanimously.

Carmichael, Robert, A, D.D.S.; 2022--0076
Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a $4,000.00 civil penalty in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 60 days of the effective date of the Order, a requirement that the Licensee successfully complete a Board-approved continuing education course in Dental Ethics within 6 months of the effective date of the Order, and a requirement that the licensee complete the balance of 10 hours of continuing education for the licensure period April 1, 2017 to March 31, 2019 within 30 days of the effective date of the Order. These 10 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2021, to March 31, 2023. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the 10 hours of continuing education. The motion passed with Dr. Javier, Mr. Dunn, Ms. Brixey, Dr. Clark, Dr. Aldrich, Dr. Kansal, Dr. Kalluri, and Dr. Sharifi voting aye. Ms. Riedman recused herself.

2023-0015
Dr. Aldrich moved and Ms. Riedman seconded that the Board issue a Letter of Concern reminding the licensee to ensure that she maintains at all times a BLS for Healthcare Providers level certification. The motion passed unanimously.

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Evans, Bryce, O, D.M.D.; 2023-0043
Ms. Riedman moved and Mr. Dunn seconded that the Board issue a Proposed Notice of Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand and a $2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed unanimously.

Livingston, Jeffrey James, D.D.S.; 2022-0140 & 2022-0116
Dr. Clark 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 $3000.00 civil penalty within 60 days of the effective date of the Order; submission of certificates verifying completion of two hours of Board approved continuing education in the area of infection control within 6 months of the effective date of the Order; submission of certificates verifying completion of three hours of Board approved continuing education in the area of record keeping within 6 months of the effective date of the Order. This ordered continuing education is in addition to the continuing education required for the licensure period April 1, 2022 to March 31, 2024. For a period of one year of the effective date of the Order, Licensee shall submit, by the fifteenth of each month, the results of the previous month's weekly biological monitoring testing of sterilization devices. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the one-year requirement. The motion passed unanimously.

2022-0137
Ms. Brixey moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to ensure that he carefully reviews all CE requirements prior to each renewal, and to ensure that all required CE has been completed in compliance with the DPA as written at time of renewal, and to ensure that biological monitoring testing is completed each week that patients are scheduled. The motion passed unanimously.

2022-0133
Dr. Kalluri moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to complete all required CE within the Licensure period. The motion passed unanimously.

Ogawa, Keith, F, D.D.S.; 2022-0132
Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, and a $4000.00 civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 60 days of the effective date of the Order, and a requirement that the licensee complete the remaining balance of 40 hours of continuing education for the licensure period April 1, 2020 to March 31, 2022, within 30 days of the effective date of the Order. These 40 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.

2022-0141
Dr. Sharifi moved and Mr. Dunn seconded to close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that

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all required CE has been completed in compliance with the DPA as written at time of renewal. The motion passed unanimously.

2023-0032
Dr. Kansal moved and Mr. Dunn seconded closing the matter with a Letter of Concern reminding Licensee to assure his radiographic images are diagnostic, and his conduct during patient treatment remain professional at all times. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

Larson, Judd, R, D.D.S.; 2021-0125
Dr. Sharifi moved and Ms. Riedman seconded to deny Licensee's request. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for reinstatement of retired license - Albert Wedam, D.M.D.
Dr. Aldrich moved and Mr. Dunn seconded that the Board reinstate the dental license of Albert Wedam, D.M.D. The motion passed unanimously.

RATIFICATION OF LICENSES

Ms. Riedman moved and Ms. Brixey seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 1:55 p.m. Dr. Javier stated that the next Board Meeting would take place on February 24, 2023.

____
Jose Javier, D.D.S.
President

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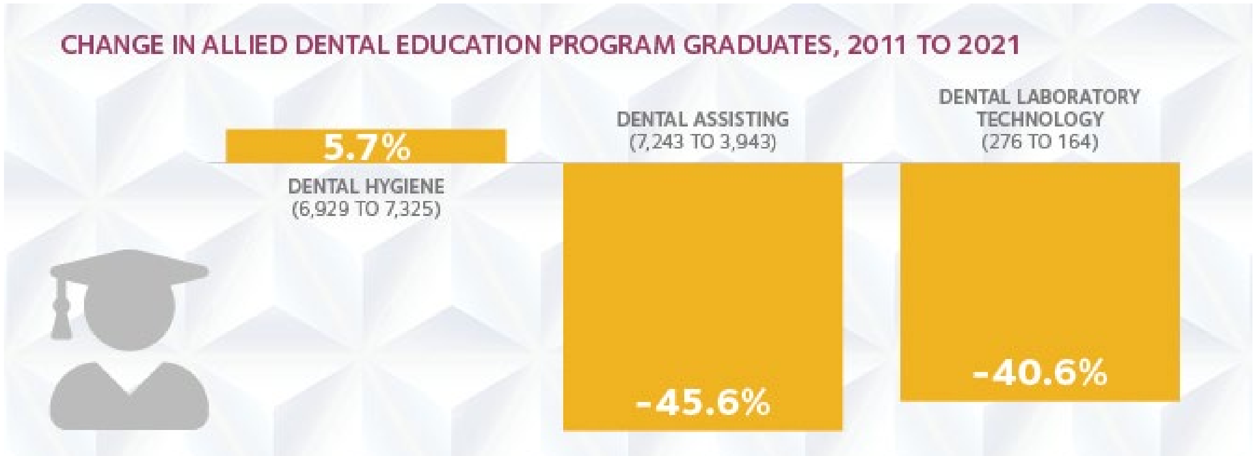
ASSOCIATION REPORTS

New reports on dental hygiene, dental assisting, and DLT education programs cover the 2021-22 academic year.



The ADA Health Policy Institute is pleased to announce the publication of the *Commission on Dental Accreditation 2021-22 Survey of Allied Dental Education* report series.

The three new reports summarize information gathered in CODA's *Survey of Dental Hygiene Education Programs*, *Survey of Dental Assisting Education Programs*, and *Survey of Dental Laboratory Technology Education Programs*, which are conducted annually to support the accreditation of 580 allied dental education programs.

Among the highlights of the data available in the 124 data tables and graphs found in these reports are recent trends in graduates of dental hygiene, dental assisting, and dental laboratory technology (DLT) programs, as shown in the figure above.

Between 2011 and 2021, dental hygiene education programs had a 5.7% increase, from 6,929 to 7,325. Dental assisting and DLT education programs both decreased by nearly one-half. Dental assisting graduates decreased 45.6%, from 7,243 to 3,943, and DLT education programs fell 40.6%, from 276 to 164.

In addition, HPI and CODA have developed a brand new publication: *Dental Education Program Enrollment and Graduates Report: 2021-22*. This report highlights the latest information gathered by CODA's annual *Survey of Dental Education*, *Surveys of Advanced Dental Education*, and *Surveys of Allied Dental Education*. The purpose is to present five-year enrollment and graduate trends for predoctoral, advanced and allied dental education programs accredited by CODA, together in a single

publication. The report also includes breakdowns of the latest enrollment and graduate data by gender and race/ethnicity.

These new reports are available in an interactive file format, optimized to enable the user to access the content electronically in Excel, as well as to print in a reader-friendly output. These and all other reports related to CODA's annual surveys of dental education programs (dating back to the 2015-16 academic year), are available from the ADA as free downloads at www.ada.org/edreports.

For more information on research and policy knowledge generated by HPI, and to sign up for our newsletter, please visit us at www.ada.org/hpi.

Thank you for your participation in the survey and your continued interest in this and other HPI research. If you have any questions about these publications, please contact HPI at educationsurveys@ada.org.

Download the dental hygiene report

Download the dental assisting report

Download the DLT report

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View Online

From: Katherine Landsberg <klandsberg@danb.org>
Sent: Tuesday, February 14, 2023 2:48 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Laura Skarnulis <lskarnulis@danb.org>; Aaron White <awhite@danb.org>; Jennifer Price <jprice@dalefoundation.org>
Subject: DANB Materials for 2/24 Board Meeting

Dear Stephen,

Thank you for adding information from DANB to the Oregon Board of Dentistry's agenda for 2/24. We are looking forward to attending the meeting virtually.

We are particularly interested in hearing the Board's discussion relative to HB 2996 and HB 3223 and letting the Board know about our concerns related to both of these bills. We are aware that the Board will not be weighing in on these bills specifically unless directed to do so by the governor.

Our primary concerns with both bills are:

- We believe the bills will lead to a lower quality of care for dental patients in Oregon and, with respect to radiography specifically, will but both patients and dental team members at risk for increased exposure to radiation
- We have never heard of a Board of Dentistry being prohibited from requiring a written exam for a profession the Board is otherwise authorized to regulate. The RHS exam and the Oregon expanded functions exams allow the Board to verify that candidates have acquired the knowledge needed to do their jobs safely, regardless of whether they attended a formal educational program, were trained on-the-job, or engaged in some hybrid of these. We are concerned that, without the exams, the Board will have no way to validate the training received.
- The dental assisting workforce shortage has been cited as the reason for introducing these bills. We believe removing professional requirements will not reverse the shortage, because states with requirements much less rigorous than Oregon's are also experiencing a shortage. We believe these measures could make the shortage worse by increasing turnover, because hiring people who are not equipped with the knowledge they need to succeed and are not valued as professionals leads them to leave the field soon after entering.
- We also have serious concerns about the fact that the dental assistant community in Oregon was not invited to the table to discuss these bills before they were introduced.

We are working with many stakeholder groups to collaborate on mid- and long-term solutions that will develop and grow the dental assisting pipeline. In the near term, we have begun work on translating the DANB RHS exam into Spanish in response to stakeholder feedback about that need.

I am attaching a letter that DANB's CEO Laura Skarnulis sent to legislators expressing DANB's concerns about HB 2996, along with an information sheet highlighting our reasons for opposing the bill. We do not have an information sheet about HB 3223 at the moment, because this was a surprise that was just introduced late Thursday (2/9) and just assigned to the committee Friday (2/10). If we develop a one-page information sheet for HB 3223, I will provide you with a copy (though it will likely be too late for your packet).

We are committed to working with stakeholders to find effective solutions to the dental assisting shortage, and would be pleased to sit down with the Oregon Board of Dentistry and stakeholders in Oregon to study the workforce shortage problem and make recommendations for a way forward that does not compromise standards or dismantle the dental assisting career ladder in Oregon.

I look forward to seeing you, your colleagues, and Board of Dentistry members virtually at the upcoming meeting. In the interim, please let me know if you have any questions.

Best regards,
Katherine

Katherine Landsberg
Director, Government Relations
klandsberg@danb.org
312-280-3431

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Chief Executive Officer
Laura Skarnulis

January 23, 2023

The Honorable Representative Rob Nosse, Chair
House Committee on Behavioral Health and Health Care
Oregon State Legislature
Rep.RobNosse@oregonlegislature.gov

The Honorable Representative Christine Goodwin, Vice-Chair
House Committee on Behavioral Health and Health Care
Oregon State Legislature
rep.ChristineGoodwin@oregonlegislature.gov

The Honorable Representative Travis Nelson, Vice-Chair
House Committee on Behavioral Health and Health Care
Oregon State Legislature
Rep.TravisNelson@oregonlegislature.gov

Dear Chairman Nosse, Vice-Chair Goodwin, and Vice-Chair Nelson:

I am writing on behalf of the Dental Assisting National Board, Inc. (DANB) to express DANB's serious concerns about the ramifications of **House Bill 2996**, which seeks to prohibit the Oregon Board of Dentistry from requiring an applicant for certification as a dental assistant to pass a written examination for radiologic proficiency.

DANB is the national American Dental Association-recognized certification board for dental assistants. DANB is known nationally and in Oregon as an expert in developing and administering high-quality knowledge-based assessments for dental assistants, as a trusted partner to state regulators in helping them meet their public protection objectives, and as a provider of information, resources, and data to those studying the dental assisting profession.

Successful performance on DANB's national Radiation Health and Safety (RHS®) exam is currently required by Oregon rules to earn the Oregon Radiologic Proficiency Certificate, which authorizes a dental assistant to perform radiography procedures in Oregon. DANB's RHS exam fulfills the exam requirement that is the subject of HB 2996. The RHS exam has served a critical function in Oregon's health care system, ensuring the public has received safe and high-quality care from the more than 5,000[i] dental assistants working in Oregon, during procedures in which they are exposed to radiation.

Why is radiography regulated?

Radiography refers to the process of using x-radiation, a form of ionizing radiation, to obtain the diagnostic images that we commonly call "x-rays." Radiography is regulated because exposure to ionizing radiation is associated with a risk of cell damage that can increase a person's chances of developing cancer. Although the dose of radiation received on each occasion is relatively small, a person's risk for negative outcomes is cumulative and increases with each exposure; this is true both for patients and for practitioners with frequent opportunity for occupational exposure to radiation. For this reason, healthcare practitioners follow the principle that exposure to ionizing radiation, including x-radiation, should be "as low as reasonably achievable" (the ALARA principle). Most states have enacted comprehensive programs to minimize exposure for patients and healthcare personnel, which may include registration, permitting and inspection of radiography equipment and training, education, and credentialing requirements for equipment operators.

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Studies report increased risk of cancer for dental patients and oral healthcare workers.

A 2021 statistical analysis of dental radiation examinations and cancer risk estimated that U.S. dental radiography procedures may cause 967 cases of cancer per year (based on 2019 data) and could account for 2% of new cancers in the oral cavity/pharynx and 4% of brain tumors.[ii]

A 1995 Swedish study found that employment as a dentist or dental assistant was associated with an increased risk of papillary thyroid cancer, the most common thyroid cancer, in females.[iii] Exposure to ionizing radiation is the most well-established environmental risk factor for thyroid cancer.[iv]

A 2019 meta-analysis of prior studies concluded that there is support for the hypothesis that dental x-rays are associated with an increased risk of thyroid cancer and meningioma (a brain or central nervous system tumor). The study's authors concluded that "these findings manifest the need to reduce diagnostic radiation exposure as much as possible."[v]

Ensuring that personnel who perform radiography procedures are competent and qualified to perform them is an important part of minimizing radiation exposure. Dental assistants who are insufficiently educated and improperly trained in radiation safety and radiographic technique may expose patients and themselves to unnecessary radiation by operating equipment improperly, overlooking important safety measures, and employing poor technique leading to multiple retakes to obtain diagnostically acceptable images.

Independent, knowledge-based assessments are more necessary than ever to ensure competent performance of duties.

Enrollment in traditional dental assisting programs has been declining for several years, and dentists are seeking to tap new pools of talent, which often entails providing on-the-job training to candidates who have not received any formal dental assisting instruction. Given the increasing variation in the education and training experiences of new dental assistants, now more than ever, psychometrically valid knowledge-based assessments can serve as a critical step in ensuring that these candidates can competently and safely perform duties that pose a potential risk to patients, themselves, and their fellow dental team members.

Formalized knowledge-based assessments, developed in accordance with industry best practices in exam development and psychometrics, are an essential tool for regulators to ensure that all healthcare personnel performing services which could potentially harm a patient are qualified and competent to perform them. It is surprising that legislators would seek to remove this essential tool from the regulatory board's toolkit and, in fact, forbid its use, which significantly hinders the board's ability to fulfill its mission to protect the public.

Current requirements to earn the Oregon Radiologic Proficiency Certificate include completion of a radiography course from a board-approved course provider, passing DANB's RHS exam, and submitting written verification from a licensed dentist or dental hygienist indicating that the candidate is proficient to take radiographs. Eliminating one element of the board's public protection design without a comprehensive review of the full set of requirements puts the public at risk; the remaining requirements have not been evaluated to determine whether they are sufficiently rigorous to assure that candidates are uniformly qualified in the absence of a high-quality assessment. Successful performance on an objective knowledge-based assessment that is developed and administered in accordance with psychometric best practices provides the most reliable validation of knowledge acquired through education and the best support for the state's public protection objectives.

A high-quality, accessible, widely recognized dental radiography exam addressing contemporary technology and current practice is available and currently in use in Oregon

DANB has been assisting Oregon regulators in protecting Oregonians for many years by providing a dental radiography exam – the RHS exam – that is developed and administered in accordance with nationally and internationally recognized best practices and provides a valid and reliable measure of competence. DANB's Certified Dental Assistant (CDA™) certification, of which the RHS exam is one component, is accredited by the National Commission for Certifying Agencies.

RHS exam content is current and relevant. DANB exams, including the RHS exam, are developed by the dental profession—they are products of the collective experience and knowledge of subject matter experts,

working under the direction of DANB's psychometric staff, led by a Ph.D.-level psychometrician. The content of DANB exams is based on validation studies, performed on a regular schedule to ensure the content of each exam continues to reflect work performed and knowledge required in actual practice. DANB last updated the RHS exam in July 2022, when, after gradually adjusting the exam's emphasis in favor of digital radiography based on survey feedback over more than 10 years, DANB removed all questions that tested specifically on conventional film-based radiography from the exam. Contrary to a rumor circulating in Oregon, the DANB RHS exam does not contain questions about "dip tanks" or other obsolete technology, and DANB's rigorous process for exam development ensures that exam content continues to be current.

Oregon candidates' RHS exam pass rate is high. Oregon candidates consistently pass the RHS exam at a higher rate than the national average. For the period from January 2019 through October 2022, the percentage of Oregon candidates who passed the exam on the first or second attempt was 82%.

Exams are accessible and available remotely. Candidates may take DANB's RHS exam at any one of more than 250 computerized testing sites nationwide (including six locations in Oregon) six days per week during regular business hours. As of January 2021, candidates may also take the exam at home or another remote location of their choice through online remote proctoring, with appointments available 24 hours a day, seven days a week.

RHS exam is nationally recognized. Currently, 37 states and D.C. require or recognize DANB exams and certifications for dental assistants to qualify to perform specified duties. Of these, 24 states and D.C. recognize or require the DANB RHS exam specifically for dental assistants to qualify to legally perform radiography procedures. An additional six states accept DANB's Certified Dental Assistant (CDA™) certification, of which the RHS is one component, for dental assistants to qualify in radiography, for a total of 31 states/districts that rely on DANB's RHS exam for objective verification of dental assistants' competence in dental radiography.

There is no data supporting the assumption that removing entry-level dental assisting requirements will attract more applicants to dental assisting jobs.

Our country is facing a pervasive workforce shortage presenting significant staffing challenges to employers in all sectors of the economy. This problem is not unique to dentistry, to healthcare or to regulated professions. In dentistry, there is a shortage of both dental hygienists and dental assistants. Seeking to expand the applicant pool by eliminating fundamental entry-level requirements will likely contribute to higher turnover, as these candidates may be frustrated by their inability to meet employer expectations and concerned for their own safety if they feel unprepared to perform their jobs safely.

A recent study related to dental workforce shortages conducted by the American Dental Association Health Policy Institute in collaboration with a number of allied dental organizations, including DANB, gathered survey data about recruitment and retention of dental assistants and dental hygienists. The study highlighted the need for a comprehensive approach focused on improving benefits and compensation, improving workplace culture and work-life balance, and introducing innovations to shore up the workforce pipeline over the long term.[vi] DANB is working with stakeholders on solutions to promote dental assisting as an attractive career and develop new pipelines of candidates to staff the dental assisting workforce into the future. We are encouraged that many stakeholders, including several notable dental organizations, are eager to collaborate in these efforts.

In the same spirit of collaboration, I would like to offer to make myself and my colleagues available to discuss alternative approaches to Oregon's dental assisting workforce challenges without compromising the high-quality care currently enjoyed by those undergoing dental radiography procedures in Oregon. Please reach out to me at lskarnulis@danb.org or (312) 235-4228 if you would like to discuss further.

Sincerely,

Laura Skarnulis
Chief Executive Officer

Cc: The Honorable Elizabeth Steiner, Senator, Oregon State Legislature
The Honorable Janelle Bynum, Representative, Oregon State Legislature
The Honorable Cyrus Javadi, Representative, Oregon State Legislature
The Honorable Hai Pham, Representative, Oregon State Legislature

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[i] U.S. Bureau of Labor Statistics. (2022, March 31). Dental assistants. U.S. Bureau of Labor Statistics. Retrieved January 23, 2023, from https://www.bls.gov/oes/current/oes319091.htm

[ii] Benn, D. K., & Vig, P. S. (2021). Estimation of X-ray radiation related cancers in US dental offices: Is it worth the risk? *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*, *132*(5), 597–608. https://doi.org/10.1016/j.oooo.2021.01.027

[iii] Wingren, G., Hallquist, A., Degerman, A., & Hardell, L. (1995). Occupation and Female Papillary Cancer of the Thyroid. *Journal of Occupational and Environmental Medicine*, *37*(3), 294–297. http://www.jstor.org/stable/44995044

[iv] Younis E. (2017). Oncogenesis of Thyroid Cancer. *Asian Pacific journal of cancer prevention : APJCP*, *18*(5), 1191–1199. https://doi.org/10.22034/APJCP.2017.18.5.1191

[v] Benn, D. K., & Vig, P. S. (2021). Estimation of X-ray radiation related cancers in US dental offices: Is it worth the risk? *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*, *132*(5), 597–608. https://doi.org/10.1016/j.oooo.2021.01.027

[vi] ADA Health Policy Institute in collaboration with American Dental Assistants Association, American Dental Hygienists' Association, Dental Assisting National Board, and IgniteDA. Dental workforce shortages: Data to navigate today's labor market. October 2022. Available from: https://www.ada.org/-/media/project/adaorganization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf

Maintain Radiography Safety Standards

Oppose HB 2996

Background
Passing the Dental Assisting National Board's Radiation Health and Safety (RHS) exam, or a comparable exam, is required to earn the Oregon Radiologic Proficiency Certificate, which authorizes a dental assistant to perform radiography procedures in Oregon. The RHS exam ensures the public receives safe and high-quality care from the more than 5,000 dental assistants working in Oregon during procedures in which patients are exposed to radiation.

Most states, including Oregon, have enacted comprehensive programs to minimize exposure for patients and health care personnel, which include registration, permitting and inspection of radiography equipment and training, education, and credentialing requirements for equipment operators.

Problem
HB 2996 would prevent the Oregon Board of Dentistry from requiring dental assistants to pass a radiological proficiency exam prior to administering x-rays and exposing patients to ionizing radiation.

WHAT HB 2996 DOES:

☑ **Waters down safety standards, putting patients and providers at risk.** Dental assistants who are insufficiently educated and trained are more likely to expose patients and themselves to unnecessary radiation by operating equipment improperly, overlooking safety measures, and employing poor technique leading to multiple retakes.

☑ **Devalues the dental assistant profession** by creating two classes of dental assistants in Oregon based on when they received their state certification.

☑ **Makes Oregon the only state to forbid the RHS exam.** Discontinues the use of an objective exam to assess whether dental assistants have the knowledge required to safely expose patients to ionizing radiation.

HB 2996 DOES NOT:

☒ **Solve the dental assistant workforce shortage.** Seeking to expand the dental assistant applicant pool by eliminating fundamental entry-level requirements will likely contribute to higher turnover, as these candidates may be frustrated by their inability to meet employer expectations and concerned for their own safety if they feel unprepared to perform their jobs safely.

☒ **Improve patient safety.** Ensuring that personnel who perform radiography procedures are competent and qualified to perform them is an important part of minimizing radiation exposure.

☒ **Have the support of dental assistants in Oregon.** The Oregon Dental Assistants Association opposes HB 2996.

About Radiography Regulation

Radiography is regulated because exposure to ionizing radiation is associated with a risk of cell damage that can increase a person's chances of developing cancer.

Although the dose of radiation received on each occasion is relatively small, a person's risk for negative outcomes is cumulative and increases with each exposure; this is true both for patients and for practitioners with frequent opportunity for occupational exposure to radiation.

Information furnished by:

COMMITTEE REPORTS

Draft 1

Rules Oversight Committee Meeting
Minutes
January 11, 2023

MEMBERS PRESENT:	Chip Dunn, Chair Michelle Aldrich, D.M.D. Alicia Riedman, R.D.H., E.P.P. Sheena Kansal, D.D.S. Philip Marucha, D.D.S. - ODA Rep. Laura Vanderwerf, R.D.H. - ODHA Rep. Mary Harrison, CDA, EFDA, EFODA, FADAA - ODAA Rep. Sandra Galloway, D.M.D. – DT Rep.
STAFF PRESENT:	Stephen Prisby, Executive Director Angela M. Smorra, D.M.D. Dental Director/Chief Investigator Haley Robinson, Office Manager Ingrid Nye, Investigator Kathleen McNeal, Office Specialist
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General
VISITORS PRESENT:	Katy Adishian, ODA; Katherine Landsberg– DANB, Tony Garcia – DANB, Jen Hawley-Price – DANB, Laura Skarnulis – DANB, Lisa Rowley, R.D.H. – ODHA, Representative Hai Pham, D.M.D.

*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 Chair at 5:05 p.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES

Ms. Harrison moved and Dr. Kansal seconded that the minutes of the June 18, 2021 Rules Oversight Committee meeting be approved as presented. The motion passed unanimously.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-001-0002 to a public rulemaking hearing as presented. The motion passed unanimously.

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.

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(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.
(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.
(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 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) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of 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.
(j) "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.
(k) "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.
(l) "Prosthodontics" is the 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.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0005 to a public rulemaking hearing as presented. The motion passed unanimously.

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**s** that ~~is~~ **are** within the **oral and maxillofacial region** ~~scope of the practice of dentistry~~ after completing a minimum of **10** ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ **in** 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). **Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.**
(4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in 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). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited

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program.
(5) 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) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).
(6) 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~~ **January 1, 2024**).

Dr. Kansal moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0007 to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0007
Procedures, Record Keeping and Reporting of Vaccines
(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.
(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.
(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.
(4) The dentist or designated staff must document in the patient record:
(a) The date and site of the administration of the vaccine;
(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;
(c) The name or identifiable initials of the administering dentist;
(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;
(e) The date of publication of the VIS; and
(f) The date the VIS was provided and the date when the VIS was published.
(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.
(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.
(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.
(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).
(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

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Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0030 to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0030
Unprofessional Conduct
The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:
(1) Attempt to obtain a fee by fraud, or misrepresentation.
(2) Obtain a fee by fraud, or misrepresentation.
(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
(8) Misrepresent any facts to a patient concerning treatment or fees.
(9)(a) Fail to **release patient records pursuant to OAR 818-012-0032.** ~~provide a patient or patient's guardian within 14 days of written request:~~
~~(A) Legible copies of records; and~~
~~(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.~~
~~(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for pages 11 through 50 and no more than $0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.~~

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(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
(14) Violate any Federal or State law regarding controlled substances.
(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee’s profession or conduct that endangers the health, safety or welfare of a patient or the public.
(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.
(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program’s electronic system if the Licensee holds a Federal DEA registration.
(24) Fail to comply with ORS 413.550-413.558, regarding health care interpreters.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-012-0032 to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0032
Diagnostic Records
(1) Licensees shall provide duplicates of physical diagnostic records ~~that have been paid for~~ to patient or patient's guardian within 14 calendar days of receipt of written request.
~~(A)~~ **(a)** Physical records include**:**
(A) Legible copies of paper charting and chart notes, and;

(B) Duplicates of silver emulsion radiographs **of the same quality as the originals**, **duplicates of** physical study models, ~~paper charting and chart notes,~~ **and photographs if they have been paid for**.
~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.
~~(1)~~ **(2)** Licensee may charge a fee not to exceed $30 for copying 10 or fewer pages of written material and no more than $0.50 per page for 11-50 and no more than $0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.
~~(2)~~ **(3)** Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian.
~~(A)~~ **(a)** Digital records include any patient diagnostic image, study model, test result or chart record in digital form.
~~(B)~~ **(b)** Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.
~~(C)~~ **(c)** Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.
~~(D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.~~
~~(E)~~ **(d)** Licensees may charge up to $5 for duplication of digital records up to 25Mb and up to $30 for more than 25Mb.
~~(F)~~ **(e)** Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
~~(G)~~ **(f)** Duplicated digital records shall be of the same quality as the original digital file.
~~(3)~~ **(4)** If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.
(5) Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (1)(a)(B) of this rule.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-015-0005 to a public rulemaking hearing as presented. The motion passed unanimously.

818-015-0005
General Provisions
(1) "To advertise" means to publicly communicate information about a licensee's professional services or qualifications for the purpose of soliciting business.
(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.
(3) Advertising shall not make a representation that is misleading as to the credentials, education, or the licensing status of a licensee. Licensee may not claim a degree, credential, or distinction granted by a professional organization or institution of higher learning that has not been earned.
(**4**~~3~~) A licensee who authorizes another to disseminate information about the licensee's professional services to the public is responsible for the content of that information unless the licensee can prove by clear and convincing evidence that the content of the advertisement is contrary to the licensee's specific directions.
(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title

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“doctor”)

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board repeal OAR 818-015-0007 in its entirety as presented to a public rulemaking hearing. The motion passed unanimously.

~~**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."~~

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0012 to a public rulemaking hearing as presented. The motion passed unanimously.

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 orthopedics, 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.~~
The Board recognizes the following specialties:

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(a) Dental Anesthesiology;
(b) Dental Public Health;
(c) Endodontics;
(d) Oral and Maxillofacial Pathology;
(e) Oral and Maxillofacial Radiology;
(f) Oral and Maxillofacial Surgery;
(g) Oral Medicine;
(h) Orofacial Pain;
(i) Orthodontics and Dentofacial Orthopedics;
(j) Pediatric Dentistry;
(k) Periodontics;
(l) Prosthodontics.

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0015 to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0015
Certification as a Specialist
The Board may certify a dentist as a specialist if the dentist:
(1) Holds a current Oregon dental license;
(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or
(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or
~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061.~~

Ms. Riedman moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0017 to a public rulemaking hearing as presented. The motion passed unanimously.

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.
(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).
(2) A dentist who graduated from a dental school located outside the United States or Canada

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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.

Dr. Marucha moved and Ms. Harrison seconded that the Committee recommend the Board repeal OAR 818-021-0030 in its entirety as presented to a public rulemaking hearing. The motion passed unanimously.

~~818-021-0030~~
~~Dismissal from Examination~~

~~(1) The Board may dismiss any applicant from an examination whose conduct interferes with the examination and fail the applicant on the examination.~~
~~(2) Prohibited conduct includes but is not limited to:~~
~~(a) Giving or receiving aid, either directly or indirectly, during the examination process;~~
~~(b) Failing to follow directions relative to the conduct of the examination, including termination of procedures;~~
~~(c) Endangering the life or health of a patient;~~
~~(d) Exhibiting behavior which impedes the normal progress of the examination; or~~
~~(e) Consuming alcohol or controlled substances during the examination.~~
~~Statutory/Other Authority: ORS 679 & 680~~
~~Statutes/Other Implemented: ORS 679.070 & 680.060~~
~~History:~~
~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0075~~
~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~
~~DE 10-1984, f. & ef. 5-17-84~~

Ms. Riedman moved and Dr. Aldrich seconded that the Committee recommend the Board repeal OAR 818-021-0040 in its entirety as presented to a public rulemaking hearing. The motion passed unanimously.

~~818-021-0040~~
~~Examination Review Procedures~~
~~(1) An applicant may review the applicant's scores on each section of the examination.~~
~~(2) Examination material including test questions, scoring keys, and examiner's personal notes shall not be disclosed to any person.~~
~~(3) Any applicant who fails the examination may request the Chief Examiner to review the examination. The request must be in writing and must be postmarked within 45 days of the postmark on the notification of the examination results. The request must state the reason or reasons why the applicant feels the results of the examination should be changed.~~
~~(4) If the Chief Examiner finds an error in the examination results, the Chief Examiner may recommend to the Board that it modify the results.~~
~~Statutory/Other Authority: ORS 183 & 192~~
~~Statutes/Other Implemented: ORS 183.310(2)(b) & 192.501(4)~~
~~History:~~
~~DE 1-1989, f. 1-27-89, cert. ef. 2-1-89, Renumbered from 818-020-0080~~
~~DE 1-1988, f. 12-28-88, cert. ef. 2-1-89~~
~~DE 10-1984, f. & ef. 5-17-84~~

Dr. Kansal moved and Dr. Galloway seconded that the Committee recommend the Board send OAR 818-021-0060 to a public rulemaking hearing as presented. The motion passed with Dr. Kansal, Dr. Galloway, Ms. Riedman, Dr. Marucha, and Dr. Aldrich voting aye. Ms. Harrison voted no.

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

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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.~~ **provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(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 (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~~**January 1, 2024**).

Dr. Galloway moved and Dr. Kansal seconded that the Committee recommend the Board send OAR 818-021-0070 to a public rulemaking hearing as presented. The motion passed with Dr. Kansal, Dr. Galloway, Ms. Riedman, Dr. Marucha, and Dr. Aldrich voting aye. Ms. Harrison voted no.

818-021-0070
Continuing Education — Dental Hygienists
(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dental hygienist. The certificate of completion should list the dental hygienist's name, course title, course completion date, course provider name, and continuing education hours completed.**
(d) Continuing education credit can be given for volunteer pro bono dental hygiene 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 Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.
(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).

Dr. Galloway moved and Dr. Kansal seconded that the Committee recommend the Board send OAR 818-021-0076 to a public rulemaking hearing as presented. The motion passed with Dr. Kansal, Dr. Galloway, Ms. Riedman, Dr. Marucha, and Dr. Aldrich voting aye. Ms. Harrison voted no.

818-021-0076
Continuing Education - Dental Therapists
(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
(3) Continuing education includes:
(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ **provides a certificate of completion to the dental therapist. The certificate of completion**

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should list the dental therapist's name, course title, course completion date, course provider name, and continuing education hours completed.
(d) Continuing education credit can be given for volunteer pro bono dental therapy services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Therapy Examination, taken after initial licensure; or test development for clinical dental therapy examinations. No more than 6 hours of credit may be in these areas.
(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
(5) At least two (2) hours of continuing education must be related to infection control.
(6) At least two (2) hours of continuing education must be related to cultural competency.
(7) At least one (1) hour of continuing education must be related to pain management.

Ms. Riedman moved and Dr. Galloway seconded that the Committee recommend the Board send the draft of OAR 818-021-XXXX to a public rulemaking hearing as amended. The motion passed unanimously.

Board of Dentistry Draft rule HB 4096
OAR 818-021-XXXX Temporary Practice Approval
1) A dentist, dental therapist or dental hygienist may practice, without compensation and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement. Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.
2) A dentist, dental therapist or dental hygienist is not required to apply for licensure or other authorization from the Board in order to practice under this rule.
3) To practice under this rule, a dentist, dental therapist or dental hygienist shall submit, at least 10 days prior to commencing practice in this state, to the Board:
(a) Out-of State volunteer application;
(b) Proof that the practitioner is in good standing and is not the subject of an active disciplinary action;
(c) An acknowledgement that the practitioner may provide services only within the scope of practice of the health care profession that the practitioner is authorized to practice and will provide services pursuant to the scope of practice of Oregon or the health care practitioner's licensing agency, whichever is more restrictive;
(d) An attestation from dentist, dental therapist or dental hygienist that the practitioner will not receive compensation for practice in this state;
(e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and
(f) The dates on which the practitioner will practice in this state.
Failure to submit (a)-(e) above will result in non-approval.
4) Misrepresentation as to information provided in the application for the temporary practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.
5) Practitioner acknowledges they are subject to the laws and rules governing the

health care profession in Oregon and that the practitioner is authorized to practice and are subject to disciplinary action by the Board.
6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

Ms. Riedman moved and Dr. Galloway seconded that the Committee recommend the Board send OAR 818-042-0040 to a public rulemaking hearing as amended. The motion passed unanimously.

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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 **as allowed under the indirect supervision of a Licensee, such as** fluoride, topical anesthetic, desensitizing agents, **topical tooth whitening agents,** over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)~~(a)~~, OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 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.

Chair Dunn explained that a staff error included OAR 818-042-0060 with missing information. The correct rule was displayed for the committee and discussion was encouraged due to legislation introduced on the topic.

818-042-0060
Certification — Radiologic Proficiency
(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:
(2) Submits an application on a form approved by the Board, pays the application fee and:
(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;
(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and
(c) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

Representative Dr. Hai Pham discussed a legislative concept (HB 2996) introduced to remove the requirement of having a written exam required to be certified in radiologic proficiency. He explained that this would address the dental assistant shortage in Oregon by removing a barrier for dental assistants leading to greater access to care. He reported that neighboring states did not have the examination requirement and that patient safety would not be a concern due to the low radiation levels of modern radiology equipment. He also shared his observation that the DANB exam has a cost and that it is not provided in other languages which is also a barrier to access.

Katherine Landsberg, Director of Government Relations from the Dental Assisting National Board (DANB) responded that between 2019 and 2022, 81% passed the DANB Radiation Health and Safety exam on the first try. She reported that the dental assistant shortage is not only a recruitment problem, but a turnover and retention problem as well.

Chair Dunn thanked everyone for their attendance and contributions.

The meeting adjourned at 6:24 p.m.

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Oregon Board of Dentistry
Anesthesia Committee Meeting
Held as a Zoom Meeting

Minutes
March 18, 2022

MEMBERS PRESENT:	Reza Sharifi, D.M.D., Chair Sheena Kansal, D.D.S. Julie Ann Smith, D.D.S., M.D., M.C.R. Mark Mutschler, D.D.S. Michael Doherty, D.D.S. Brandon Schwindt, D.M.D. Normund Auzins, D.M.D. Eric Downey, D.D.S. Ryan Allred, D.M.D.
STAFF PRESENT:	Stephen Prisby, Executive Director Bernie Carter, D.D.S., Dental Director/Chief Investigator Angela Smorra, D.M.D., Dental Investigator Ingrid Nye, Investigator Haley Robinson, Office Manager
ALSO PRESENT:	Lori Lindley, Sr. Assistant Attorney General
VISITORS PRESENT:	Jen Lewis-Goff – Oregon Dental Association, Emily Coates, Thomas Kolodge, D.D.S., Carolyn Muckerheide, Philip Mann, D.D.S.

Call to Order: The meeting was called to order by Dr. Sharifi at 3:45 p.m.

MINUTES
Dr. Smith moved and Dr. Doherty seconded that the minutes of the November 28, 2018 Anesthesia Committee meeting be approved as amended with the minor corrections noted by staff. The motion passed unanimously.

Dr. Schwindt and Dr. Mutschler joined the meeting

CORRESPONDENCE

Review OBD January 2019 Anesthesia Survey
The committee reviewed and discussed results from the anesthesia survey the Board conducted in 2019.

OAR 818-026-0010 – Definitions
Dr. Allred moved and Dr. Kansal seconded that the Committee recommend that the Board send OAR 818-026-0010 to the Rules Oversight Committee as amended. The motion passed unanimously.

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818-026-0010
Definitions

As used in these rules:

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

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) “General Anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) “Deep Sedation” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) “Moderate Sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

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

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

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

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

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

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

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

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I “A normal healthy patient”.

(b) ASA II “A patient with mild systemic disease”.

(c) ASA III “A patient with severe systemic disease”.

(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

(e) ASA V “A moribund patient who is not expected to survive without the operation”.

(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor purposes".

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(14) "Recovery" means the patient is easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred, the patient can be monitored by a qualified anesthesia monitor until discharge criteria is met.

OAR 818-026-0020 – Presumption of Degree of Central Nervous System Depression

Dr. Smith moved and Dr. Allred seconded that the Committee recommend that the Board keep OAR 818-026-0020 as presented, not allowing more than one person to be under nitrous oxide sedation at the same time, and to add "under Nitrous Oxide" to 818-026-0050(4) for clarification. The motion passed unanimously.

818-026-0020
Presumption of Degree of Central Nervous System Depression
(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.
(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:
(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;
(b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;
(c) Neuroleptic agents;
(d) Dissociative agents — ketamine;
(e) Etomidate; and
(f) Volatile inhalational agents.
(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.
(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purpose of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.
(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

OAR 818-026-0050 – Minimal Sedation Permit

Dr. Smith moved and Dr. Allred seconded that the Committee recommend that the Board send OAR 818-026-0050 to the Rules Oversight Committee as amended. The motion passed unanimously.

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 **or nitrous oxide 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.
(11) 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.

OAR 818-026-0055 – Dental Hygiene, Dental Therapy, and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

Dr. Mutschler moved and Dr. Schwindt seconded that the Committee send OAR 818-026-0055 to the March 30, 2022 Board Meeting for discussion as presented. The motion passed unanimously.

818-026-0055
Dental Hygiene, Dental Therapy and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation
(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; or
(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be

present during the time the patient is sedated unless the permit holder leaves the patient.
(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ Board rules.
(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; and
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ Board rules.
(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:
(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
(b) The permit holder, or an anesthesia monitor, monitors the patient; and
(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.

Correspondence from Dr. Leslee Huggins, D.D.S.
Dr. Huggins submitted a letter to the committee in regards to the current requirements for obtaining a Moderate Sedation Permit.

Correspondence from Oregon Society of Anesthesiologists
The committee reviewed testimony submitted by the Oregon Society of Anesthesiologists regarding rule changes to OAR 818-026-0065 – Deep Sedation and 818-026-0070 – General Anesthesia effective 1/1/2020.

Correspondence from American Society of Anesthesiologists
The committee reviewed testimony submitted by the American Society of Anesthesiologists regarding rule changes to OAR 818-026-0065 – Deep Sedation and 818-026-0070 – General Anesthesia effective 1/1/2020.

Correspondence from Oregon Society of Oral & Maxillofacial Surgeons
The committee reviewed testimony submitted by the Oregon Society of Oral & Maxillofacial Surgeons regarding rule changes to OAR 818-026-0065 – Deep Sedation and 818-026-0070 – General Anesthesia effective 1/1/2020.

Federal Anesthesia Monitor Requirements
The committee reviewed and discussed federal anesthesia monitor requirements and the impact on Oregon laws and rules.

OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia
Dr. Schwindt moved and Dr. Mutschler seconded that the Committee recommend that the Board send OAR 818-026-0080 to the Rules Oversight Committee as amended. The motion passed unanimously.

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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 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~~ **their** intent. Such notification need only be submitted once every licensing period.

The meeting adjourned at 5:45 p.m.

DRAFT

OBD Executive Director
Stephen Prisby

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

DATE: February 13, 2023

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Committee Meetings & Public Rulemaking Activities in 2023

At today's meeting you are reviewing committee recommendations.

Rulemaking takes a few steps and timelines to properly notice the proposed rule changes and conduct a public rule making hearing. We want to engage with our Licensees and other interested parties to gather their feedback on the proposed rule changes beyond our committees. I would like to bring to your attention some items for discussion and consideration.

- The Board has 17 rule changes (13 amends, 3 repeals and 1 new) recommended from the Rules Oversight Committee to begin the rulemaking process.
- Temporary Rules may be needed should we get legislative approval to increase license and renewal fees and these could be effective July 1, 2023. There is more flexibility on temporary rules than permanent rules, in that notices and public feedback is limited as long as the proper justification for their need. Temporary rules could be promulgated on the Board's vote with short notice and no public rulemaking hearings. These rules are only effective for 180 days and need to be made permanent or they expire.
- Additionally, there are items already on the next Licensing, Standards and Competency Committee meeting agenda to review and undoubtedly new legislation from the current legislative session will require updates to the Dental Practice Act.
- The Board should consider when it would like to schedule a public rulemaking hearing on the 17 rules and discuss the effective date of those rules. This can be conducted via a zoom meeting and OBD Staff can serve as the hearings officer to gather the public feedback. Recent hearings have had low turnout and most submit their comments on rule changes via email.
- The Board should consider dates now for the next Licensing, Standards and Competency Committee meeting. I think you should consider a July or August date, to incorporate new legislation that would require updating the Dental Practice Act. As usual, then those recommendations would go to the Board. Then the Board typically moves those items to the Rules Oversight Committee for further review.
- Also I suggest the Board discuss if any other Committees should meet this year and consider scheduling those as well.

    - Board Meeting Dates
        - April 28
        - June 16
        - August 25
        - October 27
        - December 15

The Mission of the Oregon Board of Dentistry is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

One agency. One mission. One national exam.

January 12, 2023

A big howdy from CDCA-WREB-CITA! It was wonderful to see so many colleagues from across the US and the international locations during our Annual Meeting & Educator's Conference at the Gaylord Texan Conference Center, January 5-7, 2023! It was truly wonderful to be able connect in person and see many familiar and new faces throughout all the sessions. We've put together a short summary of highlights for you and your board.

CDCA-WREB-CITA Annual Meeting Summary

Attendance this year was record setting! There were approximately 600 attendees who took part in the General Assembly and an additional 400 participants in the Educator's Conference for this year's meeting.

With the merger of 3 organizations completed last summer, Chairman Dr. Harvey Weingarten welcomed all attendees to the first Annual Meeting of CDCA-WREB-CITA. He was thrilled to share that all 67 US dental schools have scheduled us to host the ADEX dental examinations in 2023 as well as additional testing sites in Canada, Jamaica, and Mexico. We will also serve over 275 dental hygiene programs at 210 ADEX dental hygiene sites. Candidates have often expressed their relief and happiness that they now have simplified access to a nationally accepted and portable licensure examination standard.

As you are aware, there has been a dramatic shift in licensure requirements throughout 2022. ADEX Simulated Patient Examination results are now accepted nationally. The CompeDont™ and SimProDH™ have led the way in providing innovative simulated patient testing platforms that continue to mimic the patient based psychometric performance and testing processes.

Providing true national portability through the ADEX Examinations, CDCA-WREB-CITA maintains Interactive ADEX Exam Licensure Acceptance Maps on our new website (adextesting.org) so our stakeholders can monitor and review licensure requirements at a glance. Our state-specific examination products such as Local Anesthesia, Restorative/EFDA, and others will continue to be offered to schools as state boards require.

The State Board Presidents session included some dynamic and informative discussions regarding a subject facing every State Dental Board, the proposed CSG Licensure Compact for the profession of dentistry. CDCA-WREB-CITA continues to monitor this development and as legislative processes evolve, we are happy to connect with your State Board and be available to support you in any way we can. We hope the discussions during the roundtable provided everyone the opportunity to learn about the issues various State Dental Boards are facing and ultimately, a chance to network and make connections.

We were also pleased to announce our new State Board Portal - State Board Score Portal
With the sunset of our prior versions, this new portal provides historic scores request needs from all 3 legacy agencies as well as current ADEX Examination scores as administered by CDCA-WREB-CITA. There is a tutorial that walks users through access and use of this New Tool Demo .

Arizona
23460 N. 19th Ave, Ste 210,
Phoenix, AZ 85027

Maryland
1304 Concourse Drive, Suite
100 Linthicum, MD 21090

North Carolina
518 Elm Street, Suite A
Sanford, North Carolina 27330

Some additional meeting highlights included a debut of several new videos developed in support of candidates as they prepare for the upcoming exam season.

ADEX Simulated Patient Restorative/Periodontal Exam

ADEX Endodontic/Prosthodontic Exam

Additionally, individual state caucuses were held by those in attendance and Steering Committee Members were chosen by each state to serve in 2023.

Chair Dr. Harvey Weingarten (IN) finished his final term along with Board Directors Dr. Maxine Feinberg (NJ), Dr. Jim Goldsmith (MD) and Mary Davidson (OR). The General Assembly elected our new Chair Dr. Mark Armstrong (OH), Vice Chair Dr. Rudy Ramos (TX), Dr. Wesley Thomas (DC), Dr. Russell Chin (RI) and Janet Primiano (HI). The rest of full Board of Directory can be found here at this link: Board of Directors

We look forward to a virtual Annual Meeting next January 2024 and then CDCA-WREB-CITA will hold its next in-person gathering at the Galt House in Louisville, KY, September 26-28, 2024.

We look forward to staying connected with you throughout the year as part of our mission to support the needs of state licensure boards. As always, we appreciate any pertinent updates you may be able share relating to licensure examinations in your state, changes to your board roster or meeting schedules!

If you or your board would like additional information or have questions, please email me at kcobb@adextesting.org.

Sincerely,

Kimber Cobb, RDH, BS
National Director for Licensure Acceptance & Portability
Director of Dental Hygiene Examinations
CDCA WREB CITA
One agency. One mission. One national exam.

Oregon Board of Dentistry Committee and Liaison Assignments

May 2022 - April 2023

STANDING COMMITTEES

Dental Therapy Rules Oversight
Purpose: To draft, refine and update dental therapy rules.
Committee:
- Sheena Kansal, D.D.S., Chair
- Alicia Riedman, R.D.H., E.P.P.
- Jennifer Brixey
- Sarah Kowalski, R.D.H., OHA Rep.
- Brandon Schwindt, D.M.D., ODA Rep.
- Amy Coplen, R.D.H., ODHA Rep.
- Ginny Jorgensen, CDA, EFDA, ODAA Rep.
- Jason Mecum, DT Rep.
- Kari Kuntzelman, DT Rep.
- Miranda Davis, D.D.S., DT Rep.

Communications
Purpose: To enhance communications to all constituencies
Committee:
- Jose Javier, D.D.S., Chair
- Michelle Aldrich, D.M.D.
- Jennifer Brixey
- Alayna Schoblaske, D.M.D., ODA Rep.
- Lesley Harbison, R.D.H., ODHA Rep.
- Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA Rep.
- Kari Kuntzelman, DT Rep.

Subcommittees:
- Newsletter – Alicia Riedman, R.D.H., E.P.P., Editor

Dental Hygiene
Purpose: To review issues related to Dental Hygiene
Committee:
- Alicia Riedman, R.D.H., E.P.P., Chair
- Terrence Clark, D.M.D.
- Sheena Kansal, D.D.S.
- Jennifer Brixey
- David J. Dowsett, D.M.D., ODA Rep.
- Lisa Rowley, R.D.H., ODHA Rep.
- Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.
- Mark Kobylinsky, R.D.H., E.P.P., DT, DT Rep.

Enforcement and Discipline
Purpose: To improve the discipline process
Committee:
- Reza Sharifi, D.M.D., Chair
- Alicia Riedman, R.D.H., E.P.P.,
- Terrence Clark, D.M.D.
- Chip Dunn
- Jason Bajuscak, D.M.D., ODA Rep.
- Jill Mason, R.D.H., ODHA Rep.
- Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
- Kristen Thomas, R.D.H., E.P.P., DT Rep.

Subcommittees:

Evaluators
- Reza Sharifi, D.M.D., Senior Evaluator
- Aarati Kalluri, D.D.S., Evaluator

Licensing, Standards and Competency
Purpose: To improve licensing programs and assure competency of licensees and applicants
Committee:
- Jose Javier, D.D.S., Chair
- Sheena Kansal, D.D.S.
- Sharity Ludwig, R.D.H., E.P.P.
- Jennifer Brixey
- Olesya Salathe, D.M.D., ODA Rep.
- Susan Kramer, R.D.H., ODHA Rep.
- Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODAA Rep.
- Yadira Martinez, R.D.H., E.P.P., DT, DT Rep.

Rules Oversight
Purpose: To review and refine OBD rules
Committee:
- Chip Dunn, Chair
- Michelle Aldrich, D.M.D.
- Alicia Riedman, R.D.H., E.P.P.
- Sheena Kansal, D.D.S.
- Philip Marucha, D.D.S., ODA Rep.
- Laura Vanderwerf, R.D.H., ODHA Rep.
- Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
- Sandra Galloway, D.M.D., DT Rep.

Anesthesia
Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.
Committee:
- Reza Sharifi, D.M.D., Chair
- Sheena Kansal, D.D.S.
- Julie Ann Smith, D.D.S., M.D., M.C.R.
- Brandon Schwindt, D.M.D.
- Mark Mutschler, D.D.S.
- Normund Auzins, D.M.D.
- Ryan Allred, D.M.D.
- Jay Wylam, D.M.D.
- Michael Doherty, D.D.S.
- Eric Downey, D.D.S.

LIAISONS

American Assoc. of Dental Administrators (AADA) — Stephen Prisby, Executive Director
American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Jose Javier, D.D.S.
- Hygiene Liaison – Alicia Riedman, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Aarati Kalluri, D.D.S.
- Dental Exam Committee – Aarati Kalluri, D.D.S.

Oregon Dental Association – Jose Javier, D.D.S.
Oregon Dental Hygienists' Association – Alicia Riedman, R.D.H., E.P.P.
Oregon Dental Assistants Association – Sharity Ludwig, R.D.H., E.P.P.
Western Regional Exam Board (WREB)

- Dental Exam Review Committee - Aarati Kalluri, D.D.S.
- Dental Hygiene Exam Review Committee - Alicia Riedman, R.D.H., E.P.P.

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director. Also to work on and make strategic planning recommendations to the Board.

Committee:

- Jose Javier, D.D.S., Chair
- Alicia Riedman, R.D.H., E.P.P.
- Chip Dunn

Subcommittee:

Budget/Legislative – *(President, Vice President, Immediate Past President)*

- Jose Javier, D.D.S. – President
- Chip Dunn – Vice President
- Alicia Riedman, R.D.H., E.P.P. – Past President

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT
February 24, 2023

Board Member & Staff Updates
No Staff updates.

OBD Budget Status Report
Attached is the latest budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through, December 31, 2022 shows revenue of $2,535,126.46 and expenditures of 2,656,574.50. **Attachment #1**

Customer Service Survey
Attached are the legislatively mandated survey results from July 1, 2021 – January 31, 2023. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #2**

Board Member and Staff Speaking Engagements
Samantha Plumlee gave a license application zoom presentation to the graduating dental hygiene students at OIT in Salem & Klamath Falls on Wednesday, February 15, 2023.

Dental License Renewal – OHA Health Care Workforce Questionnaire
The 2023 dental license renewal is going smoothly. I share the questions the OHA mandates we incorporate into license renewals. The OHA health care workforce questionnaire. This information is collected by the OHA in collaboration with the OBD, as part of legislatively mandated Health Care Workforce Database reporting, ORS 676.410 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140. **Attachment #3**

Governor Kotek's Expectations of Agency Leaders
Governor Kotek has laid out her expectations of all agency directors in a document emailed out to us. I attached the document for your review. I attended a meeting of small boards/agencies (small being less than 50 employees) on February 3rd which provided more information and context on the Governor's directives. **Attachment #4**

ORS 192 Handout - Executive Sessions
Attached is the Oregon Government Ethics Commission handout regarding meeting in closed executive sessions. **Attachment #5**

OBD Budget Bill - HB 5011 Presentation
Attached is the presentation to the Joint Committee On Ways and Means Subcommittee On Education scheduled for February 20, 2023 and reference document.
Attachment #6

2023 Legislation being monitored
Attached is a report of 2023 legislation I am tracking for the OBD. **Attachment #7**

2023 Legislative Calendar
The session is scheduled to end in June. **Attachment #8**

AADA & AADB 2023 Mid-Year Meetings
The American Association of Dental Administrators (AADA) and the American Association Dental Boards (AADB) 2023 Mid-Year Meetings will both be held virtually this year. The AADB Meeting is on April 21 & 22. The AADA Meeting is on April 25. I attached relevant info distributed recently from AADA and AADB. **Attachment #9**

Newsletter
The next Newsletter will be produced in the summer to capture all the important news that comes from the 2023 Legislative Session, Governor's Directives and OBD updates.

Agency 834, by AOBJ

Agency 834

Fund	Budget Obj	Budget Obj Title	Appn Year 2023 Monthly Activity	Biennium to Date	Budget
3400	1000	REVENUES	21,765.47	2,535,126.46	3,452,000.00
	2500	TRANSFER OUT	0.00	100,750.00	226,800.00
	3000	PERSONAL SERVICES	109,111.51	1,682,871.99	2,187,917.00
	4000	SERVICES AND SUPPLIES	46,592.57	973,702.51	1,671,337.00
3400 Total			**177,469.55**	**5,292,450.96**	**7,538,054.00**
Grand Total			**177,469.55**	**5,292,450.96**	**7,538,054.00**

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	06
Rpt Fiscal Mm Name	DECEMBER 2022
Load Date Gl	1/13/2023

Fund	D23 Fund Title	D10 Budget Obj	D10 Budget Obj Title	Agy Obj	D11 Agy Obj Title	Monthly activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	1000	REVENUES	0408	MERCHANT CARD CONVENIENCE & SERVICE FEES	24.50	19,150.00	18,000.00
				0560	REBATES AND RECOVERIES	0.00	949.41	616.00
				1290	DELINQUENT FEES	750.00	17,370.00	10,000.00
				1702	VERIFICATION OF LICENSURE	0.00	0.00	2.00
				1703	CERTIFICATE OF STANDING	40.00	2,520.00	3,109.00
				1704	DATA PROCESSING ORDERS	0.00	750.00	8,027.00
				1705	PUBLIC RECORDS	0.00	294.00	129.00
				1706	PRESCRIPTION MANAGEMENT PROGRAM FEE	450.00	97,590.00	187,868.00
				1707	OHWI DATA COLLECTION FEE	104.00	22,234.50	28,627.00
				1765	CHARGES FOR SERVICES	0.00	25.00	0.00
				1774	MISCELLANEOUS REVENUE	0.00	934.82	322.00
				1775	INTEREST AND INVESTMENTS	3,255.97	23,972.27	60,000.00
				1811	MISC REVENUE REIMBURSED	0.00	767.24	1,794.00
				2101	LICENSE FEE-DENTIST-ACTIVE	2,720.00	80,020.00	143,629.00
				2103	LICENSE FEE-DENTAL HYGIENE-ACTIVE	1,840.00	69,580.00	84,747.00
				2104	LICENSE FEE-DENTIST-RENEWAL	336.00	574,957.00	1,120,061.00
				2105	LICENSE FEE-DENTAL HYGIENE-RENEWAL	1,580.00	866,504.00	859,245.00
				2106	LICENSE FEE-DENTAL THERAPY	230.00	2,760.00	0.00
				2108	APP FEE-LICENSURE BY EXAMINATION-THERAPY	0.00	2,160.00	0.00
				2111	APPLICATION FEE-DENTIST	690.00	58,105.00	106,971.00
				2112	APPLICATION FEE-LWOFE-DENTIST	4,740.00	61,670.00	95,321.00
				2113	APPLICATION FEE-DENTAL HYGIENIST	1,260.00	44,870.00	54,281.00
				2114	APPLICATION FEE-LWOFE-DENTAL HYGIENIST	790.00	33,180.00	55,919.00
				2115	APPLICATION FEE-DENTAL ASSISTANT	915.00	21,450.00	24,164.00
				2131	NITROUS OXIDE PERMIT	920.00	148,065.00	183,752.00
				2132	MINIMAL PERMIT	225.00	14,140.00	34,471.00
				2133	DEEP SEDATION PERMIT	0.00	1,575.00	2,473.00
				2134	ANESTHESIA PERMIT	0.00	7,140.00	16,426.00
				2135	MODERATE SEDATION PERMIT	75.00	10,425.00	12,436.00
				2141	INSTRUCTOR PERMIT	520.00	8,800.00	11,248.00
				2142	LIMITED ACCESS PERMIT-DENTAL	150.00	70,500.00	67,017.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	06
Rpt Fiscal Mm Name	DECEMBER 2022
Load Date Gl	1/13/2023

Fund	D23 Fund Title	D10 Budget Obj	D10 Budget Obj Title	Agy Obj	D11 Agy Obj Title	Monthly activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	1000	REVENUES		HYGIENE			
				2143	RESTORATIVE FUNCTIONS ENDORSEMENT	150.00	10,040.00	11,345.00
				2470	CIVIL PENALTY	0.00	262,628.22	250,000.00
			REVENUES Total			**21,765.47**	**2,535,126.46**	**3,452,000.00**
		2500	TRANSFER OUT	1843	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	100,750.00	226,800.00
			TRANSFER OUT Total			**0.00**	**100,750.00**	**226,800.00**
		3000	PERSONAL SERVICES	3111	REGULAR EMPLOYEES	67,992.00	1,093,159.34	1,337,170.00
				3120	BOARD MEMBERS STIPEND	4,553.00	41,961.00	55,015.00
				3121	TEMPORARY EMPLOYEES	0.00	0.00	4,400.00
				3171	OVERTIME PAYMENTS	287.76	717.54	6,400.00
				3194	O/CLASS, LEADWORK, SP. QUAL	563.35	3,363.15	39,836.00
				3195	LONGEVITY/BONUS/INCENTIVE	0.00	9,300.00	0.00
				3210	PUBLIC EMPLOYEES' RETIRE. CONTRIBUTIONS	12,602.00	184,529.48	232,724.00
				3212	PENSION BOND ASSESSMENT	3,868.20	58,617.90	75,620.00
				3215	PERS CONTRIBUTION-RHIA	9.94	143.91	189.00
				3216	PERS CONTRIBUTION-RHIPA	139.32	2,036.47	3,983.00
				3221	SOCIAL SECURITY TAXES	5,590.21	87,123.05	111,384.00
				3241	WORKERS' COMPENSATION ASSESSMENTS	13.82	255.98	368.00
				3262	HEALTH CARE CASH	231.48	4,166.64	5,674.00
				3263	MEDICAL, DENTAL, AND LIFE INSURANCE	12,556.45	190,246.38	305,856.00
				3273	PAID_LEAVE_EMPLOYER_CONTRIBUTIONS	270.35	270.35	0.00
				3281	MASS TRANSIT TAXES	414.43	6,664.00	8,834.00
				3291	EMPLOYMENT RELATIONS BOARD ASSESSMENTS	19.20	316.80	464.00
			PERSONAL SERVICES Total			**109,111.51**	**1,682,871.99**	**2,187,917.00**
		4000	SERVICES AND SUPPLIES	4101	INSTATE MEALS WITH OVERNITE STAY	0.00	2,419.03	7,135.00
				4106	INSTATE LODGING	0.00	7,349.88	19,400.00
				4107	INSTATE AIR TRANSPORTATION	0.00	225.60	1,934.00
				4108	INSTATE GROUND TRANSPORTATION	0.00	357.00	2,964.00
				4112	INSTATE MILEAGE REIMBURSMNT-NONEMPLOYEE	0.00	0.00	1,085.00
				4113	INSTATE MILEAGE REIMBURSMNT-VOLUNTEERS	0.00	4,531.86	17,941.00
				4129	INSTATE MILEAGE REIMBURSEMENT-FULL RATE	91.25	787.81	2,509.00
				4150	OUT-OF-STATE LODGING	0.00	0.00	394.00
				4151	OUT-OF-STATE MEALS WITH OVERNIGHT STAY	0.00	0.00	1,933.00
				4159	OUT-OF-STATE AIR TRANSPORTATION	0.00	0.00	1,428.00
				4162	OUT OF STATE MILEAGE REIMB-FULL RATE	0.00	0.00	4,133.00
				4200	OFFICE SUPPLIES	719.78	7,548.09	17,964.00
				4206	CATERING	400.53	7,378.18	19,527.00
				4250	OFFICE SERVICES	300.00	6,141.84	18,117.00

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Rpt Fiscal Mm Name	DECEMBER 2022
Load Date Gl	1/13/2023

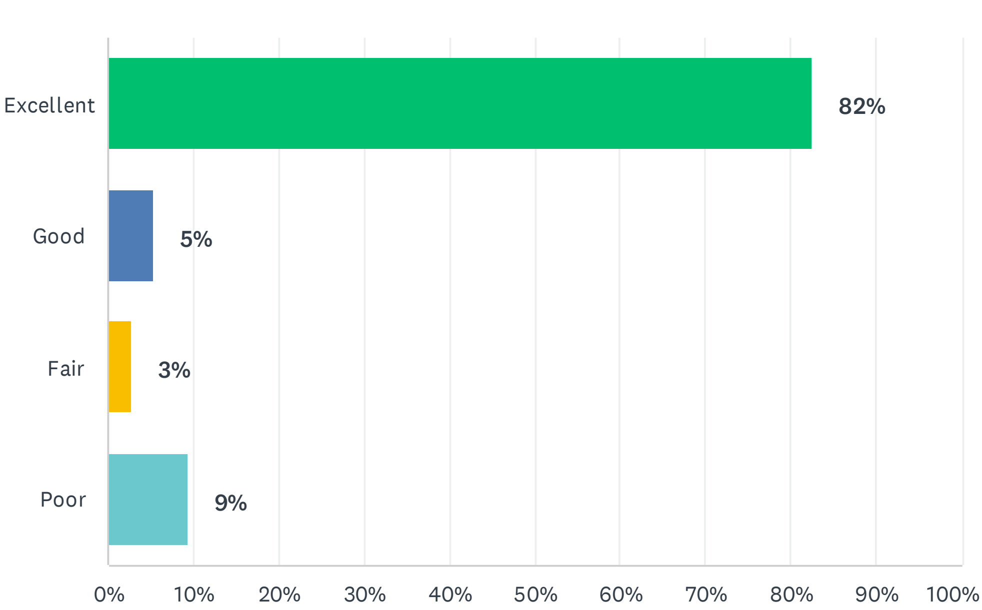
Fund	D23 Fund Title	D10 Budget Obj	D10 Budget Obj Title	Agy Obj	D11 Agy Obj Title	Monthly activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES	4251	POSTAGE	0.00	9,017.90	19,101.00
				4253	FREIGHT & EXPRESS CHARGES	0.00	212.40	1,535.00
				4302	EQUIPMENT RENTALS	1,242.89	14,205.18	38,436.00
				4350	DUES/MEMBERSHIPS	0.00	8,020.00	8,080.00
				4352	SUBSCRIPTIONS	0.00	1,447.78	2,440.00
				4353	REFERENCE MATERIALS	0.00	0.00	354.00
				4365	COMP TECH PC EQUIPMENT <5K	0.00	4,046.75	10,296.00
				4366	COMP TECH PC SOFTWARE <5K	0.00	36,194.91	13,299.00
				4367	COMP TECH PC SUPPORT	5,870.00	8,240.00	57,305.00
				4372	COMP TECH PERIPHERALS EQUIP <$5K	0.00	297.78	786.00
				4375	COMP TECH COMPUTER PROCESSING	2,189.69	76,608.88	128,929.00
				4402	PUBLISH PRINT & PHOTO	94.30	2,560.61	15,494.00
				4406	PROF. DEV. INSTATE TUITION/REGISTR.	0.00	1,405.00	6,119.00
				4411	PROF. DEV. OUT-OF-STATE TUITION/REGISTR.	0.00	5,960.00	15,905.00
				4430	EMPLOYEE RECRUIT, WELLNESS & SAFETY	0.00	0.00	735.00
				4431	PROF DEV INSTATE MEALS W/OVERNIGHT STAY	0.00	80.00	941.00
				4432	PROF DEV O/S MEAL W/OVERNIGHT STAY	0.00	542.00	3,706.00
				4433	PROF DEV INSTATE LODGING	0.00	118.26	2,021.00
				4434	PROF DEV O/S LODGING	0.00	2,834.25	14,308.00
				4440	PROF DEV O/S AIR TRANSPORTATION	397.20	5,463.86	10,379.00
				4441	PROF DEV O/S GROUND TRANSPORTATION	0.00	129.75	2,077.00
				4450	PROF DEV INSTATE MILEAGE REIMB-FULL RATE	0.00	203.75	606.00
				4452	PROF DEV OUT STATE MILEAGE REIMB-FULL RT	0.00	130.00	491.00
				4530	TELECOM/VOICE MAINTENANCE	0.00	0.00	581.00
				4531	TELECOMM VOICE USAGE	255.88	5,487.17	8,009.00
				4532	TELECOMM MOBILE PHONE USAGE	433.80	7,708.28	4,115.00
				4534	TELECOM/VOICE EQUIP < $5K	0.00	0.00	111.00
				4535	TELECOM NETWORK SERVICE	489.66	8,646.91	13,262.00
				4538	TELECOM/TELECONFERENCE USAGE	0.00	0.00	30.00
				4619	PROF SERVICES MANAGED SERVICES PROVIDERS	0.00	0.00	148,013.00
				4720	COLLECTION FEES-DOR	0.00	0.00	10.00
				5000	PROFESSIONAL SERVICES	1,396.00	92,016.78	123,161.00
				5004	NON-OSP CRIMINAL BACKGROUND CHECKS	0.00	37.50	117.00
				5005	HEARINGS OFFICER PANEL	1,234.20	2,100.20	11,538.00
				5008	PROFESSIONAL SERVICES HPSP	7,574.00	132,534.00	135,424.00
				5010	AZUMANO MANAGEMENT FEES	20.60	409.00	258.00
				5050	ATTORNEY GENERAL LEGAL FEES	12,226.00	214,828.39	306,725.00
				5100	STATE GOVERNMENT SVC CHGS	0.00	2,345.00	958.00
				5101	RISK MANAGEMENT	0.00	8,780.00	55,696.00
				5105	CENTRAL GOVERNMENT SERVICES	0.00	8,815.00	1,945.00

Agency	834
Agency Title	BOARD OF DENTISTRY
Appn Year	2023
Rpt Fiscal Mm	06
Rpt Fiscal Mm Name	DECEMBER 2022
Load Date Gl	1/13/2023

Fund	D23 Fund Title	D10 Budget Obj	D10 Budget Obj Title	Agy Obj	D11 Agy Obj Title	Monthly activity	Biennium to Date	Budget
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES		CHARGES			
				5107	STATE TREASURERS CHARGES	38.00	1,078.85	629.00
				5108	SECRETARY OF STATE CHARGES	0.00	10,478.28	6,965.00
				5109	DAS ASSESSMENT	0.00	39,363.00	7,080.00
				5200	OTHER SERVICES	2,263.34	33,497.17	33,089.00
				5203	OTHER SERVICES DAS PROVIDED	0.00	4,758.59	6,053.00
				5218	MERCHANT FEES	108.44	31,143.31	44,198.00
				5220	US BANK DEPOSIT FEES	382.45	8,213.16	12,103.00
				5400	FACILITIES RENT	0.00	26,599.89	44,598.00
				5550	FACILITIES MAINTENANCE	0.00	0.00	608.00
				5810	CRIMINAL BACKGROUND CHECK/FINGERPRINTING	911.75	26,823.00	87,967.00
				5900	EXPENDABLE PROPERTY <$5K	0.00	0.00	6,087.00
				7007	LEASE PAYMENT FOR BULDINGS	5,810.36	66,943.51	103,000.00
				7401	INTEREST PAYMENTS ON LEASES	2,142.45	26,637.17	39,200.00
			SERVICES AND SUPPLIES Total			**46,592.57**	**973,702.51**	**1,671,337.00**

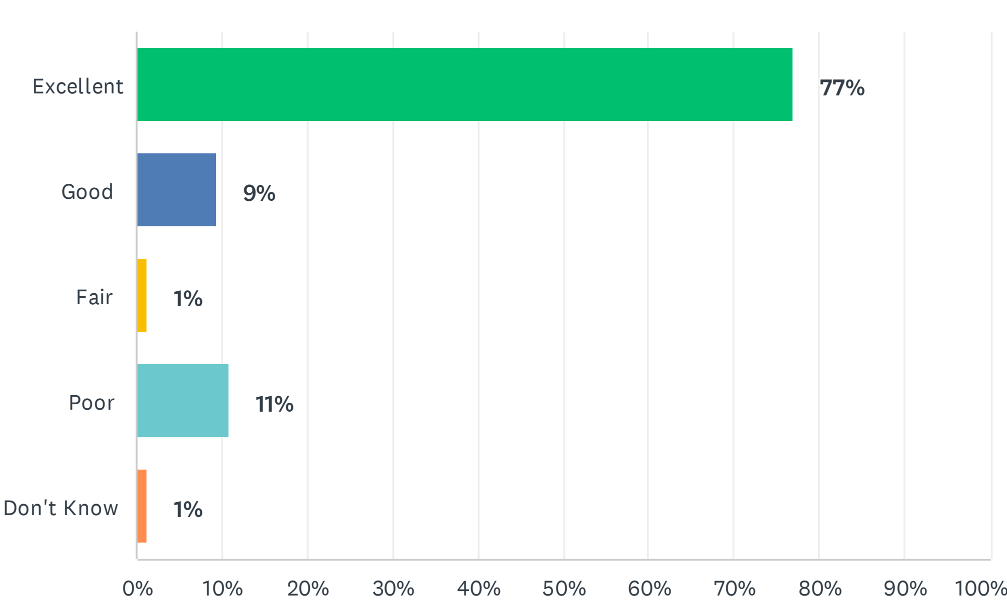
Attachement #1

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



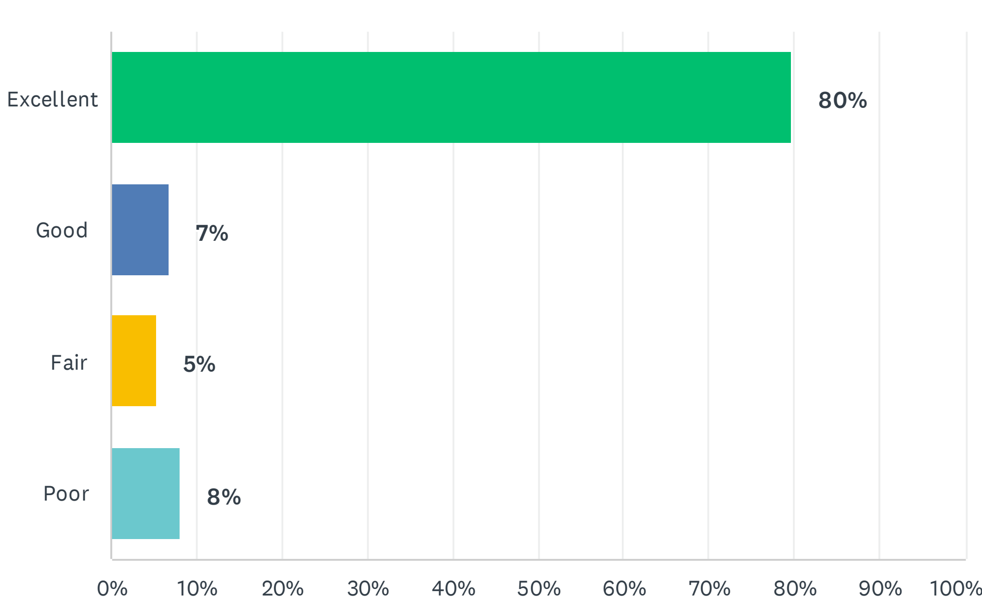
ANSWER CHOICES	RESPONSES	
Excellent	82%	61
Good	5%	4
Fair	3%	2
Poor	9%	7
TOTAL		74

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



ANSWER CHOICES	RESPONSES	
Excellent	77%	57
Good	9%	7
Fair	1%	1
Poor	11%	8
Don't Know	1%	1
TOTAL		74

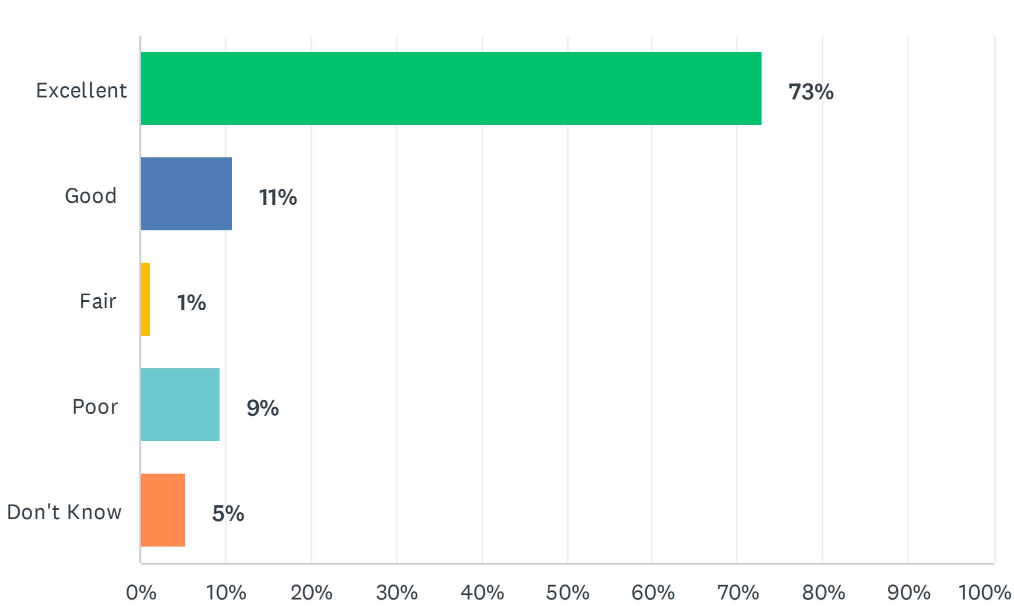
Q3 How do you rate the helpfulness of the Oregon Board of Dentistry employees?



ANSWER CHOICES	RESPONSES	
Excellent	80%	59
Good	7%	5
Fair	5%	4
Poor	8%	6
TOTAL		74

Attachment #2

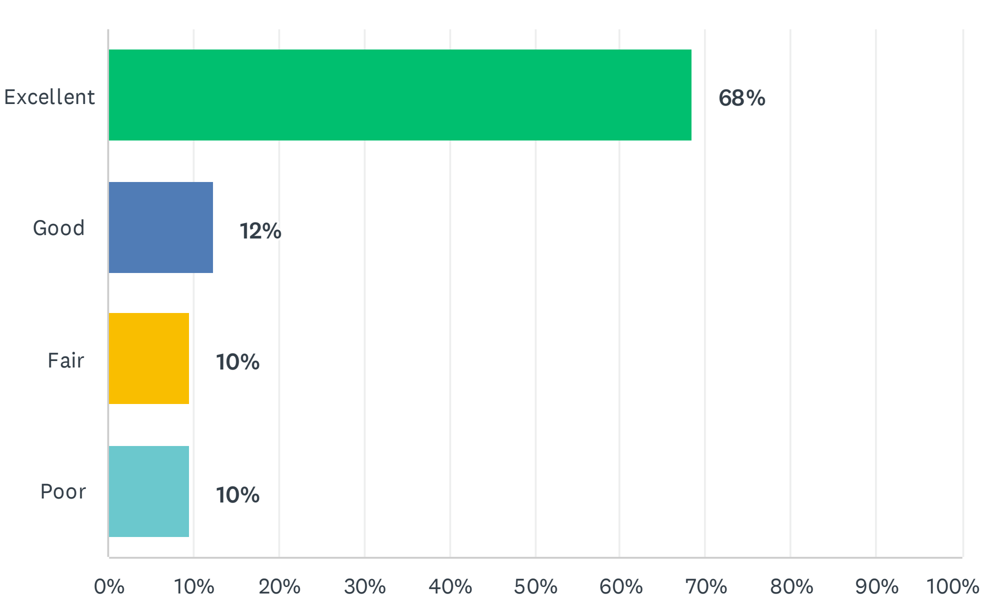
Q4 How do you rate the knowledge and expertise of the Oregon Board of Dentistry employees?



ANSWER CHOICES	RESPONSES	
Excellent	73%	54
Good	11%	8
Fair	1%	1
Poor	9%	7
Don't Know	5%	4
TOTAL		74

Attachment #2

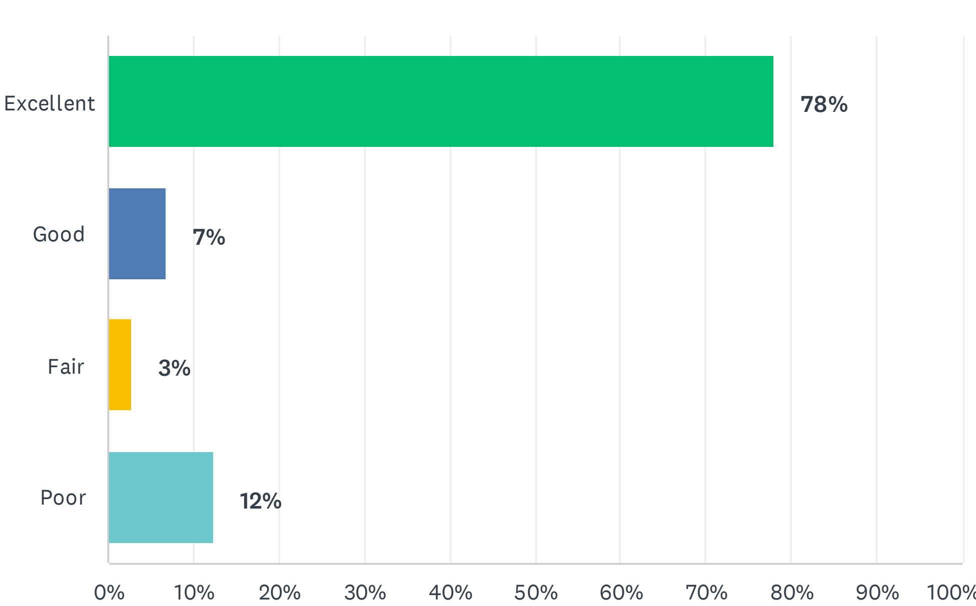
Q5 How do you rate the availability of information at the Oregon Board of Dentistry?



ANSWER CHOICES	RESPONSES	
Excellent	68%	50
Good	12%	9
Fair	10%	7
Poor	10%	7
TOTAL		73

Attachment #2

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



ANSWER CHOICES	RESPONSES	
Excellent	78%	57
Good	7%	5
Fair	3%	2
Poor	12%	9
TOTAL		73

Attachment #2

Oregon Board of Dentistry

Intro

HEALTH CARE WORKFORCE QUESTIONNAIRE

This information is collected by the Oregon Health Authority in collaboration with the Oregon Board of Dentistry, as part of legislatively mandated Health Care Workforce Database reporting, ORS 676.410 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.

The questionnaire should take approximately **5 - 8 minutes to complete**. The data gathered in this questionnaire are not connected to your license renewal application. All personally identifiable information from this data collection will be kept confidential and only reported in aggregate.

To navigate the form, use the arrow buttons at the bottom of the window. At the end of the questionnaire you will be redirected to the Licensing Board web page to continue with your license renewal.

If you need technical assistance with this survey, please contact a member of the Health Care Workforce Reporting Team by phone at (971) 283-8792 or e-mail at wkfc.admin@dhsoha.state.or.us

What is your original license year?

[ ]

Education and Training

EDUCATION

Please indicate your **highest level of education** in dentistry:

- ○ Master of Dental Surgery (MDS)
- ○ Master of Science in Dentistry (MSD)
- ○ Master of Science (MS) in the field
- ○ Doctor of Dental Surgery (DDS)
- ○ Doctor of Dental Medicine (DMD)
- ○ Other, please indicate below: [ ]

Where did you receive your highest degree in dentistry?

Attachment #3

- In the United States
- Out of the United States

In what year did you receive this degree? (YYYY)

School information:

School name:

School city:

School state:

Do you hold other degrees or certifications that are *not directly related to dentistry*? For example, Master's in Public Health (MPH), Juris Doctor (JD), etc.

- Yes, please specify below:
- No

Employment

EMPLOYMENT STATUS

What is your employment status?
("Employed in the field" includes non-patient care or a non-clinical environment related to dentistry.)

- Employed in the field (by an entity such as a health system, an educational institution, etc.)
- Self-employed in the field
- Employed in other field
- Unemployed, but seeking work in the field
- Unemployed, and NOT seeking work in the field
- Volunteer (if retired and volunteering, choose this option)
- Retired - not practicing
- Other, please describe below:

Please specify your employment type:

- Full-time
- Part-time
- Per-diem
- Other, please describe below:

SERVICES FOR OREGON RESIDENTS

Just to confirm, do you currently **work in Oregon or provide services to Oregon residents**?
(Please include any kind of work related to dentistry, including patient care, teaching, administration, volunteer work, etc.)

- Yes
- No

SPECIALTY

Please select your specialty (choose up to 2 specialties that you most commonly practice):

Specialty 1 (required):

Specialty 2 (optional):

Practice Specific

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION
(Your primary practice location is where you spend the majority of your time in the field)

In this position, do you **only** have a mobile practice or work in an outcall capacity?

- Yes
- No

PRIMARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your primary practice location (where you spend the *majority of your time* in the field)

Business name (optional):

Street address (please do *NOT* enter a PO Box or billing address):

City:

State or US Territory (if location is outside of US, select "Foreign Country"):

ZIP code:

Country:

PRIMARY PRACTICE LOCATION

In which county do you perform the majority of your work?

Do you provide any services via **telehealth** in this position?
(Telehealth is the use of electronic communications and software to provide clinical services to patients without an in-person visit.)

- Yes
- No

Describe your telehealth practice: (Select all that apply)

- Based in Oregon, care for Oregon clients
- Based in Oregon, care for clients outside of Oregon
- Based outside of Oregon, care for Oregon clients
- Based outside of Oregon, care for clients outside of Oregon

Select **up to three Oregon counties** where your telehealth/telemedicine clients receive services. Please note, this is **where the client is located**. If you serve clients in more than three counties, please select the ones with the most clients served.

Unknown	Douglas	Lake	Sherman
Baker	Gilliam	Lane	Tillamook
Benton	Grant	Lincoln	Umatilla
Clackamas	Harney	Linn	Union
Clatsop	Hood River	Malheur	Wallowa
Columbia	Jackson	Marion	Wasco
Coos	Jefferson	Morrow	Washington
Crook	Josephine	Multnomah	Wheeler
Curry	Klamath	Polk	Yamhill
Deschutes			

Please select up to ***2 specialties*** that you **most commonly practice** at this work location:

Specialty 1 (required):

Specialty 2 (optional):

What best describes the ***practice setting*** for this location?

- Private Dental Office - Group
- Private Dental Office - Solo
- Community/School based health center
- Correctional facility
- Educational or research institution
- Home health
- Indian Health Services or tribal clinic
- Locum tenens/Traveler/Temp agency
- Military or VA health facility
- Mobile unit
- Occupational Health
- Policy/Planning/Regulatory/Licensing agency
- Skilled nursing facility/long term care
- Other, please describe below:

PRIMARY PRACTICE LOCATION

On average, how many **hours per week** do you work at this location? (Please select hours, not FTE)

0 10 20 30 40 50 60 70 80

Average hours per week at this location

How many hours of assistance do you receive from **Dental Hygienists per week** at this location**? (Enter 0 if not applicable)**

0 10 20 30 40 50 60 70 80

Dental Hygienist hours per week at this location

How many hours of assistance do you receive from **Chairside Assistants per week** at this location**? (Enter 0 if not applicable)**

0 10 20 30 40 50 60 70 80

Chairside Assistant hours per week at this location

What **percentage of your total hours** at this location do you spend on the following activities? (the total percentage for all activities must add up to 100)

Enter whole numbers without percent signs. For example, if you work 50% in one activity, type 50

Direct Patient Care	0
Teaching/Training	0
Research	0
Management/Administration	0
Other	0
Total	0

Do you currently have patients that use Medicaid/ the Oregon Health Plan (OHP) to pay for services at this location?

- Yes
- No
- Don't know

Approximately what percentage of your patients at this location receive coverage through Medicaid/ the Oregon Health Plan (OHP)?

Please select your closest estimate. If you are uncertain, please select "Unknown".

PRIMARY PRACTICE LOCATION

Is there another practice location where you are currently working?

- Yes
- No

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

In this position, do you **only** have a mobile practice or work in an outcall capacity?

- Yes
- No

SECONDARY PRACTICE LOCATION: GENERAL INFORMATION

Please provide the address of your secondary practice location:

Business name (optional):

Street address (please do *NOT* enter a PO Box or billing address):

City:

State or US Territory (if location is outside of US, select "Foreign Country"):

ZIP code:

Country:

SECONDARY PRACTICE LOCATION

In which county do you perform the majority of your work?

Do you provide any services via **telehealth** in this position?
(Telehealth is the use of electronic communications and software to provide clinical services to patients without an in-person visit.)

- Yes
- No

Describe your telehealth practice: (Select all that apply)

- Based in Oregon, care for Oregon clients
- Based in Oregon, care for clients outside of Oregon
- Based outside of Oregon, care for Oregon clients
- Based outside of Oregon, care for clients outside of Oregon

Select **up to three Oregon counties** where your telehealth/telemedicine clients receive services. Please note, this is **where the client is located**. If you serve clients in more than three counties, please select the ones with the most clients served.

- Unknown
- Baker
- Benton
- Clackamas
- Clatsop
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa

- [ ] Columbia
- [ ] Coos
- [ ] Crook
- [ ] Curry
- [ ] Deschutes
- [ ] Jackson
- [ ] Jefferson
- [ ] Josephine
- [ ] Klamath
- [ ] Marion
- [ ] Morrow
- [ ] Multnomah
- [ ] Polk
- [ ] Wasco
- [ ] Washington
- [ ] Wheeler
- [ ] Yamhill

Please select up to ***2 specialties*** that you **most commonly practice** at this work location:

Specialty 1 (required):

Specialty 2 (optional):

What best describes the ***practice setting*** for this location?

- ○ Private Dental Office - Group
- ○ Private Dental Office - Solo
- ○ Community/School based health center
- ○ Correctional facility
- ○ Educational or research institution
- ○ Home health
- ○ Indian Health Services or tribal clinic
- ○ Locum tenens/Traveler/Temp agency
- ○ Military or VA health facility
- ○ Mobile unit
- ○ Occupational Health
- ○ Policy/Planning/Regulatory/Licensing agency
- ○ Skilled nursing facility/long term care
- ○ Other, please describe below:

SECONDARY PRACTICE LOCATION

On average, how many **hours per week** do you work at this location? (Please select hours, not FTE)

	0	10	20	30	40	50	60	70	80
Average hours per week at this location									

How many hours of assistance do you receive from **Dental Hygienists per week** at this location**? (Enter 0 if not applicable)**

	0	10	20	30	40	50	60	70	80
Dental Hygienist hours per week at this location									

How many hours of assistance do you receive from **Chairside Assistants per week** at this location**? (Enter 0 if not applicable)**

Attachment #3

	0	10	20	30	40	50	60	70	80	
Chairside Assistant hours per week at this location										

What **percentage of your total hours** at this location do you spend on the following activities? (the total percentage for all activities must add up to 100.)

Enter whole numbers without percent signs. For example, if you work 50% in one activity, type 50

Direct Patient Care	0
Teaching/Training	0
Research	0
Management/Administration	0
Other	0
Total	0

Do you currently have patients that use Medicaid/ the Oregon Health Plan (OHP) to pay for services at this location?

- Yes
- No
- Don't know

Approximately what percentage of your patients at this location receive coverage through Medicaid/ the Oregon Health Plan (OHP)?

Please select your closest estimate. If you are uncertain, please select "Unknown".

Future Plans

FUTURE PLANS:

In the *next two years,* what best describes **your plans for working**?

- Continue working at my current location(s)
- Move to another practice location in Oregon
- Move to Oregon to practice in the field
- Leave Oregon to practice out of state
- Leave the field (with intention to work in a different field)
- Retire
- Other

Attachment #3

In the *next two years*, what best describes **your plans for how much you will work**?

- Maintain practice hours as is
- Reduce practice hours
- Increase practice hours
- [ ] Other

Languages

LANGUAGES SPOKEN

Do you speak languages **other than English**?

- Yes
- No

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH

Select up to two languages that you speak **other than English**.

- Afrikaans
- American Sign Language
- Amharic
- Apache
- Arabic
- Arapaho
- Armenian
- Bambara
- Basque
- Bengali
- Bislama
- Bosnian
- Bulgarian
- Burmese
- Cambodian
- Cantonese
- Cebuano
- Chamorro
- Cherokee
- Cheyenne
- Chinese
- Chinook
- Coos
- Coquille, Tututni
- Cree
- Croatian
- Czech
- Danish
- Estonian
- Farsi
- Finnish
- Flemish-Dutch
- French
- French Creole
- Gaelic
- German
- Greek
- Gujarati
- Haitian Creole
- Hebrew
- Hindi
- Hmong
- Hungarian
- Icelandic
- Igbo
- Ilocano
- Iloko
- Indonesian
- Iranian
- Italian
- Japanese
- Kannada
- Khmer
- Kikuyu
- Klamath
- Konkani
- Korean
- Lao, Laotian
- Latin
- Latvian
- Lithuanian
- Macedonian
- Malay
- Malayalam
- Mandarin
- Marathi
- Mien
- Modoc
- Navaho
- Nepali
- Nez Perce
- Norwegian
- Oriya
- Oromo
- Paiute
- Persian, Farsi
- Polish
- Portuguese
- Portuguese Creole
- Punjabi
- Pushto
- Quechua
- Romanian
- Russian
- Samoan
- Sanskrit
- Serbian
- Sindhi
- Siuslaw
- Slovak
- Slovenian
- Somali
- Spanish
- Spanish Creole
- Swahil, Kiswahili
- Swedish
- Tagalog
- Tamil
- Telugu
- Teochew
- Thai
- Tibetan
- Tigrinya
- Tonga
- Turkish
- Ukrainian
- Umatilla
- Urdu
- Vietnamese
- Visayan
- Walla Walla
- Welsh
- Yiddish
- Yoruba
- Yupik
- Other

Attachment #3

Language(s) selected:**${q://QID267/ChoiceGroup/SelectedChoices}.**

If that is not correct, please press the back arrow to change your response.

Please specify other language (only enter one):

loop_merge Language - certification

PROFICIENCY IN LANGUAGE: ${lm://Field/1}

Please answer the following questions about: ${q://QID427/ChoiceTextEntryValue}

What is your proficiency level in **${lm://Field/1}**?

Proficiency levels:
Beginner: you have vocabulary large enough to communicate the most basic needs.
Intermediate: you can speak the language with sufficient structural accuracy and vocabulary to participate effectively in most conversations on practical, social, and professional topics.
Advanced: you are able to speak the language fluently on all levels and as pertinent to typical professional needs; can handle informal interpreting of the language.
Native: you have a speaking proficiency equivalent to that of an educated native speaker.

- Beginner
- Intermediate
- Advanced proficiency
- Native Speaker

Have you received training in medical terminology in **${lm://Field/1}**?
(this training may have been taken inside or outside of the US)

- Yes
- No

Do you use this language (**${lm://Field/1}**) at work while providing care to patients?

- Yes
- No, I do not provide patient care
- No, I don't have patients that speak ${lm://Field/1}
- No, other reason

Are you certified as a bilingual provider or medical interpreter in **${lm://Field/1}**?

- Yes
- No

Please indicate certifying entity:

[ ]

English Proficiency

How well do you speak English?
(Your response to this question may be accessed by OHA and the licensing board. Your response will not affect the renewal of your license)

- ○ Very well
- ○ Well
- ○ Not well
- ○ Not at all
- ○ Don't know/Unknown
- ○ Don't want to answer/Decline

Gender

DEMOGRAPHIC INFORMATION

What is your gender?

- ○ Male
- ○ Female
- ○ [ ] Prefer to self describe
- ○ Don't want to answer/Decline

What is your ethnicity?

- ○ Hispanic/Latino
- ○ Not Hispanic/Latino
- ○ Decline to answer

What is your race? (Please check all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Decline to answer
- ☐ [ ] Other, please specify below:

RE - reald

We would like you to tell us your race and ethnicity so that we can find and address health and service differences in Oregon.

Your responses to these questions may be accessed by OHA and the licensing board. Your responses will not affect the renewal of your license. These questions are optional and your answers are confidential.

How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

Hispanic and Latino/a/x

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- ☐ Chamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

White

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

American Indian and Alaska Native

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis,or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American

- ☐ African American
- ☐ Afro-Car bbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/Northern African

- ☐ Middle Eastern
- ☐ Northern African

Attachment #3

Asian

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Other Categories

- ☐ [ ] Other (please list)
- ☐ Don't know/Unknown
- ☐ Don't want to answer/Decline

You selected: ${q://QID129507948/ChoiceGroup/SelectedChoices}

Do you identify **one** of these to be your **primary racial ethnic identity**?

- ○ Yes
- ○ No, I do not have just one primary racial or ethnic identity
- ○ No. I identify as Biracial or Multiracial
- ○ Don't know/Unknown
- ○ Don't want to answer/Decline

Please **select the ONE that best represents your racial or ethnic identity**.

- ○ » Central American
- ○ » Mexican
- ○ » South American
- ○ » Other Hispanic or Latino/a/x
- ○ » Chamoru (Chamorro)
- ○ » Marshallese
- ○ » Communities of the Micronesian Region
- ○ » Native Hawaiian
- ○ » Samoan
- ○ » Other Pacific Islander
- ○ » Eastern European
- ○ » Slavic
- ○ » Western European
- ○ » Other White
- ○ » American Indian

- » Alaska Native
- » Canadian Inuit, Metis,or First Nation
- » Indigenous Mexican, Central American, or South American
- » African American
- » Afro-Caribbean
- » Ethiopian
- » Somali
- » Other African (Black)
- » Other Black
- » Middle Eastern
- » Northern African
- » Asian Indian
- » Cambodian
- » Chinese
- » Communities of Myanmar
- » Filipino/a
- » Hmong
- » Japanese
- » Korean
- » Laotian
- » South Asian
- » Vietnamese
- » Other Asian
- ____ » Other (please list)
- » Don't know/Unknown
- » Don't want to answer/Decline

Disability

Disability

Your answer to these questions will help us find health and service differences among people with and without functional difficulties.

Your responses to these questions may be accessed by OHA and the licensing board. Your responses will not affect the renewal of your license. These questions are optional and your answers are confidential.

Are you **deaf** or do you have **serious difficulty hearing?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Does a **physical, mental, or emotional condition limit your activities** in any way?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Do you have serious difficulty **walking or climbing stairs?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Do you have **difficulty dressing or bathing?**

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Because of a **physical, mental, or emotional condition**, do you have serious difficulty **doing errands alone** such as visiting a doctor's office or shopping?

- Yes
- No
- Don't know/Unknown
- Don't want to answer/Decline

At what age did this condition begin?

Completion & Submit

February 1, 2023
2:53 PM

${e://Field/FSTN} ${e://Field/LSTN} (License Number: ${e://Field/RDID}),

Thank you for completing the Health Care Workforce Questionnaire! **Please press 'Submit' below to save your responses and return to your license renewal.**

You may save or print this page as proof of survey completion for your records.

If you have any questions related to this questionnaire, please visit our website here or contact a member of the Health Care Workforce Team at:

Health Policy and Analytics
Oregon Health Authority
Phone: 971-283-8792
wkfc.admin@dhsoha.state.or.us

Powered by Qualtrics

January 11, 2023

Dear Agency Leaders:

I want to begin by saying thank you. Thank you for serving Oregon and the people who call our state home. Thank you for your professionalism and commitment to public service. And thank you for your partnership with my transition team as we hustled to get ready for Day One.

I am eager to get to work, and I view each of you as partners in my mission to deliver results and make everyday life better for Oregonians.

A core part of my vision for the next four years is to improve customer service for Oregonians – whether they are coming to us for a service, or we are coming to them in the wake of a disaster. That means being more efficient, more effective, and creating systems that will empower our collective 42,000 public servants to deliver for Oregonians.

So today, I am delivering a new set of expectations to you, the leaders of our state agencies. These expectations will serve as guideposts for our work together, providing us with new data that will help us break down silos and make enterprise-wide systems improvements.

To support this effort, my office will be organized with a new focus on public administration. I am hiring a talented group of experienced leaders who I expect to be partners with you in solving problems and delivering on my priorities, which as you know are housing and homelessness, behavioral health and addiction care, and education.

Finally, as Oregon's Governor, I understand that I have 42,000 employees counting on me for compassion and leadership. The pandemic was hard on workers and managers across the board – private or public, it has been tough. We all had to pivot on short notice, support each other through workforce shortages, and do our jobs while our families were facing the same uncertainty as the rest of the world. These workforce challenges are not going away, and I hope to partner with all of you as we continue to strive to make the State of Oregon a great place to live and work.

It is my pledge to all Oregonians, and to you, that I will work every day to be a partner with you in solving problems, big and small. We will not be perfect, but we will improve every year, so Oregonians can proudly say their state government was there for them.

254 STATE CAPITOL, SALEM OR 97301-4047 (503) 378-3111 FAX (503) 378-8970
WWW.GOVERNOR.OREGON.GOV

I am directing the Department of Administrative Services (DAS) to provide my office with updates on our progress in meeting these new expectations quarterly beginning June 1, 2023. Please engage with DAS Director Berri Leslie throughout this process. She will help measure and manage these goals and I have asked her to be a partner with you to ensure you have what you need to be successful.

As a first step, please email Director Leslie by February 1st to confirm that you are ready and willing to work with us toward these enterprise goals.

Thank you for your commitment to Oregon, and I look forward to a great partnership.

Sincerely,

Governor Tina Kotek

Oregon Agency Expectations

Performance Reviews for Agency Directors:
The DAS Chief Human Resources office will complete a 360-performance evaluation, for every director who reports to the Governor, every two years. Agencies without a review in the prior 12 months will be prioritized. Agency directors who report to a board or commission should have a review completed every two years by their governing body. DAS will provide a price agreement with available vendors to facilitate this process. DAS will also provide a 360-performance template for boards and commissions to use as a model by June 1, 2023. DAS will have the price agreement and template in place by June 1, 2023. DAS will provide quarterly compliance reporting to the Governor's office.

Performance Feedback for Employees:
Each agency will maintain compliance with the quarterly performance feedback meeting requirement for all employees at a quarterly performance rate of 90% completion or higher. Quarterly check ins must be documented in Workday. Agencies will comply by June 1, 2023. DAS will provide quarterly compliance reports to the Governor's office.

Measuring Employee Satisfaction:
Agencies of a size to be determined by vendor recommendation will complete an anonymous annual employee satisfaction survey. All agencies will use the same DAS approved vendor and a list of approved questions from DAS. Agencies shall create an action plan to follow up on substantial findings and use the annual process to measure improvement. DAS will identify the vendor and questions by June 1, 2023. Agencies will complete the first satisfaction survey by December 31, 2023 and submit their scores to DAS by February 1, 2024. DAS will use the information to provide a roll-up report card of enterprise-wide employee satisfaction on an annual basis.

Supporting Strategic Planning and Measuring Agency Performance:
Agencies are required to develop and follow a strategic plan using goals outlined by the Governor's office. Plans should be developed with agency leadership and in partnership with direct service employees, community partners, tribes, underrepresented communities, and applicable boards and commissions responsible for oversight of the organization. Plans should include a section that aligns with the agency's information technology strategy to include how modernization efforts will support the goals of the organization.

DAS will provide a list of approved vendors on price agreement to facilitate this process. DAS will also provide a template for vendors and agencies to use to support consistency and measurement across agencies. Agencies will post strategic plans with dashboards outlining progress on their public facing web sites. DAS will prepare price agreements and templates by June 1, 2023. Agencies with strategic plans completed within the last 36 months can update their plans into the new template format aligning with Governor Kotek's goals with a target completion date of December 31, 2023. Agencies with strategic plans older than 36 months should begin a new planning process, using the standardized template format, with a goal of

completing their plans by June 1, 2024. DAS will provide an annual progress report to the Governor's office.

Managing Information Technology Progress:
Agency CIO/IT leaders shall collaborate with Enterprise Information Services program leaders, Agency Leadership, and their policy area Assistant State CIO as it pertains to operationalizing the vision, values, and strategy of the State CIO.

Agencies of 50 FTE or larger are required to develop an information technology strategic plan. Plans should be developed with agency leadership and include how the agency aligns with the Enterprise Information Services' Strategic Framework and how modernization efforts will support the goals of the organization. EIS will provide IT Strategic Planning assistance through policy area Assistant State CIOs and their vendor partners as well as a template by June 1, 2023. IT strategic plans should be completed and submitted to EIS by December 31,2023. The State CIO will review and approve all plans. DAS will provide an annual compliance report to the Governor's office.

Succession Planning for the Workforce:
Agencies are required to have an agency succession plan in place. DAS provides a succession planning toolkit to facilitate this process which can be found online at: https://www.oregon.gov/das/HR/Pages/success-plan.aspx. Agencies without a current plan must complete a plan by December 31, 2023. Plans should be submitted to the DAS Strategic Initiatives & Accountability Division. DAS will provide an annual compliance report to the Governor's office.

State Government Commitment to Diversity, Equity and Inclusion:
Agencies are required to have a Diversity, Equity, and Inclusion Plan (DEI Plan), updated every two years. Agencies without a current DEI Plan must complete an initial plan by June 1, 2023. Agencies are encouraged to adopt the strategies, goals, and implementation processes from the statewide Diversity, Equity, and Inclusion Action Plan to fit their mission. This can be used as a toolkit to guide the development and implementation of your agency's DEI Plan.

An agency's DEI Plan serves as an overarching DEI strategy tool. In addition to the DEI Plan, agencies are required to have an Affirmative Action Plan, updated annually. Both the DEI and affirmative action plans should be submitted to the DAS Affirmative Action Manager. Agencies without a current plan must complete an initial plan by June 1, 2023. The Affirmative Action Plan serves as an element of the DEI Plan and supplements the implementation to achieve both DEI and Affirmative Action goals.

DAS will provide an annual compliance report to the Governor's office.

Additional Information:

- Executive Order 22-11 as it relates to Affirmative Action, Equal Employment Opportunity, Diversity, Equity, and Inclusion. Direct link to executive order: https://www.oregon.gov/gov/eo/eo_22-11.pdf.
- Resource: https://youtu.be/hDXQdcQ0InU (51 Minutes).

- Affirmative Action Plan Workshop: https://youtu.be/AcX7vmL6pPc (48 Minutes).

Agency Emergency Preparedness:

Agencies are required to have in place and update annually their continuity of operations plan (COOP). DAS Policy 107-001-010 outlines COOP requirements for agencies. Additionally, the Oregon Department of Emergency Management has a Continuity of Operations Plan Toolkit available on their website. The toolkit includes a link to FEMA's Continuity of Guidance Circular, which provides additional guidance on what a COOP should include. Agencies without a current plan must complete an initial plan by September 30, 2023. Plans should be submitted to the Department of Emergency Management who will report compliance annually to the Department of Administrative Services and the Governor's office.

Note: ODEM and DAS are in the process of implementing a new COOP software package. This software will provide a step-by-step guide for developing a COOP. Deadline for full implementation is June 30, 2023; agencies will be kept apprised of progress.

Agency Hiring Practices:

Agencies will monitor hiring practices to ensure that the average time to fill positions does not exceed more than 50 days. Time to fill means from the day the recruitment is open to the day a job offer is made to the candidate. Executive recruitments can be excluded from this calculation given the more expansive nature of those recruitments. DAS will provide the Governor's office with a quarterly progress report to identify agency hot spots. This is intended to be both a stretch goal for agencies and an early warning indicator of a potentially struggling agency.

DAS will monitor enterprise vacancy rates and report on those rates quarterly to the Governor's office.

Audit Accountability:

Agencies will work collaboratively with the Secretary of State (SOS) and ensure that all SOS and internal audit findings are resolved within the target date the agency specified in their management response to the audit recommendations, or if there is no management response, findings are to be resolved 12 months from the date the audit report is issued. Agencies will demonstrate their quarterly progress on key findings if implementation or resolutions takes longer than 12 months or they miss their targeted specified date. Unresolved audit findings should be reported to the DAS Strategic Initiatives & Enterprise Accountability Division. DAS will provide a process and template by June 1, 2023. DAS will provide an annual update to the Governor's office.

Developing New Employees and Managers:

All agencies will develop new employee orientation programs and be able to demonstrate that 100% of their employees participate in their onboarding programs within 60 days of hire. Agencies will comply by December 31, 2023.

All new state employees will participate in DAS' customer service training within 60 days of hire. DAS will develop and implement this training by June 1. 2023. Agencies will be responsible for ensuring employee participation and DAS will provide quarterly reports to the

Governor's office about compliance. Agencies are expected to achieve compliance by December 31, 2023.

All agencies will ensure that every new employee participates In Uplift Oregon's benefits workshop within 30 days of hire, so that the education supports employees to make fully informed decisions when choosing their benefits. Agency onboarding systems will incorporate time for each employee to access a virtual, two-hour training ideally within 14 days of hire, or before an employee completes their benefits enrollment documents. Agencies will comply by June 1, 2023. DAS will provide quarterly performance reports.

All agencies will ensure that managers new to managing in state government complete the introductory manager training program within three months of starting their new management position. Agencies will comply by June 1, 2023. DAS will provide quarterly reports to the Governor's office about compliance.

Oregon Government Ethics Commission
Oregon Public Meetings Law: Executive Session Provisions

Oregon Government Ethics Commission

3218 Pringle Rd. SE, Suite 220

Salem, OR 97302-1544

Telephone: 503-378-5105

Fax: 503-373-1456

Web address: www.oregon.gov/ogec

Attachment #5

192.610 Definitions for ORS 192.610 to 192.690

192.660 Executive sessions permitted on certain matters; procedures; news media representatives' attendance; limits

192.680 Enforcement of ORS 192.610 to 192.690; effect of violation on validity of decision of governing body; liability of members

192.685 Additional enforcement of alleged violations of ORS 192.660

192.610 Definitions for ORS 192.610 to 192.690. As used in ORS 192.610 to 192.690:

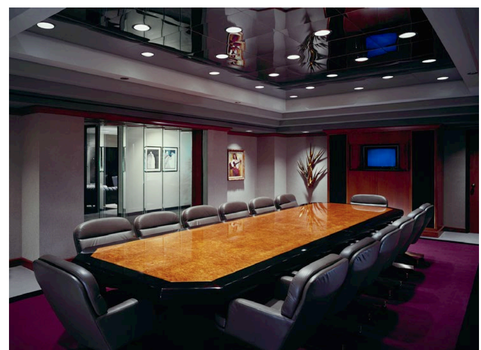
(1) "Decision" means any determination, action, vote or final disposition upon a motion, proposal, resolution, order, ordinance or measure on which a vote of a governing body is required, at any meeting at which a quorum is present.

(2) "Executive session" means any meeting or part of a meeting of a governing body which is closed to certain persons for deliberation on certain matters.

(3) "Governing body" means the members of any public body which consists of two or more members, with the authority to make decisions for or recommendations to a public body on policy or administration.

(4) "Public body" means the state, any regional council, county, city or district, or any municipal or public corporation, or any board, department, commission, council, bureau, committee or subcommittee or advisory group or any other agency thereof.

(5) "Meeting" means the convening of a governing body of a public body for which a quorum is required in order to make a decision or to deliberate toward a decision on any matter. "Meeting" does not include any on-site inspection of any project or program. "Meeting" also does not include the attendance of members of a governing body at any national, regional or state association to which the public body or the members belong. [1973 c.172 §2; 1979 c.644 §1]



192.660 Executive sessions permitted on certain matters; procedures; news media representatives' attendance; limits.

(1) ORS 192.610 to 192.690 do not prevent the governing body of a public body from holding executive session during a regular, special or emergency meeting, after the presiding officer has identified the authorization under ORS 192.610 to 192.690 for holding the executive session.

(2) The governing body of a public body may hold an executive session:

(a) To consider the employment of a public officer, employee, staff member or individual agent.
(b) To consider the dismissal or disciplining of, or to hear complaints or charges brought against, a public officer, employee, staff member or individual agent who does not request an open hearing.
(c) To consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 to 441.063 and 441.196 including, but not limited to, all clinical committees, executive, credentials, utilization review, peer review committees and all other matters relating to medical competency in the hospital.
(d) To conduct deliberations with persons designated by the governing body to carry on labor negotiations.
(e) To conduct deliberations with persons designated by the governing body to negotiate real property transactions.
(f) To consider information or records that are exempt by law from public inspection.
(g) To consider preliminary negotiations involving matters of trade or commerce in which the governing body is in competition with governing bodies in other states or nations.
(h) To consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed.
(i) To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee or staff member who does not request an open hearing.
(j) To carry on negotiations under ORS chapter 293 with private persons or businesses regarding proposed acquisition, exchange or liquidation of public investments.
(k) To consider matters relating to school safety or a plan that responds to safety threats made toward a school.
(l) If the governing body is a health professional regulatory board, to consider information obtained as part of an investigation of licensee or applicant conduct.
(m) If the governing body is the State Landscape Architect Board, or an advisory committee to the board, to consider information obtained as part of an investigation of registrant or applicant conduct.
(n) To discuss information about review or approval of programs relating to the security of any of the following:
    (A) A nuclear-powered thermal power plant or nuclear installation.
    (B) Transportation of radioactive material derived from or destined for a nuclear-fueled thermal power plant or nuclear installation.

(2) The governing body of a public body may hold an executive session (continued):

(C) Generation, storage or conveyance of:
- (i) Electricity;
- (ii) Gas in liquefied or gaseous form;
- (iii) Hazardous substances as defined in ORS 453.005 (7)(a), (b) and (d);
- (iv) Petroleum products;
- (v) Sewage; or
- (vi) Water.

(D) Telecommunication systems, including cellular, wireless or radio systems.

(E) Data transmissions by whatever means provided.

(3) Labor negotiations shall be conducted in open meetings unless negotiators for both sides request that negotiations be conducted in executive session. Labor negotiations conducted in executive session are not subject to the notification requirements of ORS 192.640.

(4) Representatives of the news media shall be allowed to attend executive sessions other than those held under subsection (2)(d) of this section relating to labor negotiations or executive session held pursuant to ORS 332.061 (2) but the governing body may require that specified information be undisclosed.

(5) When a governing body convenes an executive session under subsection (2)(h) of this section relating to conferring with counsel on current litigation or litigation likely to be filed, the governing body shall bar any member of the news media from attending the executive session if the member of the news media is a party to the litigation or is an employee, agent or contractor of a news media organization that is a party to the litigation.

(6) No executive session may be held for the purpose of taking any final action or making any final decision.

(7) The exception granted by subsection (2)(a) of this section does not apply to:
- (a) The filling of a vacancy in an elective office.
- (b) The filling of a vacancy on any public committee, commission or other advisory group.
- (c) The consideration of general employment policies.
- (d) The employment of the chief executive officer, other public officers, employees and staff members of a public body unless:
  - (A) The public body has advertised the vacancy;
  - (B) The public body has adopted regular hiring procedures;
  - (C) In the case of an officer, the public has had the opportunity to comment on the employment of the officer; and
  - (D) In the case of a chief executive officer, the governing body has adopted hiring standards, criteria and policy directives in meetings open to the public in which the public has had the opportunity to comment on the standards, criteria and policy directives.

(8) A governing body may not use an executive session for purposes of evaluating a chief executive officer or other officer, employee or staff member to conduct a general evaluation of an agency goal, objective or operation or any directive to personnel concerning agency goals, objectives, operations or programs.

(9) Notwithstanding subsections (2) and (6) of this section and ORS 192.650:

(a) ORS 676.175 governs the public disclosure of minutes, transcripts or recordings relating to the substance and disposition of licensee or applicant conduct investigated by a health professional regulatory board.

(b) ORS 671.338 governs the public disclosure of minutes, transcripts or recordings relating to the substance and disposition of registrant or applicant conduct investigated by the State Landscape Architect Board or an advisory committee to the board.

(10) Notwithstanding ORS 244.290, the Oregon Government Ethics Commission may not adopt rules that establish what entities are considered representatives of the news media that are entitled to attend executive sessions under subsection (4) of this section. [1973 c.172 §6; 1975 c.664 §2; 1979 c.644 §5; 1981 c.302 §1; 1983 c.453 §1; 1985 c.657 §2; 1995 c.779 §1; 1997 c.173 §1; 1997 c.594 §1; 1997 c.791 §9; 2001 c.950 §10; 2003 c.524 §4; 2005 c.22 §134; 2007 c.602 §11; 2009 c.792 §32; 2015 c.421 §2; 2015 c.666 §3]

192.680 Enforcement of ORS 192.610 to 192.690; effect of violation on validity of decision of governing body; liability of members. (1) A decision made by a governing body of a public body in violation of ORS 192.610 to 192.690 shall be voidable. The decision shall not be voided if the governing body of the public body reinstates the decision while in compliance with ORS 192.610 to 192.690. A decision that is reinstated is effective from the date of its initial adoption.

(2) Any person affected by a decision of a governing body of a public body may commence a suit in the circuit court for the county in which the governing body ordinarily meets, for the purpose of requiring compliance with, or the prevention of violations of ORS 192.610 to 192.690, by members of the governing body, or to determine the applicability of ORS 192.610 to 192.690 to matters or decisions of the governing body.

(3) Notwithstanding subsection (1) of this section, if the court finds that the public body made a decision while in violation of ORS 192.610 to 192.690, the court shall void the decision of the governing body if the court finds that the violation was the result of intentional disregard of the law or willful misconduct by a quorum of the members of the governing body, unless other equitable relief is available. The court may order such equitable relief as it deems appropriate in the circumstances. The court may order payment to a successful plaintiff in a suit brought under this section of reasonable attorney fees at trial and on appeal, by the governing body, or public body of which it is a part or to which it reports.

(4) If the court makes a finding that a violation of ORS 192.610 to 192.690 has occurred under subsection (2) of this section and that the violation is the result of willful misconduct by any member or members of the governing body, that member or members shall be jointly and severally liable to the governing body or the public body of which it is a part for the amount paid by the body under subsection (3) of this section.

(5) Any suit brought under subsection (2) of this section must be commenced within 60 days following the date that the decision becomes public record.

(6) The provisions of this section shall be the exclusive remedy for an alleged violation of ORS 192.610 to 192.690. [1973 c.172 §8; 1975 c.664 §3; 1979 c.644 §6; 1981 c.897 §42; 1983 c.453 §2; 1989 c.544 §1]

192.685 Additional enforcement of alleged violations of ORS 192.660.

(1) Notwithstanding ORS 192.680, complaints of violations of ORS 192.660 alleged to have been committed by public officials may be made to the Oregon Government Ethics Commission for review and investigation as provided by ORS 244.260 and for possible imposition of civil penalties as provided by ORS 244.350.

(2) The commission may interview witnesses, review minutes and other records and may obtain and consider any other information pertaining to executive sessions of the governing body of a public body for purposes of determining whether a violation of ORS 192.660 occurred. Information related to an executive session conducted for a purpose authorized by ORS 192.660 shall be made available to the Oregon Government Ethics Commission for its investigation but shall be excluded from public disclosure.

(3) If the commission chooses not to pursue a complaint of a violation brought under subsection (1) of this section at any time before conclusion of a contested case hearing, the public official against whom the complaint was brought may be entitled to reimbursement of reasonable costs and attorney fees by the public body to which the official's governing body has authority to make recommendations or for which the official's governing body has authority to make decisions. [1993 c.743 §28]

Resources:

- *Attorney General's Public Records and Meetings Manual 2019*

Notes: ____

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State of Oregon

EXECUTIVE SESSION CHECKLIST

Prior to the meeting:

- ☐ Provide notice of an executive session in the same manner you give notice of a public meeting. **The notice must cite the specific statutory provision(s) authorizing the executive session.**

At the meeting:

- ☐ Announce that you are going into executive session pursuant to ORS 192.660 and **cite the specific reason(s) and statute(s)** that authorize the executive session for **each subject** to be discussed.
- ☐ If you intend on coming out of executive session to take final action, announce when the open session will begin again.
- ☐ Specify if any individuals other than the news media may remain.
- ☐ Tell the media what may not be disclosed from the executive session. **If you fail to do this, the media may report everything!** If you discuss matters other than what you announce you are going to discuss in the executive session, the media may report those additional matters. *A member of the news media must be excluded from executive session held to discuss litigation with legal counsel if he or she is a party to the litigation or is an employee, agent or contractor of a news media organization that is a party.
- ☐ **Come back into open session to take final action**. If you did not specify at the time you went into executive session when you would return to open session, and the executive session has been very short, you may open the door and announce that you are back in open session. If you unexpectedly come back into open session after previously announcing you would not be doing so, you must use reasonable measures to give actual notice to interested persons that you are back in open session. This may require postponing final action until another meeting.
- ☐ Keep minutes or a sound, video, or digital recording of executive sessions.

*The governing body may choose to allow other specified persons to attend the executive session. *See Barker v. City of Portland*, 67 Or App 23, 676 P2d 1391 (1984).

Statutory Provisions for Executive Session

To consider the employment of an officer, employee, staff member or agent if: (i) the job has been publicly advertised, (ii) regularized procedures for hiring have been adopted, and (iii) in relation to employment of a public officer, there has been an opportunity for public comment. For hiring a chief executive officer, the standards, criteria and policy to be used must be adopted in an open meeting in which the public has an opportunity to comment. This reason for executive session may not be used to fill vacancies in an elective office or on any public committee, commission or other advisory group, or to consider general employment policies	ORS 192.660(2)(a) ORS 192.660(7)
To consider dismissal or discipline of, or to hear charges or complaints against an officer, employee, staff member or agent, if the individual does not request an open meeting.	ORS 192.660(2)(b)
To consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 to 441.063 and 441.196.	ORS 192.660(2)(c)
To conduct deliberations with persons you have designated to carry on labor negotiations.	ORS 192.660(2)(d)
To conduct deliberations with persons you have designated to negotiate real property transactions.	ORS 192.660(2)(e)
To consider information or records that are exempt from disclosure by law, including written advice from your attorney.	ORS 192.660(2)(f)
To consider preliminary negotiations regarding trade or commerce in which you are in competition with other states or nations.	ORS 192.660(2)(g)
To consult with your attorney regarding your legal rights and duties in regard to current litigation or litigation that is more likely than not to be filed.	ORS 192.660(2)(h)
To review and evaluate the performance of an officer, employee or staff member if the person does not request an open hearing. This reason for executive session may not be used to do a general evaluation of an agency goal, objective or operation or any directive to personnel concerning those subjects.	ORS 192.660(2)(i) ORS 192.660 (8)
To carry on negotiations under ORS Chapter 293 with private persons or businesses regarding proposed acquisition, exchange or liquidation of public investments.	ORS 192.660(2)(j)
To consider matters relating to school safety or a plan that responds to safety threats made toward a school.	ORS 192.660(2)(k)
For a health professional regulatory board to consider information obtained as part of an investigation of licensee or applicant conduct.	ORS 192.660(2)(l)
For the State Landscape Architect Board or its advisory committee to consider information obtained as part of an investigation of registrant or applicant conduct.	ORS 192.660(2)(m)
To discuss information about review or approval of programs relating to the security of any of the following: (A) a nuclear-powered thermal power plant or nuclear installation; (B) transportation of radioactive material derived from or destined for a nuclear-fueled thermal power plant or nuclear installation; (C) generation, storage or conveyance of (i) electricity (ii) gas in liquefied or gaseous form (iii) hazardous substances as defined in ORS 453.005(7)(a), (b), and (d), (iv) petroleum products, (v) sewage, or (vi) water; (D) telecommunications systems, including cellular, wireless or radio systems; or (E) data transmissions by whatever means provided.	ORS 192.660(2)(n)

State of Oregon

Sample Script to Announce Start of Executive Session

- The [governing body] will now meet in executive session for the purpose of [limited to enumerated purposes in ORS 192.660] ______________.
- The executive session is held pursuant to ORS 192.660(__) [choose appropriate section(s) for *this* session], which allows the Commission to meet in executive session to [list activity(ies)] _____________________.
- Representatives of the news media and designated staff shall be allowed to attend the executive session.* All other members of the audience are asked to leave the room.
- Representatives of the news media are specifically directed not to report on any of the deliberations during the executive session, except to state the general subject of the session as previously announced. No decision may be made in executive session.
- At the end of the executive session, we will return to open session and welcome the audience back into the room.

*The governing body may choose to allow other specified persons to attend the executive session. *See Barker v. City of Portland*, 67 Or App 23, 676 P2d 1391 (1984).

Sample Script:

The Oregon Government Ethics Commission will now meet in executive session for the purpose of consultation with counsel concerning legal rights and duties regarding current litigation or litigation likely to be filed.

The executive session is held pursuant to ORS 192.660(2)(h), which allows the Commission to meet in executive session to consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed.

Representatives of the news media and designated staff shall be allowed to attend the executive session. All other members of the audience are asked to leave the room.

Representatives of the news media are specifically directed not to report on any of the deliberations during the executive session, except to state the general subject of the session as previously announced. No decision may be made in executive session.

At the end of the executive session, we will return to open session and welcome the audience back into the room.

Senate Members:
Sen. Lew Frederick, Co-Chair
Sen. Michael Dembrow
Sen. Suzanne Weber
Staff:
Julie Neburka, Committee Coordinator
Vivian Stair, Committee Assistant

House Members:
Rep. Susan McLain, Co-Chair
Rep. Tracy Cramer
Rep. Emily McIntire
Rep. Hoa Nguyen
Rep. Ricki Ruiz

JOINT COMMITTEE ON WAYS AND MEANS SUBCOMMITTEE ON EDUCATION

Oregon State Capitol
900 Court Street NE, Room H-178, Salem, Oregon 97301
Phone: 503-986-1828

AGENDA

Posted: FEB 14 10:18 AM

MONDAY

Date: **February 20, 2023**
Time: **8:00 A.M.**
Room: **HR E**

Public Hearing
HB 5011
Board of Dentistry

PLEASE NOTE

This meeting is being held in person at the Capitol. To view a livestream of the meeting, go to:
https://olis.oregonlegislature.gov/liz/2023R1/Committees/JWMED/Overview

Language Access Services (interpreter, translation, CART):
Go to: https://www.oregonlegislature.gov/citizen_engagement/Pages/language-access.aspx
Request services at least 3 days prior to the scheduled meeting date
Closed captioning is available for live and recorded meeting

For ADA accommodation requests, please email employee.services@oregonlegislature.gov or call 1-800-332-2313.

Attachment #6

OREGON BOARD OF DENTISTRY

2023 - 2025 BUDGET PRESENTATION

Joint Ways and Means Subcommittee on Education

February 20, 2023

Presented by:
Stephen Prisby, Executive Director

Attachment #6

OREGON BOARD OF DENTISTRY
2023-2025 Budget Presentation

AGENCY OVERVIEW

The Board of Dentistry was established by an Act of the Legislature in 1887 to regulate the practice of Dentistry. It is the oldest health regulatory licensing board in the state. In 1946, Dental Hygiene was established as a licensed profession in Oregon and added to the purview of the Board. In 2022, Dental Therapy was established as a licensed profession in Oregon and also added to the Board's portfolio.

There are ten members appointed to this policymaking Board and eight permanent full-time staff. The ten Board members include six dentists, one of whom must be a specialist, two dental hygienists and two public members. Members of the Board are appointed by the Governor and confirmed by the Senate.

The Board's Mission is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

The Board's identified goals are to protect the public from unsafe, incompetent or fraudulent practitioners; encourage licensees to practice safely and competently in the best interests of their patients; and educate the public on acceptable and appropriate dental practices. The Board's highest priorities are the enforcement, monitoring, licensing and examination of Dentists, Dental Therapists and Dental Hygienists in Oregon.

The Board is supported solely from application and license renewal fees, permit fees, miscellaneous receipts, penalty fees for late renewals and civil penalties, 95% of this revenue is from licensee and permit fees.

Board Roster

Board Members

Name	Location	Term ends
Jose Javier, DDS - President	Bend	3/31/2024
Charles "Chip" Dunn - Vice-President	Happy Valley	4/1/2025
Reza J. Sharifi, DMD	Portland	5/14/2023
Alicia Riedman, RDH	Eugene	4/1/2024
Jennifer Brixey	Portland	4/6/2024
Aarati Kalluri, DDS	Hillsboro	4/1/2025
Sheena Kansal, DDS	Portland	4/1/2025
Terrence Clark, DMD	West Linn	4/3/2026
Michelle Aldrich, DMD	Salem	4/3/2026
Sharity Ludwig, RDH	Bend	4/3/2026

Attachment #6

Board Members

Jose Javier, D.D.S.
President
Bend
Second term expires 2024

Charles 'Chip' Dunn
Vice-President
Happy Valley
Second term expires 2025

Reza Sharifi, D.M.D.
Portland
First term expires 2023

Alicia Riedman, R.D.H.
Eugene
Second term expires 2024

Jennifer Brixey
Portland
Second term expires 2024

Aarati Kalluri, D.D.S.
Hillsboro
First term expires 2025

Sheena Kansal, D.D.S.
Portland
First term expires 2025

Terrence Clark, D.M.D.
West Linn
First term expires 2026

Michelle Aldrich, D.M.D.
Salem
First term expires 2026

Sharity Ludwig, R.D.H.
Bend
First term expires 2026

Attachment #6

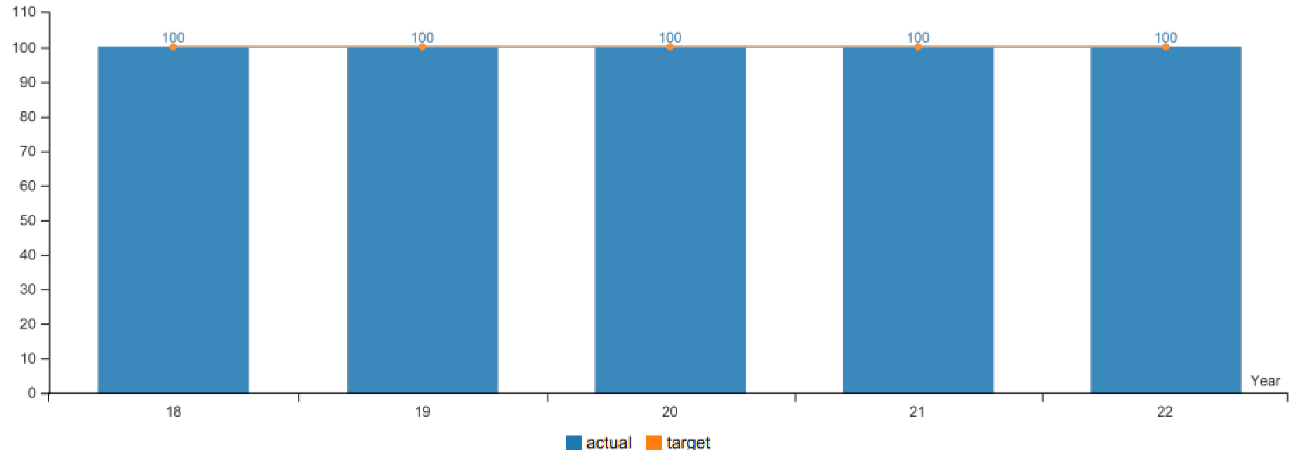
PERFORMANCE OVERVIEW

OREGON BOARD OF DENTISTRY
ANNUAL PERFORMANCE PROGRESS REPORT 2022

Performance Measure Definition	2022 Goal	2022 Performance
#1 Percent of licensees in compliance with continuing education requirements	100%	100%
#2 Average time from receipt of a new complaint to completed investigation (ready to be submitted to the Board)	7.5 months	7 months
#3 Average Number of working days for the receipt of completed paperwork to issuance of license (new or renewal)	7 Days	7 Days
#4 Agency Overall Satisfaction – Percent of customers rating their overall satisfaction with the agency above average or excellent.	85% Positive Response	85% Positive Response
#5 Board Best Practices – Percent of total of best practices met by Board.	100%	100%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2018	2019	2020	2021	2022
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

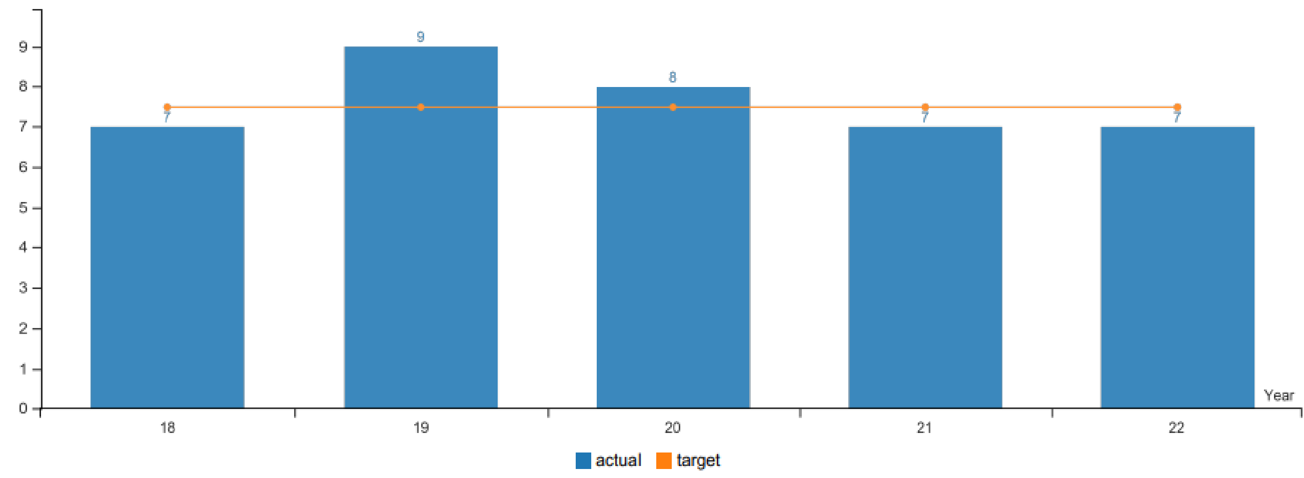
For FY 2022 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure pepriod. The Board monitors their compliance with questions on their license renewal forms, it is requested in investigations and also verified in audits each renewal cycle. Board Staff follows up and ensures all licensees meet their CE requirement.

Factors Affecting Results

Board staff work with licensees to communiate the requirements to be in compliance with Board rules.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = negative result*



Report Year	2018	2019	2020	2021	2022
Average time to Investigate Complaints					
Actual	7	9	8	7	7
Target	7.50	7.50	7.50	7.50	7.50

How Are We Doing

For FY 2022 we accomplished this goal. The investigators worked hard to close the cases and the regularly scheduled Board meetings remained on schedule in spite of the pandemic. Due to the pandemic and the closure of dental offices for a period of time, the number of new cases dropped from the prior 12 month period. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

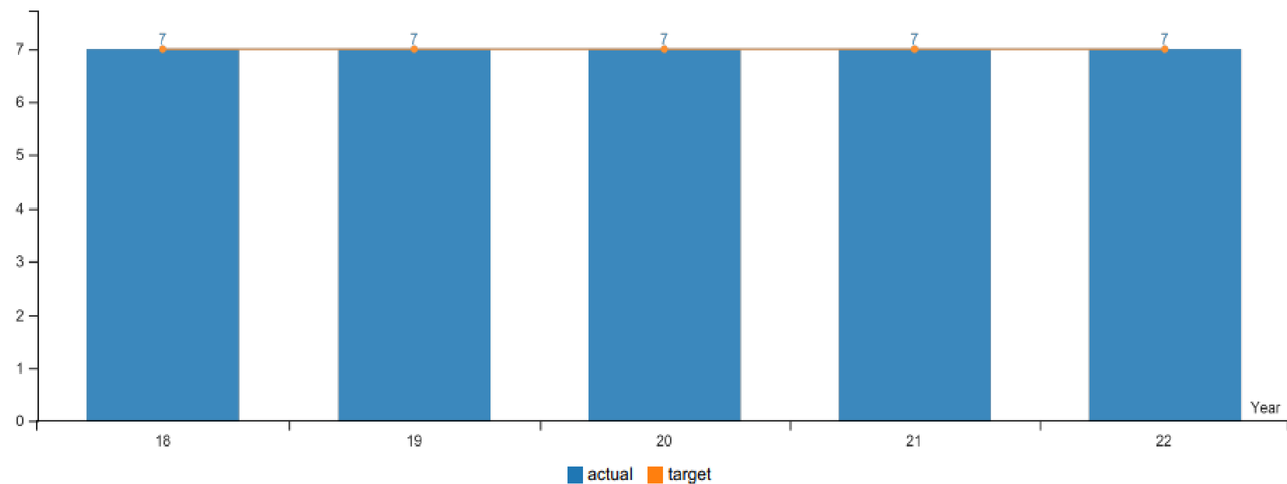
Factors Affecting Results

The total number of investigations opened in FY 2022 was 150 compared to 195 in FY 2021

The number of cases closed in FY 2022 was 154 compared to 205 in FY 2021.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2018	2019	2020	2021	2022
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

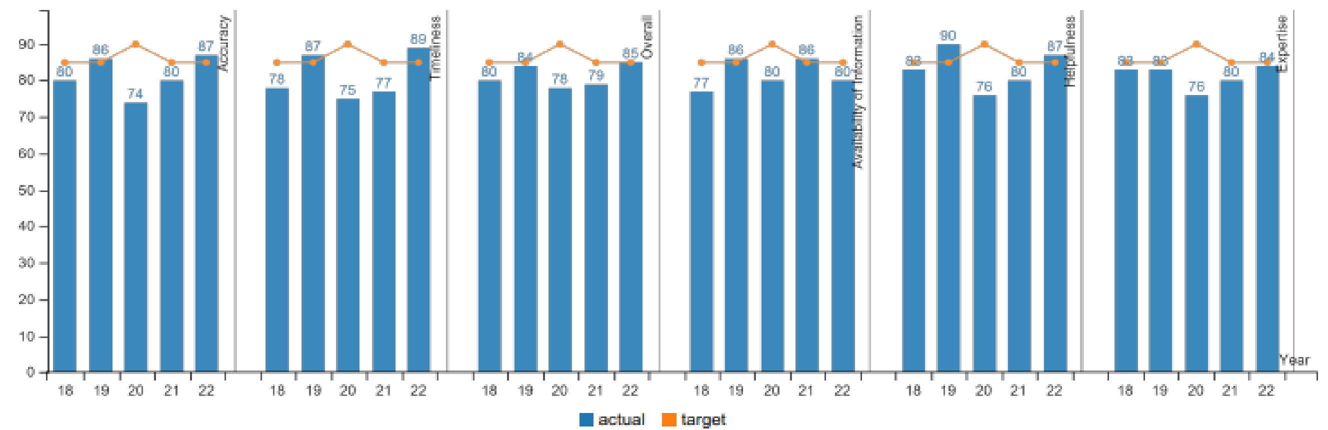
How Are We Doing

For FY 2022 we accomplished this goal. Altthough there were delays due to the pandemic and other agenices and entities working remotely. OBD Staff continued to work in the downtown Portland office and transitioned to a hybrid work model in spring of 2022. All staff were designated "essential personnel" back in March 2020 and remain so at the time of this report. Once all requried documentation and paperwork is completed, then licenses were issued with minimal delay due to OBD Staff.

Factors Affecting Results

It is one of our priorities that applications and renewals be processed accurately and efficently. The delay in processing (not issuing) was due to a number of factors beyond OBD Staff control: US Postal Service delays, schools delaying classes and transmitting transcripts, testing agencies modifying tests and other issues due to the pandemic.

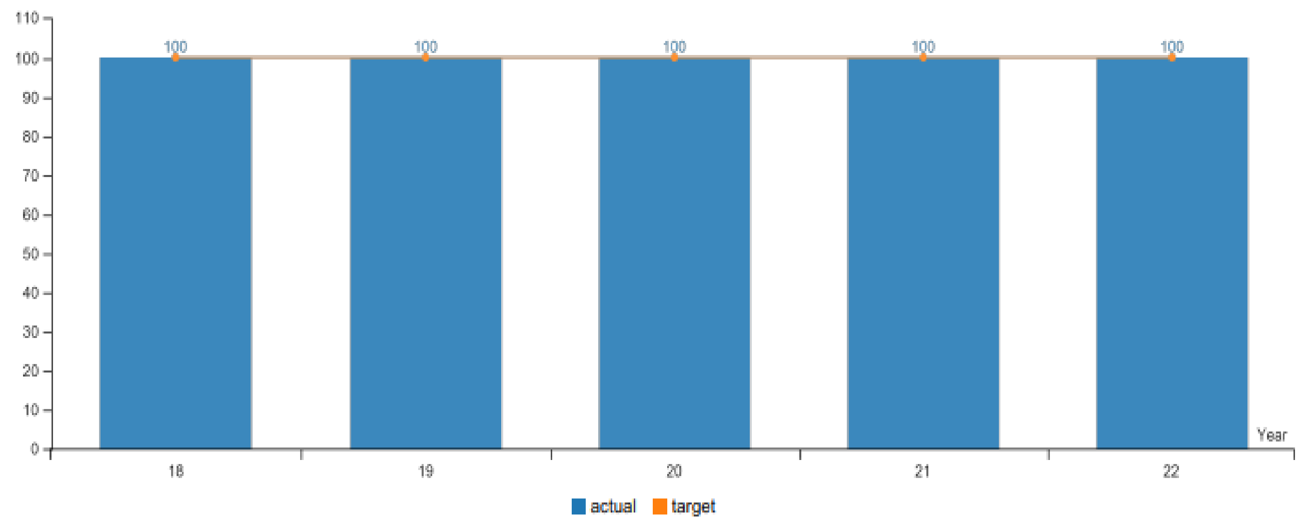
KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2018	2019	2020	2021	2022
Accuracy					
Actual	80%	86%	74%	80%	87%
Target	85%	85%	90%	85%	85%
Timeliness					
Actual	78%	87%	75%	77%	89%
Target	85%	85%	90%	85%	85%
Overall					
Actual	80%	84%	78%	79%	85%
Target	85%	85%	90%	85%	85%
Availability of Information					
Actual	77%	86%	80%	86%	80%
Target	85%	85%	90%	85%	85%
Helpfulness					
Actual	83%	90%	76%	80%	87%
Target	85%	85%	90%	85%	85%
Expertise					
Actual	83%	83%	76%	80%	84%
Target	85%	85%	90%	85%	85%

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2018	2019	2020	2021	2022
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2022 the Board accomplished this goal. Annually at the August Board Meeting the Board reviews these metrics and conducts the performance review of the Executive Director. The Board is in 100%compliance with Best Practices Performance Measurements for Governing Boards and Commissions

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices at its August 19, 2022 Board Meeting.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.	✓	
2. Executive Director receives annual performance feedback.	✓	
3. The agency's mission and high-level goals are current and applicable.	✓	
4. The Board reviews the Annual Performance Progress Report.	✓	
5. The Board is appropriately involved in review of agency's key communications.	✓	
6. The Board is appropriately involved in policy-making activities.	✓	
7. The agency's policy option budget packages are aligned with their mission and goals.	✓	
8. The Board reviews all proposed budgets.	✓	
9. The Board periodically reviews key financial information and audit findings.	✓	
10. The Board is appropriately accounting for resources.	✓	
11. The agency adheres to accounting rules and other relevant financial controls.	✓	
12. Board members act in accordance with their roles as public representatives.	✓	
13. The Board coordinates with others where responsibilities and interest overlap.	✓	
14. The Board members identify and attend appropriate training sessions.	✓	
15. The Board reviews its management practices to ensure best practices are utilized.	✓	
Total Number	15	
Percentage of total:	100%	

At the August 19, 2022 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met for fiscal year 2022.

Oregon Board of Dentistry

EXECUTIVE DIRECTOR
Principal Executive/Manager E
Stephen Prisby
Classification Z7008
Position 521 1.0 FTE

INVESTIGATION AND COMPLIANCE MONITORING

DENTAL DIRECTOR/
CHIEF INVESTIGATOR
Principal Executive/Manager E
Angela Smorra, D.M.D
Classification Z7008
Position 522 1.0 FTE

DENTAL INVESTIGATOR
Winthrop B. Carter, D.D.S.
Classification C5911
Position 531 1.0 FTE

INVESTIGATOR 2
Shane Rubio
Classification C5232
Position 528 1.0 FTE

INVESTIGATOR 2
Ingrid Nye
Classification C5232
Position 528 1.0 FTE

LICENSING/ADMINSTRATIVE SUPPORT

OFFICE MANAGER
Haley Robinson
Classification X0806
Position 524 1.0 FTE

PROJECT MANAGER
Teresa Haynes
Classification C0854
Position SR27 1.0 LDE

LICENSING & EXAMINATION MANAGER
Admin Specialist 2
Samantha VandeBerg
Classification CO 180
Position 525 1.0 FTE

ADMIN SUPPORT
Office Specialist 2
Kathleen McNeal
Classification C0104
Position 529 1.0 FTE

Attachment #6

PROGRAM PRIORITIES

The Board has three major areas of service; licensing & examination, enforcement & monitoring and administration.

- **Licensing and Examination**

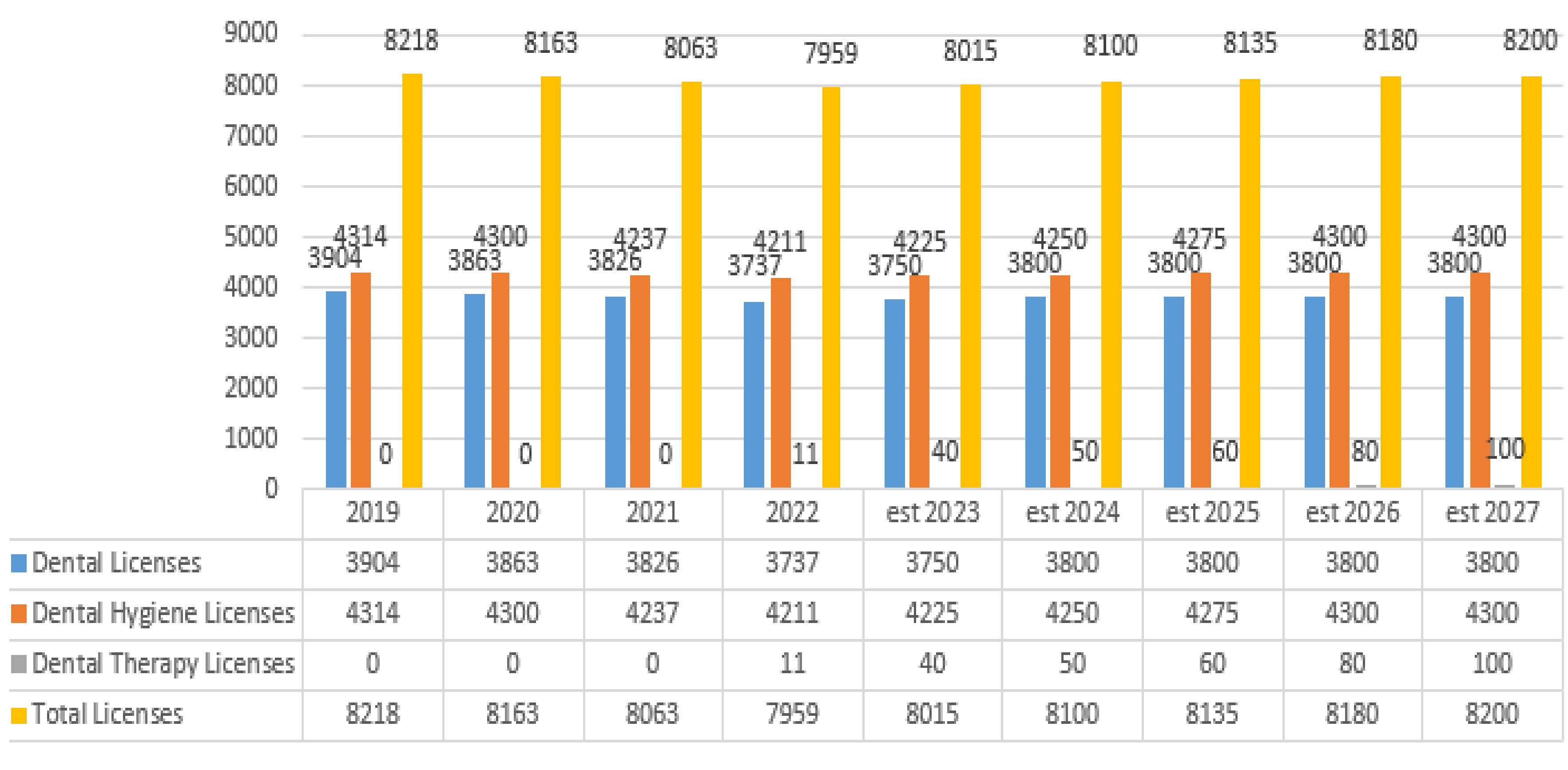
The Board licenses dentists, dental therapists and dental hygienists, establishes standards for the use of anesthesia in dental offices, issues four levels of anesthesia permits, and certifies dental assistants.

Background checks are conducted on all new applicants. Applicants must pass a written national examination; a clinical examination conducted by a dental testing agency recognized by the Board, and pass the Board's Jurisprudence Examination. The Jurisprudence Examination is a 50 question exam regarding the statutes and rules in the Dental Practice Act. The Board audits a select number of those renewing their licenses each year. They are audited for compliance with the Board's Continuing Education requirements. All Licensees involved in an investigation are also checked for compliance with CE requirements.

As of January 1, 2023. There were 3737 licensed dentists, 4208 licensed dental hygienists and 11 dental therapists. We anticipate issuing about 825 new licenses in 2023 - 2025 biennium.

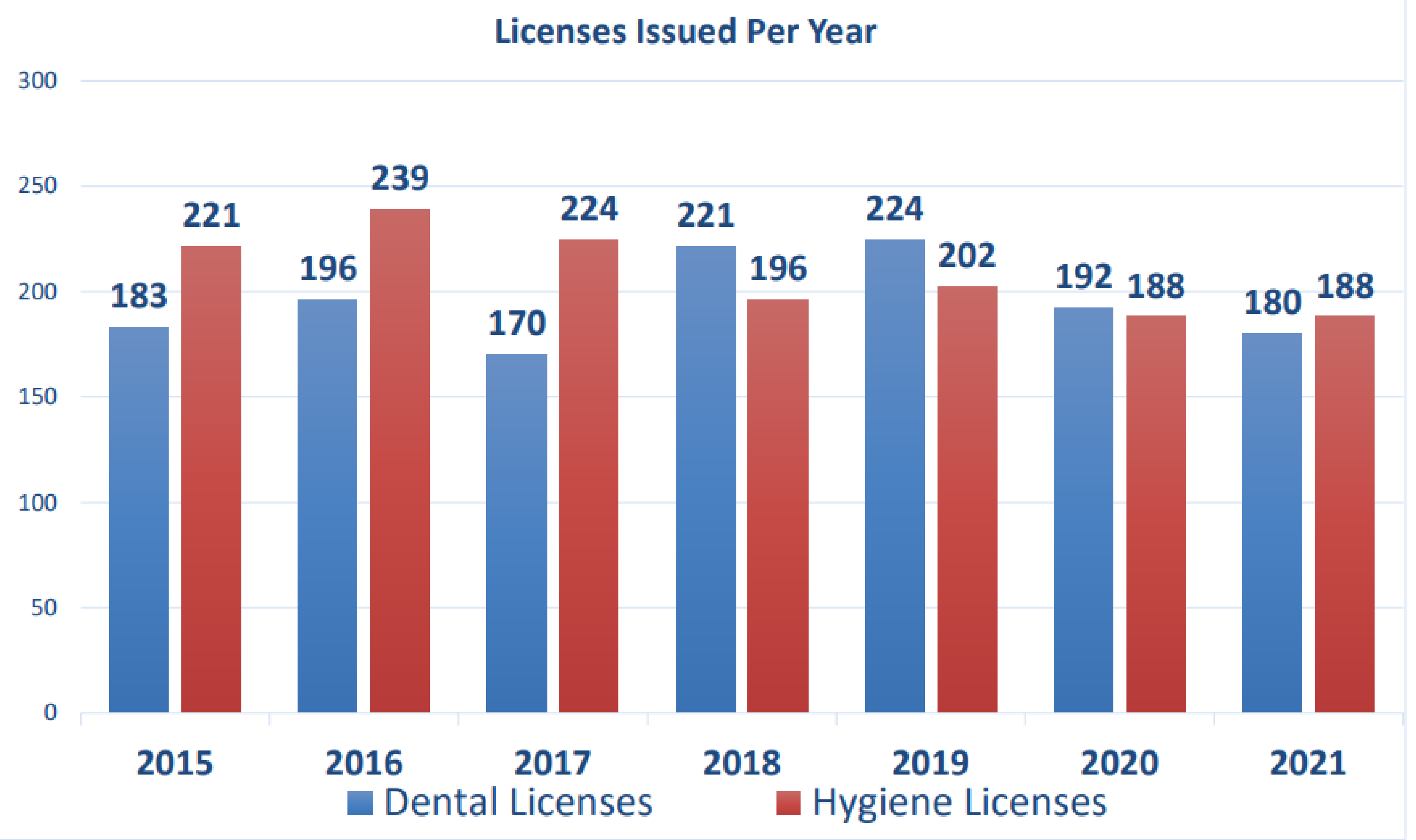
Total Licenses

Calendar Year	**2019**	**2020**	**2021**	**2022**	*est 2023*	*est 2024*	*est 2025*	*est 2026*	*est 2027*
Dental Licenses	3904	3863	3826	3737	3750	3800	3800	3800	3800
Dental Hygiene Licenses	4314	4300	4237	4211	4225	4250	4275	4300	4300
Dental Therapy Licenses	0	0	0	11	40	50	60	80	100
Total Licenses	**8218**	**8163**	**8063**	**7959**	**8015**	**8100**	**8135**	**8180**	**8200**

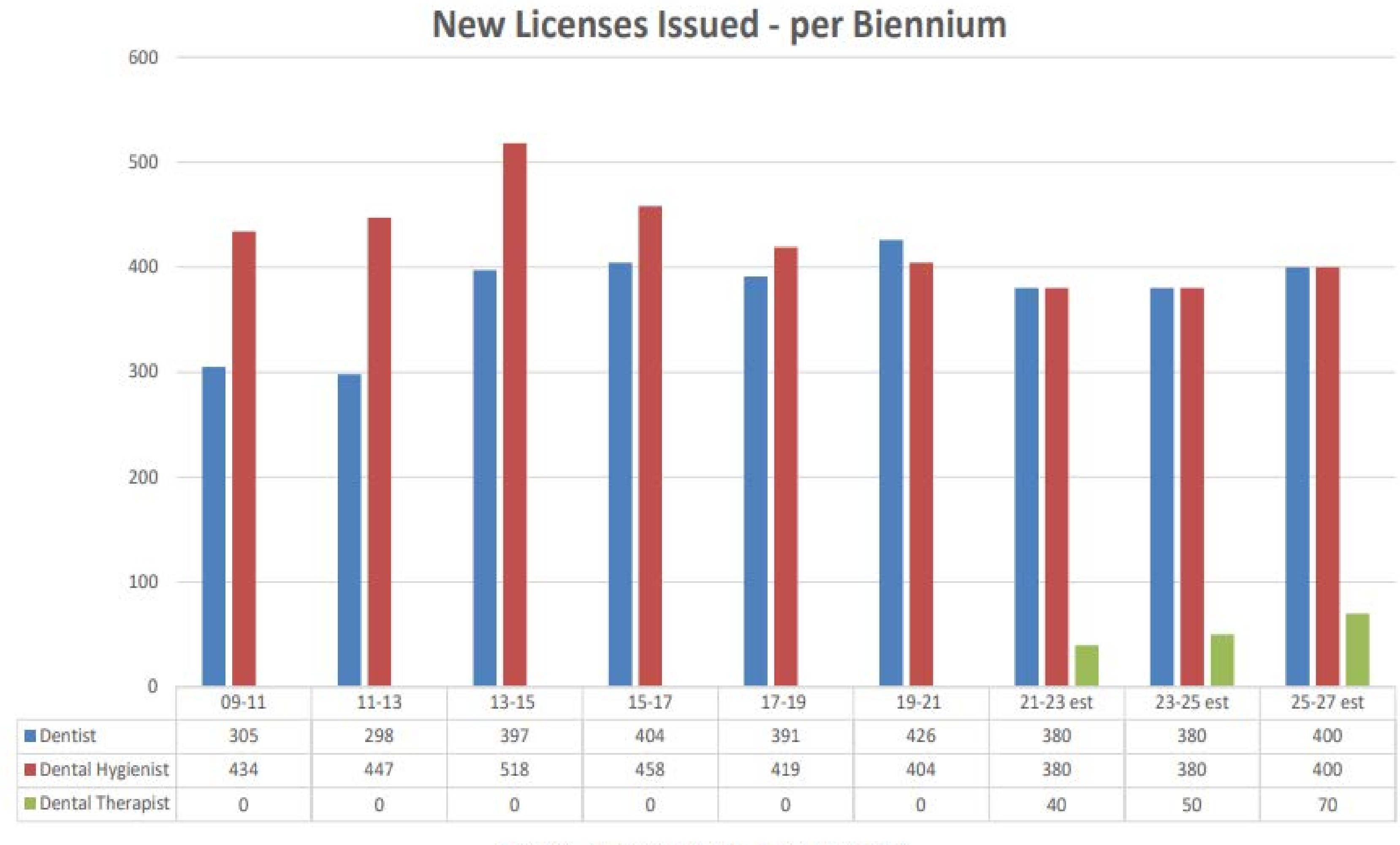


	2019	2020	2021	2022	est 2023	est 2024	est 2025	est 2026	est 2027
Dental Licenses	3904	3863	3826	3737	3750	3800	3800	3800	3800
Dental Hygiene Licenses	4314	4300	4237	4211	4225	4250	4275	4300	4300
Dental Therapy Licenses	0	0	0	11	40	50	60	80	100
Total Licenses	8218	8163	8063	7959	8015	8100	8135	8180	8200

Attachment #6



Attachment #6



	09-11	11-13	13-15	15-17	17-19	19-21	21-23 est	23-25 est	25-27 est
Dentist	305	298	397	404	391	426	380	380	400
Dental Hygienist	434	447	518	458	419	404	380	380	400
Dental Therapist	0	0	0	0	0	0	40	50	70

Attachment #6

The table shows the historical and projected workload for the agency in licensing. .

Licensing and Examination Workload	2003-05	2005-07	2007-09	2009-11	2011-13	2013–15	2015-17	2017-19	2021-23	2023-25	2025-27
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Estimated	Estimated
Licenses Issued:											
Dental	322	350	355	305	340	397	397	414	348	400	400
Dental Hygiene	294	335	375	434	450	518	458	403	385	425	425
Dental Therapist										50	75
Total New Licenses Issued:	616	685	730	739	790	915	862	817	733	775	800
Licenses Renewed:											
Dental	3254	3300	3325	3389	3400	3431	3903	3864	3839	3860	3500
Dental Hygiene	3180	3265	3386	3613	3700	3715	4268	4304	4102	4300	4300
Total Licenses Renewed:	6434	6595	6712	7002	7100	7146	8171	8168	7941	8000	8000
Specialty Examinations Conducted	9	5	3	3	3	4	0	0	0	0	0
Candidates Examined	7	5	3	5	3	4	0	0	0	0	0
Anesthesia Permits Issued/Renewed	3795	3969	3,750	4359	4400	4783	4719	4688	4622	4650	4650
Dental Assistants Certified	2095	2260	2,449	2638	2650	2263	2265	2288	1942	2000	2000
Dental Assisting Instructor Permits Issued/Renewed	102	124	106	110	125	131	128	126	173	175	175

- **Enforcement and Monitoring**

The Board conducts investigations of complaints filed with the Board alleging unacceptable patient care or other issues ranging from unprofessional conduct, improper prescribing practices, substance abuse, unauthorized use of auxiliaries, advertising or disciplinary action in another state. Staff investigators conduct investigations by interviewing the complainant, the patient, the respondent (licensee), subsequent treating dentists, or any other witness germane to the case. Investigators review patient records, consult with outside experts contracted by the Board for this purpose, review insurance claims, and any other material or witnesses necessary to determine the facts of the case. Investigative findings are presented to a sub-committee of the Board comprised of two professional members of the Board (Evaluators) who review the cases in-depth with the staff investigators and assigned attorney. The recommendation of the Evaluators is presented to the full Board for review, discussion and final action.

The Board's findings fall into one of four categories: No Violation, No Further Action, Letter of Concern or Discipline. "No Violation" reflects a finding that no violation of statutes or rules in the Dental Practice Act were found in that matter. "No Further Action" reflects a case where the Board did not have jurisdiction of the issue submitted, the complainant withdrew the complaint and the Board was satisfied with the reasons, the issue was extremely minor and or the licensee is no longer under the Board's jurisdiction. A "Letter of Concern" is issued when the Board determines that the licensee violated some aspect of the Dental Practice Act, but the matter warrants a warning rather than formal disciplinary action. "Discipline" is typically reserved for the most serious matters and for repeated and clear violations of the Dental Practice Act.

All investigative findings are confidential and may not be revealed to any member of the public. Formal disciplinary actions are public record and posted on the OBD website and provided as requested. The Board provides copies of Notice of Proposed Disciplinary Action and any final Orders. Disciplinary actions are reported as required by Federal Law to both the National Practitioners' Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

The OBD is one of four health professional licensing boards that participates in the Impaired Health Professional Program (ORS 676.185). It is commonly referred to as the Health Professionals' Services Program (HPSP). The HPSP is a legislatively mandated non-disciplinary, confidential diversion program to help Licensees with substance abuse disorders and mental health issues. It is confidential, even Board Members are unaware of who enters into the program. Typically there is 3 - 5 years of compliance monitoring, meet requirements of the program and licensee signs off on agreement to be in compliance. The Board gets updates from staff diversion coordinator on progress, and informed if action needed.

The Investigation Process on non HPSP matters

- ✓ Case assignment
- ✓ Investigation and review of materials
- ✓ Draft report
- ✓ Request for interview
- ✓ Interview
- ✓ Supplement to report
- ✓ Investigator's recommendation per Board protocols
- ✓ Evaluators review and recommendation
- ✓ Reviewed by the Board at regular meeting
- ✓ Board votes in public session on each case

Most disciplinary actions imposed by the Board are entered into by mutual agreement between the Board and the licensee through a negotiated Consent Order. Those that cannot be settled by consent agreement are referred to the Hearing Officer Panel for conduct of a Contested Case Hearing. Staff investigators and expert witnesses appear at these hearings to testify to the facts of the Board's case. The Board is represented by the Department of Justice in these cases. Monitoring involves tracking licensees who are under disciplinary sanction for compliance with the terms of their Board order. This involves tracking disciplinary actions, requirements and timelines, routine communication with the licensee, working with treatment providers to assure compliance, scheduling appearances before the Board for those licensees required to make regular personal appearances.

At any given time, the staff compliance officer is monitoring approximately 40 - 60 licensees. Some licensees placed in the monitoring caseload via the HPSP are typically monitored for up to five years since these cases involve drug, alcohol and/or mental health issues.

Board Action - FY	2021	2022
Cases Opened	**195**	**150**
Cases Closed	**205**	**154**
No Violation	**46**	**60**
No Further Action	**75**	**41**
Letter of Concern	**60**	**38**
Discipline	**24**	**22**
Total	**205**	**161**

(There can be more than one type of discipline incorporated in a disciplinary action; i.e. reprimand, civil penalty and/or additional continuing education)

- **Administration**

Administrative activities include implementation of Board policy, communication and collaboration with the professional associations, the School of Dentistry and other educational programs, related licensing agencies such as the Board of Pharmacy, the Board of Medicine in addition to State Boards of Dentistry in other states. Administration also includes legislative activities, budget development and monitoring, and staffing. All Governor and DAS mandates are followed and implemented regarding Workday, DEI initiatives and required trainings and reporting duties.

Board Members are also on-boarded at beginning of service and must complete annual required trainings as well. The Board has also invests time and resources to strategic planning. The current OBD 2022 - 2025 Strategic plan was approved in February 2022, which replaced the 2017 - 2020 plan. The agency adheres to all public rulemaking standards and follows all DAS and Secretary of State's rules & procedures when promulgating rules.

An important component of Administration is carrying out the Board's primary goal of communicating with licensees and the public. This includes maintenance of a web site, production of newsletters, and scheduling and presenting information to students, licensees and the public about the Board and its activities. The Board's consumer survey is open to all and results are reviewed regularly for feedback on our service.

The Board also is active within the two main national organizations in our arena. The American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB). The Executive Director is the Immediate Past President of the AADA. The OBD's assigned attorney has for many years attended the AADB meetings and led and participated in the Attorneys' Roundtable to share important news and updates in the regulatory world. OBD Board Members are also active in the AADB and attend meetings annually.

The American Association of Dental Administrators is a non-profit organization whose goals are:

- To share and distribute information, procedures, policies and techniques necessary to effectively and efficiently administer dental licensing, testing and/or disciplinary boards in the United States, Puerto Rico and the Virgin Islands.
- To develop committees for studying, reviewing, evaluating, and addressing uniform avenues in administration of board operations.

The American Association of Dental Boards is a national association that encourages the highest standards of dental education by promoting 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, practitioners, and other oral health stakeholders. Our mission is simple: To serve as a resource by providing a national forum for the exchange, development, and dissemination of information to assist dental regulatory boards with their obligation to protect the public.

OBD 2023 - 2025 Proposed Budget

ESSENTIAL PACKAGES

Essential Packages make budget adjustments that are part of our Current Service Level Budget and are built into the 2023 – 2025 Budget. These are set by DAS in conjunction with the Governor's Office for all agencies, and the following packages were built into the OBD budget.

Package 010 Vacancy Factor and Non-ORPICS Personal Services

Package Description This package includes the standard 4.2 percent inflationary increase for temporary appointments, overtime payments, and differential costs. It also includes adjustments to Mass Transit Tax and costs for the Public Employees Retirement System Pension Obligation Bond repayment.

Analyst Recommendation Recommended

Analyst Rec. Audit

Personal Services	-	-	7,643	-	-	-	7,643		
Ending Balance	**-**	**-**	**(7,643)**	**-**	**-**	**-**	**(7,643)**	**-**	**-**

Package 031 Standard Inflation

Package Description This package increases Services and Supplies by the standard 4.2 percent and non-state employee and professional services costs by the standard 8.8 percent inflation rates. The hourly rate for Attorney General costs are increased by 17.67 percent. The package also adjusts costs for changes in State Government Service Charges.

Analyst Recommendation Recommended

Analyst Rec. Audit

Services & Supplies	-	-	148,371	-	-	-	148,371		
Ending Balance	**-**	**-**	**(148,371)**	**-**	**-**	**-**	**(148,371)**	**-**	**-**

Package 032 Above Standard Inflation

Package Description This package includes an additional $11,932 for non-uniform rent that was increased more than the standard inflation.

Analyst Recommendation Recommended

Analyst Rec. Audit

Services & Supplies	-	-	11,932	-	-	-	11,932		
Ending Balance	-	-	**(11,932)**	-	-	-	**(11,932)**	-	

Package 092 Statewide AG Adjustment

Package Description This package reduces Attorney General rates by 4.62 percent to reflect adjustments in the Governor's Budget.

Analyst Recommendation Recommended

Appeals/Gov's Adj.Working

Services & Supplies	-	-	(16,675)	-	-	-	(16,675)		
Ending Balance	-	-	**16,675**	-	-	-	**16,675**	-	-

Package 093 Statewide Adjustment DAS Chgs

Package Description This package represents adjustments to State Government Service Charges and DAS pricelist charges for services made in the Governor's Budget.

Analyst Recommendation Recommended

Appeals/Gov's Adj.Working

Services & Supplies	-	-	(9,693)	-	-	-	(9,693)		
Ending Balance	-	-	**9,693**	-	-	-	**9,693**	-	-

This package was developed after agency request budget was submitted with consultation with DAS and the Governor's Office. It seeks to align the OBD's staffing model, and reduce 1.0 FTE to a .5 FTE status on January 1, 2024. It also seeks to implement a fee increase.

Package 090 Analyst Adjustments

Package Description This package eliminates one vacant Business Operations Manager 2 (1.0 FTE) position, establishes funding for one Health Care Investigator Position (1.0 FTE) that was previously unbudgeted, reduces one Health Care Investigator Position to 0.5 FTE starting January 1, 2024, reduces office expenses in Services and Supplies by 10 percent, and reflects the revenue garnered from the agency's proposed fee increase post appeal.

Analyst Recommendation Recommended

Analyst Rec. Audit									
Personal Services	-	-	(270,375)	-	-	-	(270,375)		
Services & Supplies	-	-	(10,000)	-	-	-	(10,000)		
Ending Balance	**-**	**-**	**280,375**	**-**	**-**	**-**	**280,375**	**(1)**	**(1.00)**
Appeals/Gov's Adj.Working									
Revenues	-	-	365,150	-	-	-	365,150		
Personal Services	-	-	(13,755)	-	-	-	(13,755)		
Services & Supplies	-	-	(10,000)	-	-	-	(10,000)		
Ending Balance	**-**	**-**	**388,905**	**-**	**-**	**-**	**388,905**	**-**	**(0.50)**
Difference									
Revenues	-	-	365,150	-	-	-	365,150		
Personal Services	-	-	256,620	-	-	-	256,620		
Services & Supplies	-	-	-	-	-	-	-		
Ending Balance	**-**	**-**	**108,530**	**-**	**-**	**-**	**108,530**	**1**	**0.50**

Proposed Fees Increase Effective July 1, 2023 - $365,150 increase in revenue
Increase Dental License Application fee by $100 - 490 expected applicants = $49,000 additional revenue
Increase Dental 2-year license fee by $50 - 3800 licensees = $190,000 additional revenue
Increase Dental Hygiene Application fee by $30 - 510 expected applicants = $15,300 additional revenue
Increase Dental Hygiene 2-year license fee by $25 - 4300 licensees = $107,500 additional revenue
Increase Dental Therapist Application fee by $30 on 70 expected applicants = $2,100 additional revenue
Increase Dental Therapist 2-year license fee by $25 on 50 licensees = $1,250 additional revenue

Current fee schedule:

Licensure Type	Application Fee	2 year Biennial Licensure Fee
Dental (General & Specialty) by Exam	$340.00	$336.00
Dental (General & Specialty) Without Further Exam	$790.00	$336.00
Faculty - License	$305.00	$281.00
Dental Hygiene by Exam	$180.00	$226.00
Dental Hygiene without Further Exam	$790.00	$226.00
Dental Therapist by Exam	$180.00	$226.00
Dental Therapist without Further Exam	$790.00	$226.00
Recent graduates usually apply by exam (the lower cost)		

POLICY OPTION PACKAGES

The OBD presents two Policy Option Packages (POP)

Package 100 – Dental Therapy Fees Implementation

The purpose of this Revenue Only package is to memorialize the new dental therapy fees that were initiated and effective July 1, 2022, after extensive meetings and communication on this matter between 2021 – 2022.

Package 100 Dental Therapy Fees Implementation

Package Description This is a revenue only package increasing revenues by $30,000. House Bill 2528 from the 2021 Legislative Session granted the Agency the authority to issue a new dental therapy license. The Agency implemented the new dental therapy license fee effective July 2022. This package memorializes the revenue from the new fees garnered from the new licensee base.

Analyst Recommendation Recommended

Analyst Rec. Audit

Revenues	-	-	30,000	-	-	-	30,000		
Ending Balance	-	-	**30,000**	-	-	-	**30,000**	-	-

Package 200 – Oregon Wellness Program

The purpose of the Oregon Wellness Program (OWP) is to ensure health care professionals within the state of Oregon have access to mental health support that is non-reported, urgently available, and complimentary. OWP contracts with licensed and credentialed mental health providers, who each have a minimum of five years professional experience providing services to health care professionals. OWP is led by volunteers who are veterans of health care within Oregon and many are clinicians themselves. The program was founded in 2018 to support the well-being of Oregon healthcare professionals through education, research of the issue of burnout, as well as by delivering counseling and related services via in-person and telemedicine appointments. Initial beneficiaries of OWP's efforts were physicians, physician assistants, advanced practice providers, nurse practitioners, and dentists.

OWP affiliated providers offer:

- Up to eight complimentary sessions per calendar year
- Appointments within three business days and no “paper trail” or reporting to boards or insurance co.

Package 200 Oregon Wellness Program

Package Description Establishes funding and support for the inclusion of OBD Licensees into the Oregon Wellness Program. The program is designed to provide confidential urgent mental health services to active clinical providers who self-refer.

Analyst Recommendation Recommended

Analyst Rec. Audit									
Ending Balance	-	-	-	-	-	-	-	-	-
Appeals/Gov's Adj.Working									
Services & Supplies	-	-	80,000	-	-	-	80,000		
Ending Balance	-	-	**(80,000)**	-	-	-	**(80,000)**	-	-

NOTES-
There is widespread support for the OBD to help fund the Oregon Wellness Program (OWP), which is estimated to be an additional $80,000 expense in the 2023 - 2025 biennium. It would be available to support all licensees of the OBD. The OWP is a program of the Foundation For Medical Excellence. OWP is designed to be a state-wide effort to provide highly confidential urgent mental health services to active clinical providers who self-refer. The OWP is served by 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 as well.

The Prescription Drug Monitoring Program (PDMP) fee has risen 40% to $35 ($70 per license period) from $25 ($50 per license period).The OBD has absorbed the added cost and did not raise dental licensure fees at all. The OBD is required to transfer 90% of the fee collected to the OHA to administer the PDMP. The regular costs associated with any business have steadily increased since 2015, which was when the OBD last raised fees. State agencies are also challenged to address pay equity issues, PERS expenses and mandated inflation adjustments.

A healthy revenue balance at the start of the 2021 - 2023 biennium and carried over into the 2023 - 2025 biennium will be used up through the next 12 - 24 months as expected. An agency that is funded by its licensees should end closer to a minimum of 3 months ending balance to ensure adequate funds for its operation as the funding of the OBD is uneven and varies with new applications received and the renewal cycles of the licensees. The OBD has reviewed some expense reduction options to reduce costs, and that includes reducing 1.0 FTE to .5 FTE effective January 2024.

It would be challenging for the OBD to increase fees annually to keep up with inflation (especially the last two years). It is impractical that the OBD undertake annual rulemaking, update forms, website instructions and impact applicants who might submit application materials on cut off dates before a new fee increase, etc… The proposed fee increases appear to be high and percentage wise, quite an increase. But this example shows that a standard inflation rate applied annually would yield a large nominal increase.

YEAR	2015	2016	2017	2018	2019	2020	2021	2022	2023
FEE	$400.00	$412.00	$424.00	$437.00	$450.00	$463.00	$477.00	$491.00	$506.00

Hypothetical Fee Increase 3% year, numbers rounded for example

The OBD rarely proposes fee increases, but believes the options to be reasonable and necessary. The State's health regulatory boards are set up to be funded without any additional tax payer support.

Agency accomplishments during 2021 - 2023 include:

- Satisfactory results on Key Performance Measures.
- Welcomed and on-boarded 5 new Board Members, out of a 10 member Board.
- Two new staffers hired. Agency has 8 FTE.
- Hybrid Work model in place with all state CIO-IT security measures in place, for those that choose to work from home up to two days a week. Consumers and Licensees have regular access to OBD resources for information and assistance via in person, phone or email options.
- New database project implemented, replacing legacy database for licensee info and OBD data.
- Applications and license renewals are all able to be completed online.
- Promulgated new rules and policies and began licensing Dental Therapists.
- Continued to cultivate and strengthen positive working relationships with ODA, ODHA, ODAA, OHA and OHSU School of Dentistry and all dental therapy, dental hygiene and dental assisting programs with a continuation of the outreach programs to those who request programs regarding updates on the Oregon Board of Dentistry (OBD).
- Strategic Planning Session held October – December 2021. The OBD’s 2022-2025 strategic plan ratified in February 2022. This plan replaced the 2017-2020 one.
- Utilize the Board Website, OBD Newsletter, professional associations, email blasts and other appropriate communication tools to continue to inform Licensees of relevant OBD news, rules and updates from the Board.

AGENCY GOALS for 2023 - 2025 include:

- Implement 2022 - 2025 Strategic Plan Initiatives
  - **Licensure Evolution**
    - Develop and implement rules based on legislative changes
    - Successfully implement Dental Therapy Rules
  - **Dental Practice Accountability**
    - Ensure Licensee dictates clinical care provided to patients
    - Assert OBD jurisdiction over dental practices regardless of ownership model
  - **Community Interaction and Equity**
    - Increase ease of access to OBD services and information
    - Ensure equity exists in investigation outcomes
  - **Workplace Environment**
    - Increase workplace flexibility through hybrid work models
    - Increase workplace satisfaction
  - **Technology & Processes**
    - Improve investigation management and archived files
    - Improve resource efficiencies
- Advance the Governor's priorities for state agencies
  - Increased accountability and prioritize customer service
  - Improving access to the OBD's services and information
  - Removing barriers that prevent people from getting assistance
- Continue to promote and encourage participation in the volunteer Dentist/Dental Hygienist program to increase access to quality dental care.
- Collaborate with new members in state government – legislators, governor's office, other agency directors, etc…

- Continue to educate consumers on their options regarding the complaint process, and alternative means of resolving their issues.
- Continue to promote the Oregon Prescription Drug Monitoring Program to all licensees and follow up on those dentists that need to sign up per statutory requirements.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Continue to collect data on the ethnic and racial makeup of licensees and work with policy makers, educators, and students to encourage a representative diversity in the dental workforce.
- Refine participation in the Health Care Workforce Initiative project to address the issues of health care workforce shortages and access to care.
- Promote the Oregon Wellness Program effectively in conjunction with professional associations and others.

AGENCY CHALLENGES for 2023 – 2025 and Beyond:

- Pivot as required and expected by legislature and Governor.
- Process and execute our work efficiently.
- Adapt to ever-changing conditions and demands.
- Persist in the face of challenges and limited resources.
- Retain and develop a robust Board – both staff and board members.

Thank you for your time today.
Please contact me for any additional information as needed.
Stephen.Prisby@obd.oregon.gov 971-673-3200

Oregon Board of Dentistry 2023 - 2025
Budget Reference Document

MISSION STATEMENT

The mission of the Oregon Board of Dentistry is to promote quality oral healthcare and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals

STATUTORY AUTHORITY

The authority and responsibilities of the Oregon Board of Dentistry (OBD) are contained in Oregon Revised Statutes Chapter 679 (Dentists & Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The OBD is the oldest health regulatory licensing board in Oregon created by an Act of the Legislature in 1887.

These statutes charge the Board of Dentistry with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene by enforcing the standards of practice established in statute and rule. The statutes define the practice of dentistry, dental therapy and dental hygiene and require that any person practicing any of those professions do so only while holding a license duly issued by the Board. The statutes require that the Board license dentists, dental therapists and dental hygienists; establish and enforce regulations regarding sedation in dental offices; investigate complaints regarding the practice of dentistry, dental therapy and dental hygiene; discipline licensees found to have violated the provisions of the Dental Practice Act; regulate and monitor continuing education requirements for licensees; and establish training, examination and certification standards for dental auxiliaries.

Organization Chart - Executive Branch Agency under Governor Tina Kotek with oversight by 10 volunteer Board Members

Oregon Board of Dentistry

EXECUTIVE DIRECTOR
Principal Executive/Manager E
Classification Z7008
Position 521 1.0 FTE

INVESTIGATION AND COMPLIANCE MONITORING

DENTAL DIRECTOR/
CHIEF INVESTIGATOR
Principal Executive/Manager E
Classification Z7008
Position 522 1.0 FTE

DENTAL INVESTIGATOR
Classification C5911
Position 531 1.0 FTE

INVESTIGATOR 2
Classification C5232
Position 528 1.0 FTE

INVESTIGATOR 2
Classification C5232
Position 528 1.0 FTE

LICENSING/ADMINSTRATIVE SUPPORT

OFFICE MANAGER
Classification X0806
Position 524 1.0 FTE

PROJECT MANAGER
Classification C0854
Position SR27 1.0 LDE

LICENSING & EXAMINATION MANAGER
Admin Specialist 2
Classification CO 180
Position 525 1.0 FTE

ADMIN SUPPORT
Office Specialist 2
Classification C0104
Position 529 1.0 FTE

Key Performance Measures (KPM)

AGENCY PERFORMANCE OVERVIEW

OREGON BOARD OF DENTISTRY
Summary ANNUAL PERFORMANCE
PROGRESS REPORT 2022

Performance Measure Definition	2022 Goal	2022 Performance
#1 Percent of licensees in compliance with continuing education requirements	**100%**	**100%**
#2 Average time from receipt of a new complaint to completed investigation (ready to be submitted to the Board)	**7.5 months**	**7 months**
#3 Average Number of working days for the receipt of completed paperwork to issuance of license (new or renewal)	**7 Days**	**7 Days**
#4 Agency Overall Satisfaction – Percent of customers rating their overall satisfaction with the agency above average or excellent.	**85% Positive Response**	**85% Positive Response**
#5 Board Best Practices – Percent of total of best practices met by Board.	**100%**	**100%**

The full annual performance progress report was submitted and shared with LFO in September 2022, posted on the OBD Website, shared at the October 2022 Board Meeting and is available at end of this document or to anyone who requests it.

AGENCY STRATEGIC PLANNING

Throughout 2021 the Board and staff of the OBD discussed and approved a strategic planning initiative to replace the OBD's 2017-2020 plan. The worldwide pandemic delayed the meetings and implementation of it. Preparation and planning included surveying licensees and interested parties on important priorities and topics that the Board of Dentistry should focus its resources on. The OBD utilized a professional facilitator to conduct and lead the planning process, All OBD Board Members worked

with OBD staff at in person meetings in late 2021. Ultimately, a new plan was finalized and ratified in early 2022.

The OBD's 2022 – 2025 Strategic Plan defines priorities in alignment with its statutory obligations and its mission - to promote quality oral health care to all communities in the State of Oregon by equitably and ethically regulating dental professionals. The OBD is challenged to address a rapid and accelerating rate of change. Significant shifts are occurring in oral healthcare, dentistry practice, dental therapy services, organizational structures, business models and markets. The Strategic Plan is included in this budget document for reference.

The OBD sees its mission as elevating the standard of oral health care in Oregon, not solely though regulation but through information, outreach and education. Additionally new mandates from the Legislature and the Governor's office challenge all state agencies to address racial disparities and social determinants of health in the healthcare environment. The OBD seeks to be an active partner with those that seek a better Oregon for everyone in ways that our small agency can make an impact.

The Board in February 2022 ratified the 2022 - 2025 Strategic Plan. The Board of Dentistry's short and long-range plan is directed by its mandate to protect the health, safety and welfare of Oregonians and by its newly revised mission is to promote quality oral healthcare and protect all communities in the state by equitably and ethically regulating dental professionals. The Board strives to ensure that its activities fulfill its mission within the resources allocated by the Legislature and effectively provides appropriate public protection.

Oregon Board of Dentistry

2022 – 2025 Strategic Plan

The Oregon Board of Dentistry's (OBD) responsibilities and oversight authority is bestowed from the Oregon Revised Statutes Chapter 679 (Dentists), Chapter 680.10 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 new statutes task the OBD with regulation and oversight of the practice of dentistry, dental therapists and dental hygiene by enforcing standards of practice established in the Oregon Legislature statutes and rule.

At the end of the previous 2017-2020 planning cycle and after hardships of the COVID 19 pandemic (which has persisted from 2020 into 2022), 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.

During the strategic 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.

The five priorities identified in the plan include:

I. **Licensure Evolution**
   a. Develop and implement rules based on legislative changes
   b. Successfully implement Dental Therapy Rules

II. **Dental Practice Accountability**
   a. Ensure Licensees dictates clinical care provided to patients
   b. Assert OBD jurisdiction over dental practices regardless of ownership model

III. **Community Interaction and Equity**
   a. Increase ease of access to OBD services and information
   b. Ensure equity exists in investigation outcomes

IV. **Workplace Environment**
   a. Increase workplace flexibility through hybrid work models
   b. Increase workplace satisfaction

V. **Technology & Processes**
   a. Improve investigation management and archived files
   b. Improve resource efficiencies

PARTNERSHIPS

- **Professional Organizations**: Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Dental Assistants Association, Oregon Academy of General Dentistry, and various dental specialty organizations.
- **Education System**: Oregon Health and Science University, School of Dentistry; Community College Dental Hygiene and Dental Assisting programs; Oregon Department of Education, licensed trade schools and independent educators.
- **Health care regulatory agencies and public health organizations**: Board of Pharmacy, Board of Nursing, Board of Medical Examiners, Board of

Denture Technology, dental licensing boards in other states, other health licensing boards, Department of Human Services, Health Services; Oregon Medical Assistance Programs, and local community health programs.

- **Law Enforcement Agencies**: U.S. Drug Enforcement Agency, Federal Bureau of Investigation, Oregon Department of Justice, Medicaid Fraud; local police agencies, etc.
- **National Dental Organizations**: American Dental Association (ADA) American Association of Dental Boards (AADB) & the American Association of Dental Administrators (AADA). The ADA accredits dental schools and dental hygiene and dental assisting programs, and conducts regular evaluations of programs to assure compliance with national education standards. The ADA also conducts the written dental and dental hygiene examinations (National Board Examinations) that are recognized by all states for initial licensure. AADB is comprised of state dental boards, dental educators, board administrators and board attorneys. Its focus is on licensing standards for dentists and dental hygienists. This association appoints members to the American Dental Association Council on Dental Education, Commission on Dental Accreditation (CODA) which is responsible for the evaluation and accreditation of dental education programs; and to the Joint Commission on National Dental Examinations which conducts standardized written dental and dental hygiene examinations that are recognized by all fifty states for licensure. This organization maintains a clearinghouse of disciplinary actions issued by State dental boards and disseminates a monthly report to all member agencies.
- **Dental Testing Agencies:** Western Regional Examining Board, American Board of Dental Examiners, Central Regional Dental Testing Service, The Commission on Dental Competency Assessments, Southern Regional Testing Boards, Council of Interstate Testing Agencies, and the Dental Assisting National Board. These organizations conduct examinations for dentists, dental hygienists and dental assistants and are recognized by the Oregon Board for initial qualification for licensure (dentists and dental hygienists), or certification (dental assistants). The Board holds membership in the Western Regional Examining Board and American Board of Dental Examiners. CDCA-WREB-CITA. Dental health professionals seeking initial state licensure and the far-reaching licensure portability of ADEX examinations can now look to one national testing agency for their needs. CDCA-WREB and The Council of Interstate Testing Agencies (CITA), the two agencies currently authorized to administer assessments developed by the American Board of Dental Examiners (ADEX), announce their intent to combine on August 1, 2022. The new organization will operate as CDCA-WREB-CITA. A CDCA-WREB-CITA combination simplifies the pathways for dental and dental hygiene licensure candidates, schools, and state licensure boards, etc. the dental public. ADEX develops uniform competency assessments that reflect current dental and dental hygiene practices.

- **Federal Reporting Agencies**: National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). The Board is required by Federal law to report disciplinary actions to these two data banks. These national databases facilitate background checks and help licensing boards evaluate the qualifications of practitioners to practice safely. Checks of records of applicants for licensure, or of current licensees applying for renewal, can reveal information that has not been self-reported and which warrants attention by the Board.

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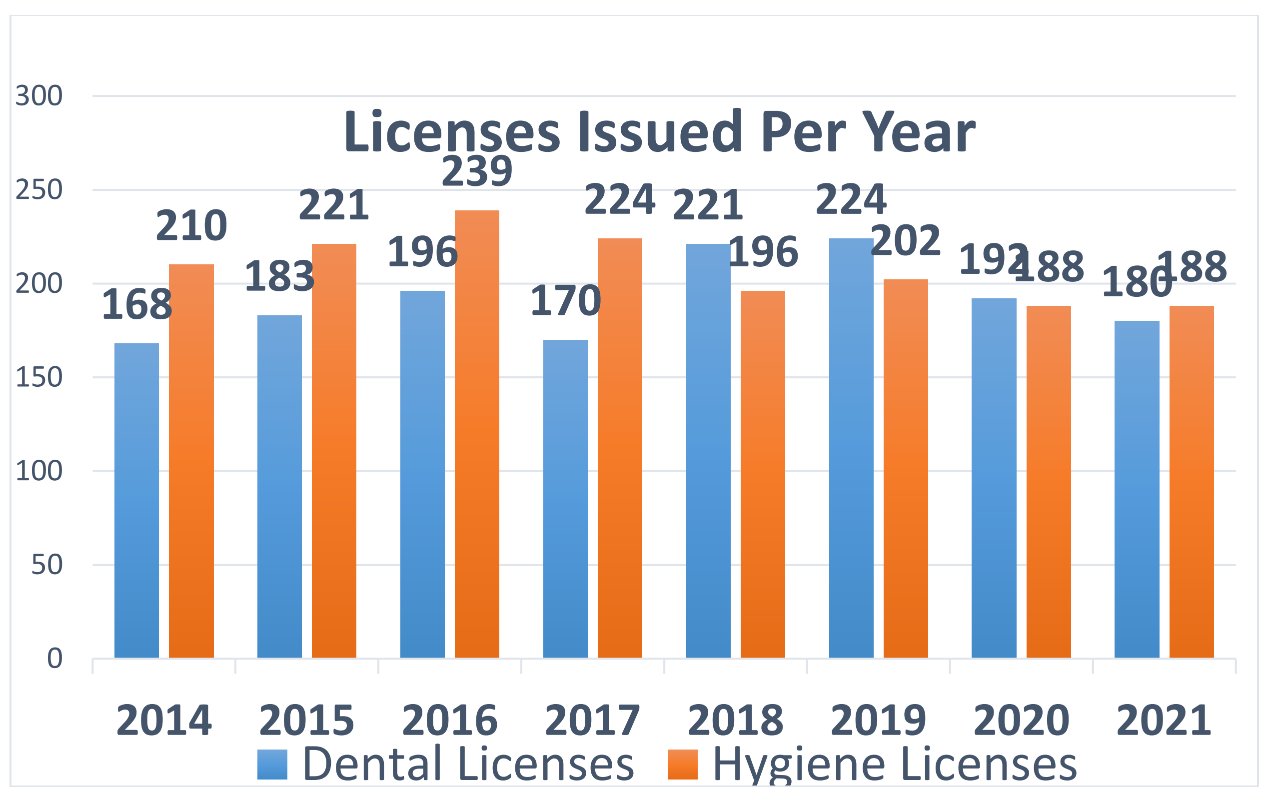
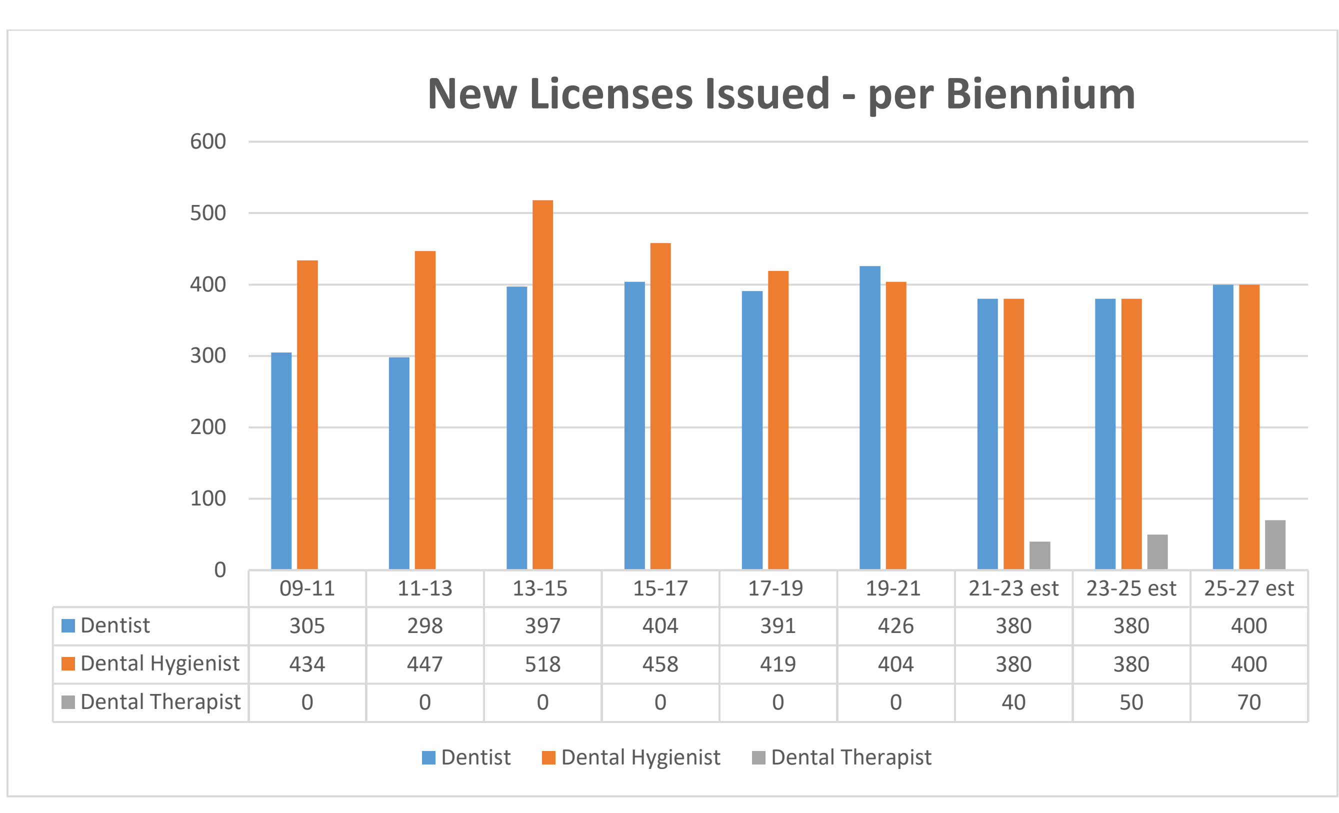
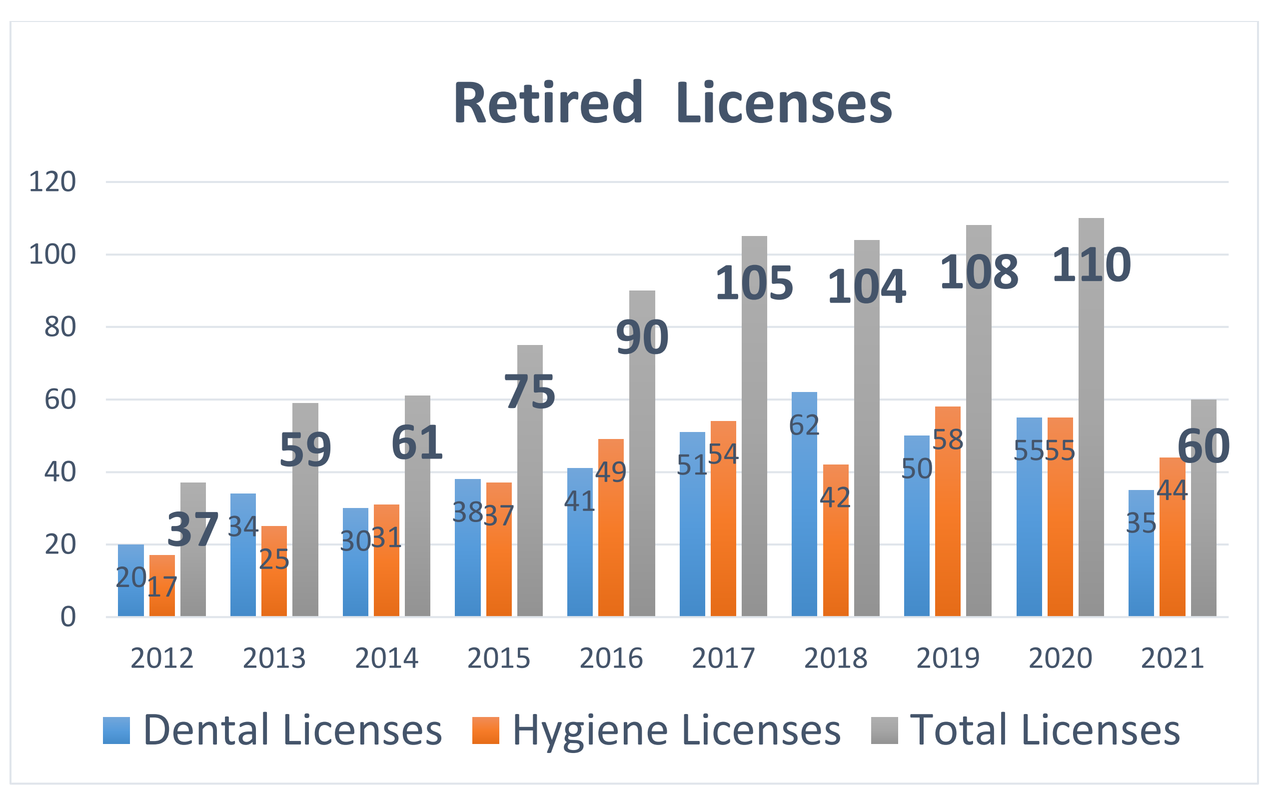
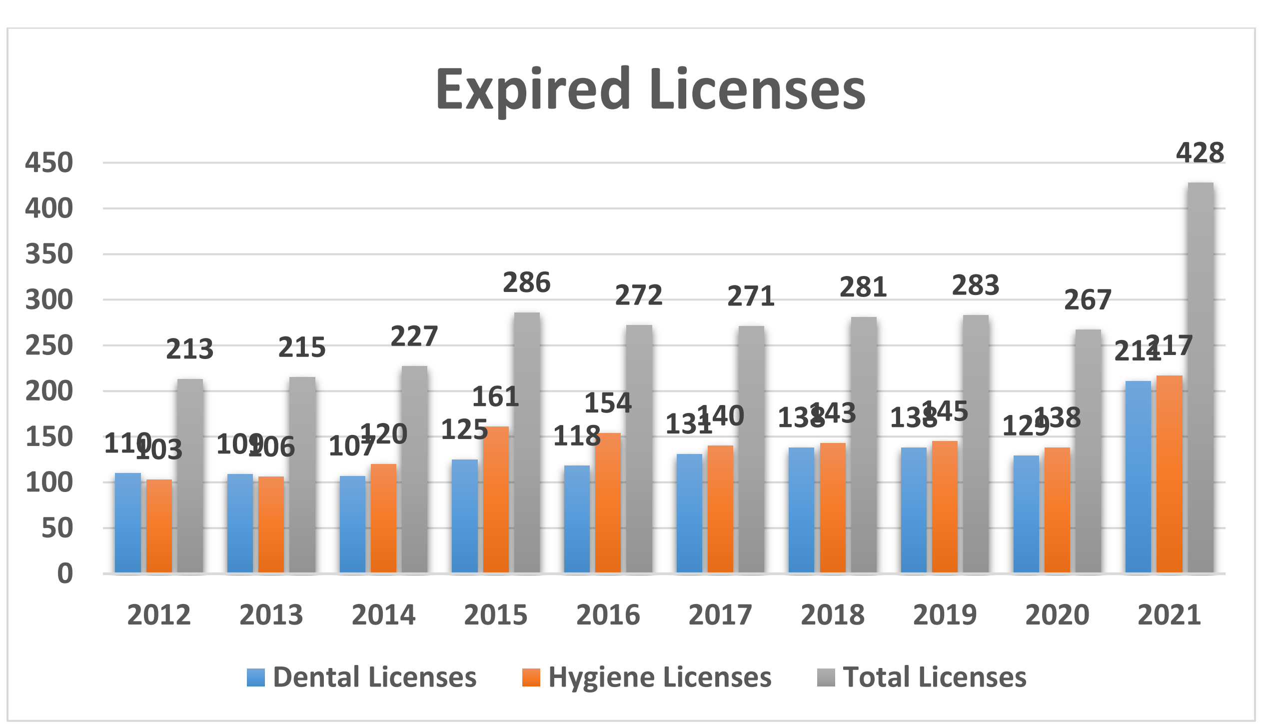
	2015	2016	2017	2018	2019	2020	2021	est 2022	est 2023	est 2024	est 2025
Dental Licenses	3854	3911	3864	3843	3904	3863	3826	3800	3800	3800	3800
Hygiene Licenses	4256	4268	4304	4321	4314	4300	4237	4200	4200	4200	4200
Dental Therapy	0	0	0	0	0	0	0	30	50	60	70
Total Licenses	8110	8179	8168	8164	8218	8163	8063	8030	8050	8060	8070





	09-11	11-13	13-15	15-17	17-19	19-21	21-23 est	23-25 est	25-27 est
Dentist	305	298	397	404	391	426	380	380	400
Dental Hygienist	434	447	518	458	419	404	380	380	400
Dental Therapist	0	0	0	0	0	0	40	50	70


Retired Licenses
120
100
80
60
40
20
0
20 17 37
34 25 59
30 31 61
38 37 75
41 49 90
51 54 105
62 42 104
50 58 108
55 55 110
35 44 60
2012 2013 2014 2015 2016 2017 2018 2019 2020 2021
Dental Licenses
Hygiene Licenses
Total Licenses


Expired Licenses
450
400
350
300
250
200
150
100
50
0
110 103 213
109 106 215
107 120 227
125 161 286
118 154 272
131 140 271
138 143 281
138 145 283
129 138 267
211 217 428
2012 2013 2014 2015 2016 2017 2018 2019 2020 2021
Dental Licenses
Hygiene Licenses
Total Licenses

Enforcement & Compliance:

The Board investigates complaints submitted alleging misconduct or unacceptable patient care by Licensees of the Board. Details of complaints are confidential and not available as public information.

If a licensee has been disciplined by the Board, the details of the disciplinary action (but not of the investigation) become public. Approximately 200 complaints are filed with the Board every year. In an average year about 16 - 20% result in disciplinary action being taken.

Board Action - FY	2017	2018	2019	2020	2021	2022
Cases Opened	199	272	281	216	195	150
Cases Closed	248	260	315	286	205	154
No Violation	56	52	59	56	46	60
No Further Action	58	62	104	110	75	41
Letter of Concern	77	67	79	88	60	38
Discipline	**57**	**89**	**99**	**47**	**24**	**22**
Total	248	270	341	301	205	161

Dental Therapists – new licensee to regulate:

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 was created because the OBD sought 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 also considered cost of compliance and racial justice issues as well with the development of these rules. The Dental Therapy Rules Oversight Committee is comprised of three current OBD Board Members, one who will serve as the Chair of the Committee. The Committee includes 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 includes 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 also includes one representative from each of the professional associations: The Oregon Dental Association, The Oregon Dental Hygienists' Association and the Oregon Dental Assistants Association.

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.

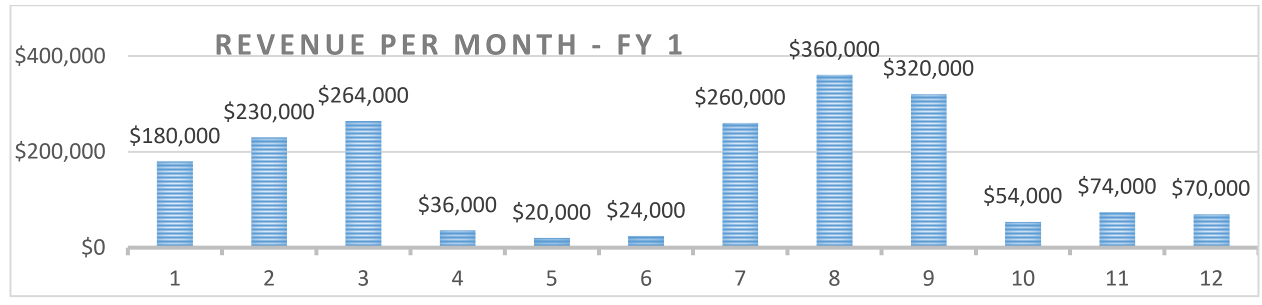
The Committee met for five meetings between 2021 and spring 2022. The Board convened a special Board Meeting solely for reviewing the new dental therapy rules in March 2022. The new and amended rules to regulate dental therapists were effective July 1, 2022.

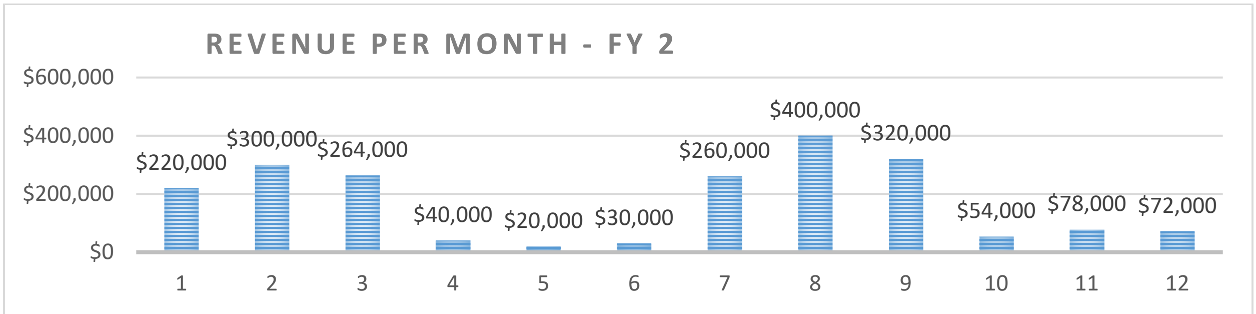
The first dental therapy application for licensure was received in September 2022 and the first license was issued November 1, 2022. As of January 1, 2023 there were 11 licensed dental therapists in Oregon.

Budget summary information:
No significant changes to budget through last 6 years. The total number of licensees and revenue has plateaued, even accounting for Covid-19 pandemic and minor variations in civil penalties collected.

The OBD's main source of revenue is its Licenses with applications, renewals and various permit fees accounting for approximately 95% of the total revenue.

Revenue stream- uneven every year due to Licensees renewing in spring & fall
Every year one half of Oregon's dentists renew their 2-year license between Jan – March 31. Every year one half of Oregon's dental hygienists and dental therapists renew their 2-year license between July – Sept 30. Example of the uneven revenue typically received per Fiscal Year (FY) shown below. The OBD began licensing dental therapists later in fall of 2022 and forecast that it will have a minimal impact on revenue in the current biennium or in the 2023 - 2025 biennium.





Summary of 15% Reductions (in 5% increments) - as submitted on requested budget documents. Savings are for the 2 year biennium. Totals approximately $300,000.

- $100,000 – Reduce Attorney General Support
- $100.000 – Reduce salaries of all staff through furloughs
- $100.000 – Reduce Office support from 1.0 FTE to .5FTE

Priority (ranked most to least preferred)		Agency	SCR or Activity Initials	Program Unit/Activity Description	OF	TOTAL FUNDS	Pos.	FTE	Impact of Reduction on Services and Outcomes
Dept	Prgm/ Div								
Admin		8340001129/ Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Attorney General Support	100,000	$ 100,000			This Reduction would increase the board's risk of not being responsive to legal issues, not seeking appropriate interpretation of statutes and rules, and would affect prosecution of contested cases hearings. reduced attorney time for the agency would limit the board's ability to seek preventive legal advice thus raising the risk of increased legal issues at a later time. No positions would be reduced.
Admin		8340001129/ Oregon Board of Dentistry	83400-000-00-00-00000	Reduce salaries of staff through strategic use of furlough days	100,000	$ 100,000			This Reduction would increase the board's risk of not being responsive to a variety of board issues and negatively impact the day to day operations of the board.
Admin/Clerical		8340001129/ Oregon Board of Dentistry	83400-000-00-00-00000	Reduce Office Support to .5 FTE	100,000	$ 100,000		0.50	This Reduction would increase the board's risk of not being responsive to a variety of board issues and negatively impact the day to day operations of the board and public perception of the board.Reduce Full time employment of office specialist to 20 hrs per week. the position currently is a limited duration position.
						$ -			
						$ -			
					300,000	$ 300,000	0	0.50	

<u>Agency goals for 2023-2025 include:</u>

Implement 2022-2025 Strategic Plan Initiatives.

- Continue to promote and encourage participation in the volunteer Dentist/Dental Hygienist program to increase access to quality dental care.
- Collaborate with new members in state government – legislators, governor's office, other agency directors, etc…
- Continue to us OBD/OAGD Mentoring Program as one avenue to resolve disciplinary cases.
- Continue to educate consumers on their options regarding the complaint process, and alternative means of resolving their issues.
- Continue to promote the Oregon Prescription Drug Monitoring Program to all licensees and follow up on those dentists that need to sign up per statutory requirements.
- Utilize the website, newsletter and personal presentations to communicate Board policies and expectations.
- Continue to collect data on the ethnic and racial makeup of licensees and work with policy makers, educators, and students to encourage a representative diversity in the dental workforce.
- Refine participation in the Health Care Workforce Initiative project and new programs to address the issues of health care workforce shortages and access to care.

- Promote the Oregon Wellness Program effectively in conjunction with professional associations and others.

Dentistry, Board of

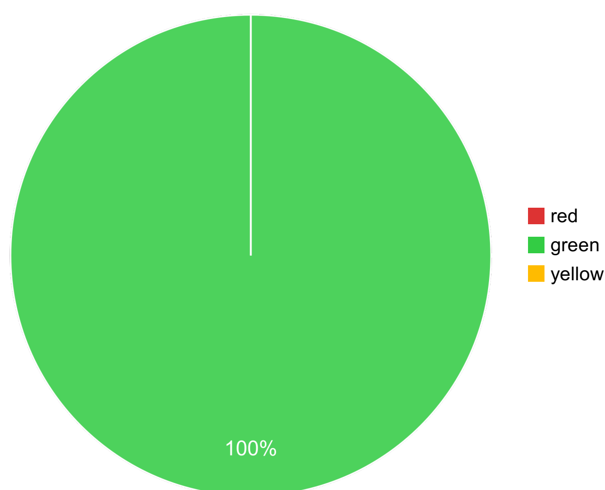
Annual Performance Progress Report

Reporting Year 2022

Published: 9/20/2022 11:52:39 AM

Attachment #6

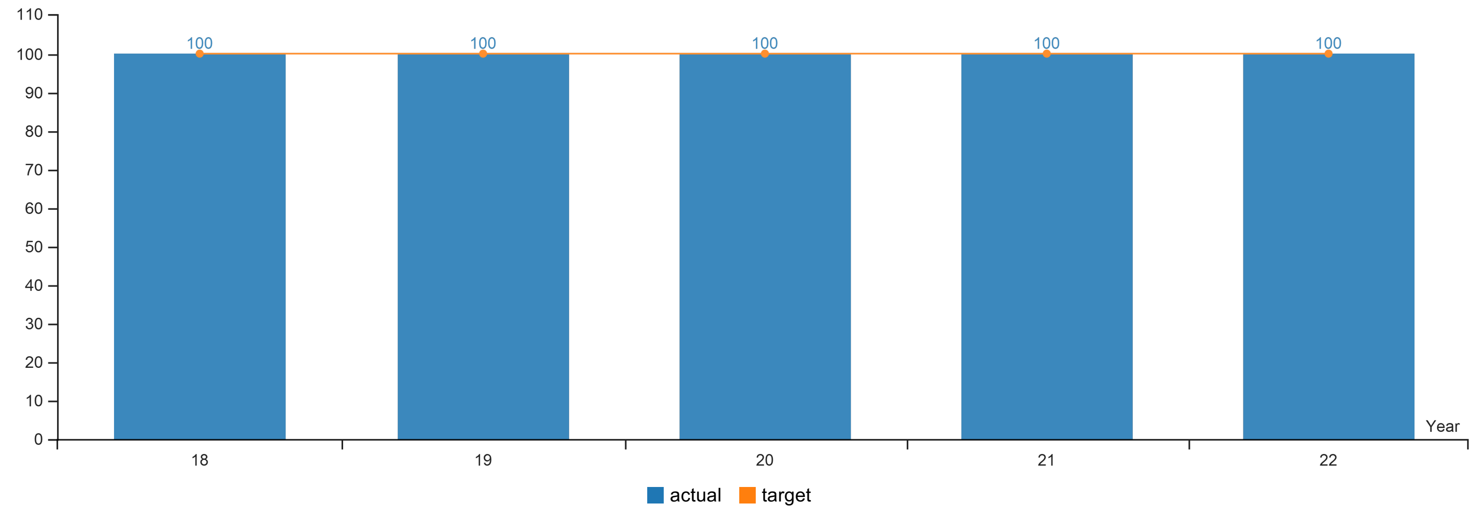
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	100%	0%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2018	2019	2020	2021	2022
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

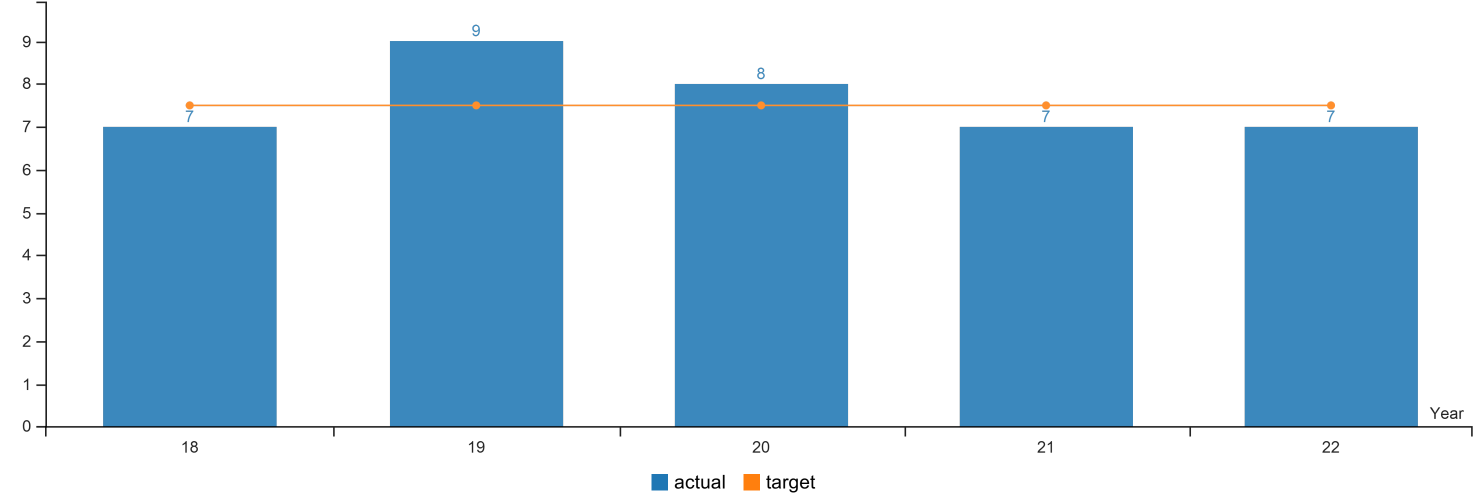
For FY 2022 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure pepriod. The Board monitors their compliance with questions on their license renewal forms, it is requested in investigations and also verified in audits each renewal cycle. Board Staff follows up and ensures all licensees meet their CE requirement.

Factors Affecting Results

Board staff work with licensees to communiate the requirements to be in compliance with Board rules.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = negative result*



Report Year	2018	2019	2020	2021	2022
Average time to Investigate Complaints					
Actual	7	9	8	7	7
Target	7.50	7.50	7.50	7.50	7.50

How Are We Doing

For FY 2022 we accomplished this goal. The investigators worked hard to close the cases and the regularly scheduled Board meetings remained on schedule in spite of the pandemic. Due to the pandemic and the closure of dental offices for a period of time, the number of new cases dropped from the prior 12 month period. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

Factors Affecting Results

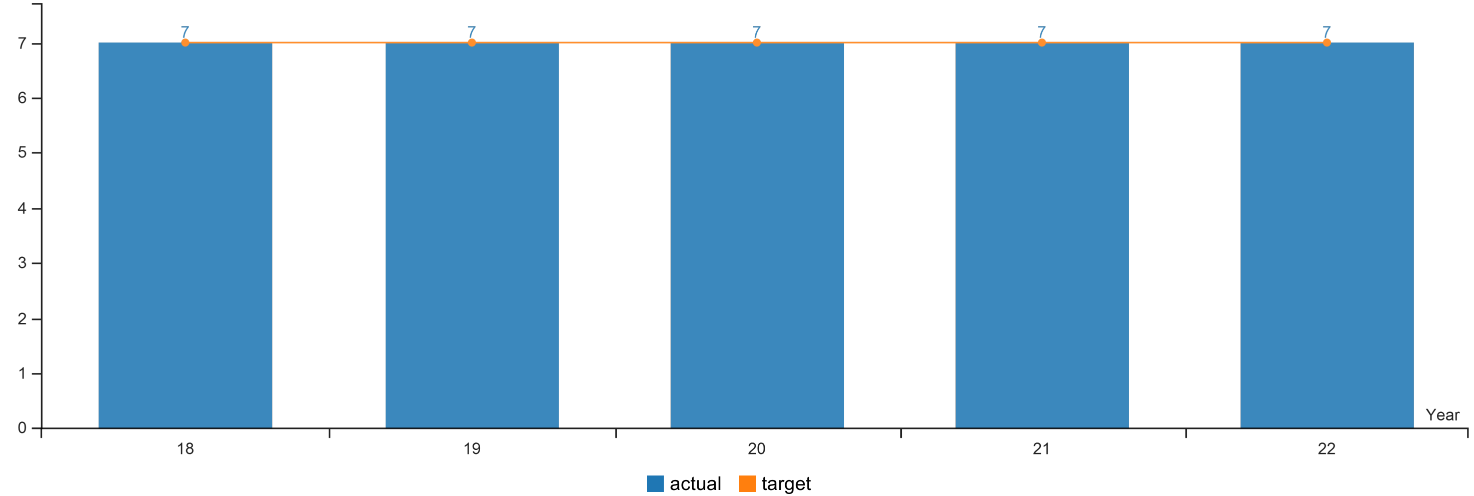
The total number of investigations opened in FY 2022 was 150 compared to 195 in FY 2021

The number of cases closed in FY 2022 was 154 compared to 205 in FY 2021.

All new complaints are addressed quickly and investigated in a timely manner.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2018	2019	2020	2021	2022
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

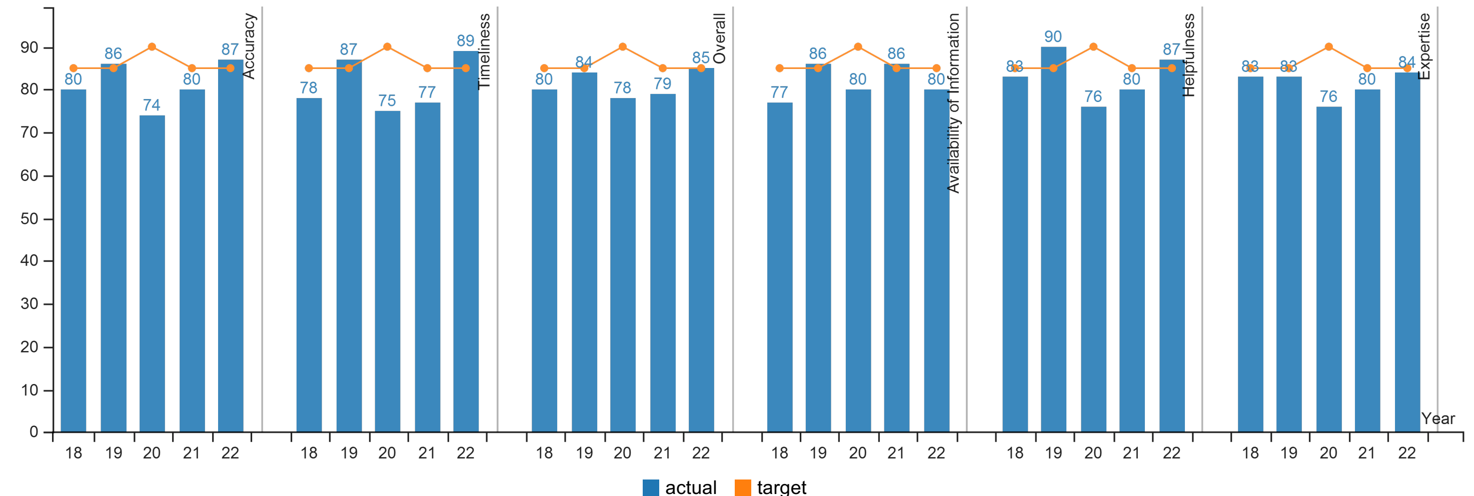
How Are We Doing

For FY 2022 we accomplished this goal. Altthough there were delays due to the pandemic and other agenices and entities working remotely. OBD Staff continued to work in the downtown Portland office and transitioned to a hybrid work model in spring of 2022. All staff were designated "essential personnel" back in March 2020 and remain so at the time of this report. Once all requried documentation and paperwork is completed, then licenses were issued with minimal delay due to OBD Staff.

Factors Affecting Results

It is one of our priorities that applications and renewals be processed accurately and efficently. The delay in processing (not issuing) was due to a number of factors beyond OBD Staff control: US Postal Service delays, schools delaying classes and transmitting transcripts, testing agencies modifying tests and other issues due to the pandemic.

KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2018	2019	2020	2021	2022
Accuracy					
Actual	80%	86%	74%	80%	87%
Target	85%	85%	90%	85%	85%
Timeliness					
Actual	78%	87%	75%	77%	89%
Target	85%	85%	90%	85%	85%
Overall					
Actual	80%	84%	78%	79%	85%
Target	85%	85%	90%	85%	85%
Availability of Information					
Actual	77%	86%	80%	86%	80%
Target	85%	85%	90%	85%	85%
Helpfulness					
Actual	83%	90%	76%	80%	87%
Target	85%	85%	90%	85%	85%
Expertise					
Actual	83%	83%	76%	80%	84%
Target	85%	85%	90%	85%	85%

How Are We Doing

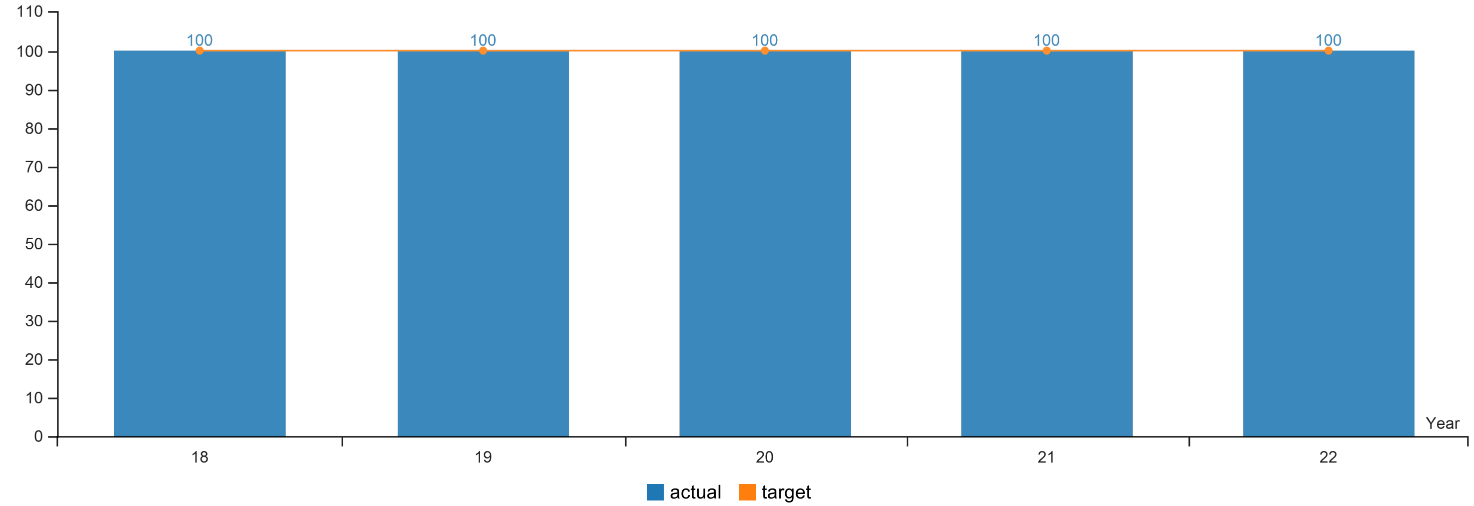
For FY 2022 we had better results overall than last year. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board

Factors Affecting Results

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We receive direct feedback outside the survey and it is good to know how the OBD's actions are impacting others and the information received is always useful.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2018	2019	2020	2021	2022
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2022 the Board accomplished this goal. Annually at the August Board Meeting the Board reviews these metrics and conducts the performance review of the Executive Director. The Board is in 100%compliance with Best Practices Performance Measurements for Governing Boards and Commissions

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices at its August 19, 2022 Board Meeting.

Program Prioritization for 2023 -2025

Agency Name: Oregon Board of Dentistry

2023-25 Biennium **Agency Number: 83400**

Agency is One (1) Program Unit

Program/Division Priorities for 2023-25 Biennium

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Priority (ranked with highest priority first)		**Agency Initials**	**Program or Activity Initials**	**Program Unit/Activity Description**	**Identify Key Performance Measure(s)**	**Primary Purpose Program-Activity Code**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**New or Enhanced Program (Y/N)**	**Included as Reduction Option (Y/N)**	**Legal Req. Code (C, D, FM, FO, S)**	**Legal Citation**	**Explain What is Mandatory (for C, FM, and FO Only)**	**Comments on Proposed Changes to CSL included in Agency Request**
Agcy	**Prgm/ Div**	**OBD**																			
83400		OBD	LIC	1) Process new license applications 2) Renew existing licenses 3) Answer questions from licensees and applicants 4) Work with investigators on problem applications 5) Update database records (addresses, license status, etc.) 6) Develop license policies	1,3,4				800,000				$ 800,000	1	1.50	n	y	S	ORS 676		
83400		OBD	INV	1) Investigate complaints 2) Assist Board in developing remedies 3) Coordinate contested case hearings 4) Monitor licensees under probation 5) Provide required information to national databases 6) Work with License staff on problem applications 7) Perform triage and investigative services for the Health Professionals' Services Program	2,4,5				1,200,000				$ 1,200,000	4	4.00	n	y	S	ORS 676		
83400		OBD	ADM	1) Provide public information through electronic data requests 2) Rules Promulgation 3) Education & Outreach 4) Board member relations 4) Other duties as assigned	1,2,3,4,5				1,500,000				$ 1,500,000	3	2.50	n	y	S	ORS 676		
													$ -								
													$ -								
													$ -								
													$ -								
													$ -								
							-	-	3,500,000	-	-	-	$ 3,500,000	8	8.00						

Within each Program/Division area, prioritize each Budget Program Unit (Activities) by detail budget level in ORBITS

Document criteria used to prioritize activities:

Activities were prioritized based on the following criteria:
1) Does the activity fulfill a statutory mandate?
2) Does the activity support the mission of the Oregon Board of Dentistry?
3) Does the activity support the Governor's priorities?

7. Primary Purpose Program/Activity Exists

1 Civil Justice
2 Community Development
3 Consumer Protection
4 Administrative Function
5 Criminal Justice
6 Economic Development
7 Education & Skill Development
8 Emergency Services
9 Environmental Protection
10 Public Health
11 Recreation, Heritage, or Cultural
12 Social Support

19. Legal Requirement Code

C Constitutional
D Debt Service
FM Federal - Mandatory
FO Federal - Optional (once you choose to participate, certain requirements exist)
S Statutory

Attachment #6

***UPDATED* OTHER FUNDS ENDING BALANCES FOR THE 2021-23 & 2023-25 BIENNIA**

Agency: Oregon Board of Dentistry
Contact Person (Name & Phone #): Stephen Prisby, (971) 673-3200

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	**Program Area (SCR)**	**Treasury Fund #/Name**	**Category/Description**	**Constitutional and/or Statutory reference**	**2021-23 Ending Balance**		**2023-25 Ending Balance**		**Comments**
					In LAB	**Revised**	**In CSL**	**Revised**	
Limited	83400-000-00-00-00000	8340001129/Oregon Board of Dentistry	Operations	ORS 679.260	956,481	1,230,654	144,138	144,138	

Objective: Provide updated Other Funds ending balance information for potential use in the development of the 2023-25 legislatively adopted budget.

Instructions:

Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.

Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2021-23 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (Column (j)).

Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).

Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.

Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.

Columns (f) and (h): Use the appropriate, audited amount from the 2021-23 Legislatively Approved Budget and the 2023-25 Current Service Level at the Agency Request Budget level.

Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. The revised column (i) should assume 2023-25 Current Service Level expenditures, considering the updated 2021-23 ending balance and any updated 2023-25 revenue projections. Do not include adjustments for reduction options that have been submitted. Provide a description of revisions in Comments (Column (j)).

Column (j): **Please note any reasons for significant changes in balances previously reported during the 2021 session.**

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or $50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.

2021-23 ARPA ENDING BALANCES

Agency: **834 Dentistry**
Contact Person (Name & Phone #):
Stephen Prisby 971-673-3200

(a) SCR	(b) Program Description	(c) 2021-23 LAB	(d) 2021-23 Ending Balance	(e) 2021-23 Amount Obligated	(f) 2023-25 POP Y/N	(g) 2023-25 POP POP #	(h) Comments
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Instructions:

Column (a): Select the appropriate Summary Cross Reference number and name from those included in the 2021-23 Legislatively Approved Budget.
Column (b): List American Rescue Plan Act (ARPA) balances by legislatively approved uses and/or specified transfers to agency programs.
Column (c): Provide the expenditure limitation approved for the ARPA funds transferred to the agency in the 2021-23 Legislatively Approved Budget.
Column (d): Enter the total estimated balance of ARPA funds that will be unspent at the close of the 2021-23 biennium.
Column (e): Enter the amount of the unspent ARPA balance obligated to a project/program through an award, grant agreement, or other contract as of June 30, 2023.
Column (f) and (g): Indicate whether the 2023-25 Agency Request Budget includes a policy option package (POP) to utilize the ARPA funds carrying forward into the 2023-25 biennium, and if so, provide the POP number.
(h) Please provided any additional information related to ARPA ending balances.

House Bill 5011

Introduced and printed pursuant to House Concurrent Resolution 23 (2023) (at the request of Oregon Department of Administrative Services)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.

Declares emergency, effective July 1, 2023.

1 **A BILL FOR AN ACT**

2 Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emer-
3 gency.

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

5 **SECTION 1. Notwithstanding any other law limiting expenditures, the amount of**
6 **$4,172,739 is established for the biennium beginning July 1, 2023, as the maximum limit for**
7 **payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts,**
8 **but excluding lottery funds and federal funds, collected or received by the Oregon Board of**
9 **Dentistry.**

10 **SECTION 2. This 2023 Act being necessary for the immediate preservation of the public**
11 **peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect**
12 **July 1, 2023.**

13

Note: For budget, see 2023-2025 Biennial Budget

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

LC 9011

Attachment #6

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2240	HB 2240 INTRO	Rep Neron	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2240/Introduced	02/13/23 - Work Session scheduled.	Education (H)	3:00PM 02/1 House Com Education Work Sessio HR D

Relating to requirements to use health care interpreters; declaring an emergency.

Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.

Relating to requirements to use health care interpreters; amending ORS 413.550; and declaring an emergency.

Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.

Declares emergency, effective on passage.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2441	HB 2441 INTRO	Rep Scharf	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2441/Introduced	01/16/23 - Referred to Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means.	Emergency Management, General Government, and Veterans (H)	

Relating to the provision of information by state agencies.

Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public.

Relating to the provision of information by state agencies.

Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public. Identifies information to be provided.

Requires state agencies to furnish information regarding proposed administrative rules to information system.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2642	HB 2642 INTRO	Rep Bynum; Rep Goodwin; Rep Levy B; Rep Morgan; Rep Nathanson; Sen Hansell; Sen Weber	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2642/Introduced	01/13/23 - Referred to Behavioral Health and Health Care.	Behavioral Health and Health Care (H)	

Relating to prescription drug monitoring; prescribing an effective date.

Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or renewing for, patient prescription for certain prescription drugs.

Relating to prescription drug monitoring; and prescribing an effective date.

Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or renewing for, patient prescription for certain prescription drugs.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2652	HB 2652 INTRO	Rep Bynum; Rep Pham H; Rep Pham K; Rep Reynolds	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2652/Introduced	02/01/23 - Public Hearing held.	Behavioral Health and Health Care (H)	

Relating to funding county health measures; declaring an emergency.

Authorizes county to declare shortage of health care and human services personnel and apply to Oregon Health Authority for moneys to make grants to employers to alleviate shortage by offering certain benefits to potential workers and educators.

Relating to funding county health measures; and declaring an emergency.

Authorizes county to declare shortage of health care and human services personnel and apply to Oregon Health Authority for moneys to make grants to employers to alleviate shortage by offering certain benefits to potential workers and educators.
Appropriates moneys to Oregon Health Authority to distribute to counties for purposes related to encouraging healthy eating, physical activity and mental health.
Declares emergency, effective on passage.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2773	HB 2773 INTRO	Rep Reynolds; Rep Ruiz; Sen Campos; Sen Dembrow; Sen Gelser Blouin; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2773/Introduced	02/01/23 - Public Hearing held.	Behavioral Health and Health Care (H)	

Relating to opportunities for local public health professionals; prescribing an effective date.

Requires Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals.

Relating to opportunities for local public health professionals; and prescribing an effective date.

Requires Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals.
Directs authority to provide grants to local public health agencies that provide interns and fellows with training in, and clinical supervision of, nursing duties performed in local public health agencies.
Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2805	HB 2805 INTRO	Rep Morgan; Rep Neron; Rep Sosa	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2805/Introduced	02/14/23 - Public Hearing scheduled.	Emergency Management, General Government, and Veterans (H)	1:00PM 02/ House Com Emergency Managemer Government Veterans Public Heari HR A

Relating to public meetings; prescribing an effective date.

Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied.

Relating to public meetings; creating new provisions; amending ORS 192.610, 192.680, 192.685, 192.690, 244.255, 244.260, 244.270, 244.290 and 244.350; and prescribing an effective date.

Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied. Provides that public meetings law does not apply to communications that are purely factual or educational, that are unrelated to any matter that governing body could foreseeably deliberate on or decide or that are nonsubstantive in nature.

Requires Oregon Government Ethics Commission to provide, or arrange for other organization to provide, annual training on requirements of public meetings law and best practices to enhance compliance with public meetings law. Requires members of governing bodies with total fiscal year expenditures above threshold amount to attend training at least once per term of public office. Excludes state government governing bodies from training requirements.

Expands duties of commission to conduct investigations, make findings and impose penalties for violations of public meetings law. Authorizes any person to file complaint with commission alleging that meetings were not in compliance with public meetings law. Requires complainant to have first made written grievance with public body whose governing body is alleged to have violated public meetings law so as to provide governing body opportunity to cure decisions made in violation of public meetings law.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2825	HB 2825 INTRO	Rep Evans	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2825/Introduced	01/16/23 - Referred to Emergency Management, General Government, and Veterans.	Emergency Management, General Government, and Veterans (H)	

Relating to professional licensing during emergencies.

Authorizes Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.

Relating to professional licensing during emergencies.

Authorizes Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2886	HB 2886 INTRO	Rep Dexter; Rep Reynolds; Sen Campos; Sen Dembrow; Sen Patterson; Sen Steiner	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2886/Introduced	01/16/23 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means.	Behavioral Health and Health Care (H)	

Relating to health care profession scopes of practice; prescribing an effective date.

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements.

Relating to health care profession scopes of practice; and prescribing an effective date.

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2928	HB 2928 INTRO	Rep Goodwin; Rep Nelson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2928/Introduced	02/20/23 - Public Hearing scheduled.	Behavioral Health and Health Care (H)	3:00PM 02/2 House Com Behavioral H Health Care Public Heari HR F

Relating to nurse incentives; prescribing an effective date.

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Relating to nurse incentives; creating new provisions; amending ORS 676.454; and prescribing an effective date.

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2947	HB 2947 INTRO	Rep Morgan; Rep Smith DB; Rep Sosa; Rep Wright	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2947/Introduced	01/16/23 - Referred to Emergency Management, General Government, and Veterans.	Emergency Management, General Government, and Veterans (H)	

Relating to media access to executive sessions.

Requires governing body of public body, when meeting in executive session at which news media is allowed to attend, to provide means for media to attend through telephone or other electronic or virtual means.

Relating to media access to executive sessions; amending ORS 192.660.

Requires governing body of public body, when meeting in executive session at which news media is allowed to attend, to provide means for media to attend through telephone or other electronic or virtual means.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2979	HB 2979 INTRO	Rep Bynum; Rep Javadi; Rep Nosse; Rep Pham H; Sen Campos; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2979/Introduced	02/13/23 - Public Hearing scheduled.	Behavioral Health and Health Care (H)	3:00PM 02/' House Com Behavioral I Health Care Public Heari HR F

Relating to dental professions.

Directs Higher Education Coordinating Commission to establish program to issue grants to community colleges to promote and increase dental assistant and dental hygienist training programs in Oregon.

Relating to dental professions.

Directs Higher Education Coordinating Commission to establish program to issue grants to community colleges to promote and increase dental assistant and dental hygienist training programs in Oregon.
Directs Department of Education to establish program to issue grants to school districts or education service districts to promote and increase career and technical education related to dental health professions.
Directs Oregon Health Authority to issue grants through health care provider incentive program to support and increase recruitment and retention of dental professionals.
Directs authority to develop and implement education and mentoring program to promote entry into dental professions by members of Indian tribes in Oregon.
Directs State Workforce and Talent Development Board to develop educational module relating to dental assisting.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2992	HB 2992 INTRO	Rep Tran	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2992/Introduced	01/16/23 - Referred to Behavioral Health and Health Care.	Behavioral Health and Health Care (H)	

Relating to in-network health care providers; declaring an emergency.

Restricts insurers' ability to refuse to credential health care provider or to refuse to contract with health care provider to provide covered health care items and services.

Relating to in-network health care providers; and declaring an emergency.

Restricts insurers' ability to refuse to credential health care provider or to refuse to contract with health care provider to provide covered health care items and services.

Declares emergency, effective on passage.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2995	HB 2995 INTRO	Rep Scharf	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2995/Introduced	01/16/23 - Referred to Rules with subsequent referral to Ways and Means.	Rules (H)	

Relating to legislative oversight of executive branch actions; prescribing an effective date.

Expands duties of Legislative Policy and Research Director to include investigating, reviewing activities of and conducting oversight of executive branch agencies, taking in and investigating complaints by members of public concerning executive branch agency programs and reporting to relevant legislative committees on oversight work undertaken by director.

Relating to legislative oversight of executive branch actions; creating new provisions; amending ORS 173.635, 183.720 and 183.722; and prescribing an effective date.

Expands duties of Legislative Policy and Research Director to include investigating, reviewing activities of and conducting oversight of executive branch agencies, taking in and investigating complaints by members of public concerning executive branch agency programs and reporting to relevant legislative committees on oversight work undertaken by director.

Provides that duties director must perform become operative January 1, 2024.

Modifies existing administrative rule review process to expand scope of review of newly adopted or amended rules by Legislative Counsel to include review of whether rule promotes, implements or carries out legislative direction or policy of subject of rule. Expands scope of review by interim committee having oversight of agency adopting rule to include determination of whether rule carries out legislative direction or policy or fails to do so. Directs Legislative Counsel to post committee's determination of legal flaw in rule on Legislative Counsel website.

Provides that expanded scope of review of administrative rules becomes operative January 1, 2024.

Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 2996	HB 2996 INTRO	Rep Bynum; Rep Javadi; Rep Pham H; Sen Steiner	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB2996/Introduced	02/13/23 - Public Hearing scheduled.	Behavioral Health and Health Care (H)	3:00PM 02/ House Com Behavioral H Health Care Public Heari HR F

Relating to dental assistants; prescribing an effective date.

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency.

Relating to dental assistants; and prescribing an effective date.

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination for radiological proficiency.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 3007	HB 3007 INTRO	Rep Bynum; Rep Javadi; Rep Pham H; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3007/Introduced	02/13/23 - Public Hearing scheduled.	Behavioral Health and Health Care (H)	3:00PM 02/ House Com Behavioral H Health Care Public Heari HR F

Relating to oral health; prescribing an effective date.

Directs Oregon Health Authority to establish Oral Health Advisory Committee and Office of Oral Health.

Relating to oral health; creating new provisions; amending ORS 413.083; and prescribing an effective date.

Directs Oregon Health Authority to establish Oral Health Advisory Committee and Office of Oral Health. Directs dental director to oversee office and to publish on website and submit to Legislative Assembly and other entities annual oral health summary surveillance report.
Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 3028	HB 3028 INTRO	Rep Chaichi; Rep Grayber; Rep Hudson; Rep Nelson; Rep Neron; Rep Nosse; Rep Sosa; Sen Campos; Sen Gorsek; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3028/Introduced	02/01/23 - Public Hearing held.	Business and Labor (H)	

Relating to employment protections; prescribing an effective date.

Prohibits employer from requiring employee to use vacation, sick or annual leave for time spent by employee as appointed member of board, commission, council or committee created by statute.

Relating to employment protections; and prescribing an effective date.

Prohibits employer from requiring employee to use vacation, sick or annual leave for time spent by employee as appointed member of board, commission, council or committee created by statute.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 3044	HB 3044 INTRO	Rep Goodwin; Rep Hieb; Rep Levy B; Rep Morgan; Rep Scharf; Rep Wright	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3044/Introduced	01/20/23 - Referred to Education.	Education (H)	

Relating to parental rights; prescribing an effective date.

Directs district school boards to adopt procedures for notifying parents of specified information.

Relating to parental rights; creating new provisions; amending ORS 109.650, 109.675, 109.680 and 192.556; and prescribing an effective date.

Directs district school boards to adopt procedures for notifying parents of specified information. Prohibits classroom instruction on sexual orientation and gender identity, absent parental consent, before fourth grade. Requires parental consent before administering specified questionnaire or health screening form. Directs State Board of Education to adopt procedure for parents to report concerns regarding school district's implementation of requirements.
Requires health care providers to notify parents of minors when minors consent to specified medical treatments without parental consent. Directs health care provider who declines to disclose information to minor's parents due to provider's concerns regarding abuse of minor to immediately report suspected child abuse.
Modifies definition of "personal representative" for purposes of access to minor's protected health information to include minor's parent or legal guardian.
Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 3105	HB 3105 INTRO	Rules (H)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3105/Introduced	01/30/23 - Referred to Rules.	Rules (H)	

Relating to lobbying; prescribing an effective date.

Establishes Task Force on Lobby Ethics.

Relating to lobbying; and prescribing an effective date.

Establishes Task Force on Lobby Ethics. Directs task force to study and make recommendations to improve and standardize lobby ethics and to improve transparency on how money and lobbying impact decision making within legislative process.
Sunsets task force on December 31, 2024.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 3223	HB 3223 INTRO	Rep Javadi; Rep Pham H	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB3223/Introduced	02/13/23 - Public Hearing scheduled.	Behavioral Health and Health Care (H)	3:00PM 02/1 House Com Behavioral H Health Care Public Heari HR F

Relating to dental assistants; prescribing an effective date.

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination.

Relating to dental assistants; and prescribing an effective date.

Prohibits Oregon Board of Dentistry from requiring applicant for certification as dental assistant to pass written examination. Requires board to adopt rules to establish alternative pathways to certification.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
HB 5011	HB 5011 INTRO	Presession filed (at the request of Oregon Department of Administrative Services)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB5011/Introduced	02/02/23 - Assigned to Subcommittee On Education.	Ways and Means (J)	

Relating to the financial administration of the Oregon Board of Dentistry; declaring an emergency.

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.

Relating to the financial administration of the Oregon Board of Dentistry; and declaring an emergency.

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Board of Dentistry.
Declares emergency, effective July 1, 2023.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 11	SB 11 INTRO	Sen Gorsek	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB11/Introduced	01/13/23 - Referred to Rules.	Rules (S)	

Relating to public meetings of state government entities.

Requires state boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge.

Relating to public meetings of state government entities; amending ORS 192.672.

Requires state boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge. Excepts meetings lawfully conducted in executive session from requirement that meetings be published.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 39	SB 39 INTRO	Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB39/Introduced	01/13/23 - Referred to Rules.	Rules (S)	

Relating to administrative rules.

Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.

Relating to administrative rules.

Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 40	SB 40 INTRO	Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB40/Introduced	01/13/23 - Referred to Rules.	Rules (S)	

Relating to administrative law.

Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking.

Relating to administrative law; creating new provisions; and amending ORS 183.335, 183.482 and 183.484.

Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking.
Directs court reviewing agency order to set aside or remand order if court finds that agency action, findings or conclusions were arbitrary or capricious.

BillTracker

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 43	SB 43 INTRO	Rep Owens; Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB43/Introduced	01/13/23 - Referred to Rules.	Rules (S)	

Relating to administrative law.

Requires agencies to post certain information about rulemaking on agency websites.

Relating to administrative law; creating new provisions; and amending ORS 183.330, 183.335, 183.745, 469.085, 757.991, 757.994 and 757.995.

Requires agencies to post certain information about rulemaking on agency websites.
Requires agencies to include certain information in rules.
Requires Attorney General to allow public to attend rulemaking training, for reasonable fee.
Prohibits agency rules coordinator from drafting rules.
Provides that agency may adopt rule no sooner than seven days after agency stops accepting public comment.
Provides that temporary rule adopted during and because of state of emergency may remain in effect until termination of state of emergency.
Provides that agency may not impose civil penalty under rule earlier than 30 days after the adoption of rule.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 44	SB 44 INTRO	Sen Findley	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB44/Introduced	01/24/23 - Public Hearing held.	Labor and Business (S)	

Relating to an ombudsman office for business; prescribing an effective date.

Establishes office of business ombudsman in Oregon Department of Administrative Services.

Relating to an ombudsman office for business; and prescribing an effective date.

Establishes office of business ombudsman in Oregon Department of Administrative Services. Specifies functions, powers and duties of office. Authorizes business ombudsman to issue order directing action by state agency if business experiences significant hardship because of administration of laws that affect business. Requires business ombudsman to report biennially on operation of office to committee of Legislative Assembly related to state agency operations.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 304	SB 304 INTRO	Sen Dembrow; Sen Jama	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB304/Introduced	02/07/23 - Public Hearing held.	Labor and Business (S)	

Relating to a task force on occupational licensing; prescribing an effective date.

Establishes Task Force on Occupational Licensing.

Relating to a task force on occupational licensing; and prescribing an effective date.

Establishes Task Force on Occupational Licensing. Directs task force to study value of occupational licensing regulatory agency. Permits task force to presession file legislation. Requires task force to report to Legislative Assembly.
Sunsets December 31, 2024.
Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 408	SB 408 INTRO	Rep Dexter; Rep Reynolds; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB408/Introduced	01/14/23 - Referred to Health Care, then Ways and Means.	Health Care (S)	

Relating to health care profession scopes of practice; prescribing an effective date.

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements.

Relating to health care profession scopes of practice; and prescribing an effective date.

Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements. Defines "scope of practice request" and "impact statement." Directs authority to convene temporary scope of practice request review committee. Directs committee to review scope of practice requests and impact statements and report to authority and interim committees of Legislative Assembly related to health care.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 412	SB 412 INTRO	Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB412/Introduced	01/30/23 - Public Hearing held.	Health Care (S)	

Relating to dental laboratories; prescribing an effective date.

Requires dental laboratory to register with Health Licensing Office.

Relating to dental laboratories; creating new provisions; amending ORS 676.565, 676.579, 676.590, 676.612, 676.613, 676.622, 676.992, 679.010 and 679.176; repealing ORS 679.530; and prescribing an effective date.

Requires dental laboratory to register with Health Licensing Office. Defines "dental laboratory." Requires dental laboratory to provide material content disclosure to dentist who prescribes work order for dental prosthetic appliance or other artificial material or device. Defines "material content disclosure." Allows office to impose discipline for certain violations. Directs office to provide administrative and regulatory oversight to dental laboratory program.

Takes effect on 91st day following adjournment sine die.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 441	SB 441 INTRO	Sen Hayden	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB441/Introduced	01/30/23 - Public Hearing held.	Health Care (S)	

Relating to dental care providers; prescribing an effective date.

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers.

Relating to dental care providers; and prescribing an effective date.

Creates dental care provider incentive grant program within Oregon Health Authority to increase recruitment and retention of dental care providers.
Directs authority to increase incentives available to dentists through health care provider incentive program.
Directs State Workforce and Talent Development Board to create and maintain dental assistant training module available to public free of cost.
Directs Higher Education Coordinating Commission to award grants to community colleges to develop and support training programs for dental assistants and dental hygienists.
Directs Department of Education to provide funding to public schools for development and expansion of educational programming on dental care provider professions for students enrolled in kindergarten through grade 12.
Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 469	SB 469 INTRO	Sen Hansell	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB469/Introduced	02/08/23 - Public Hearing held.	Health Care (S)	

Relating to tribal health; declaring an emergency.

Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.

Relating to tribal health; creating new provisions; amending ORS 676.454 and 676.467; and declaring an emergency.

Establishes Indian Health Scholarship Program to provide free tuition and fees for qualifying Indian health profession students in exchange for student commitment to work at tribal service site after graduation.
Appropriates moneys for 2023-2025 biennium to Oregon Health and Science University for purpose of administering Indian Health Scholarship Program.
Declares emergency, effective July 1, 2023.

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 485	SB 485 INTRO	Sen Lieber; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB485/Introduced	01/14/23 - Referred to Health Care.	Health Care (S)	

Relating to nurse incentives; prescribing an effective date.

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Relating to nurse incentives; creating new provisions; amending ORS 676.454; and prescribing an effective date.

Extends health care provider incentive program to health care providers who are students enrolled in health professional training programs leading to licensure as licensed practical nurse or registered nurse.

Takes effect on 91st day following adjournment sine die.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 487	SB 487 INTRO	Rep Nosse; Rep Pham H; Sen Patterson	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB487/Introduced	01/30/23 - Public Hearing held.	Health Care (S)	

Relating to oral health care coordination.

Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities.

Relating to oral health care coordination.

Directs Oregon Health Authority to establish grant program to provide financial support to certified dental sealant programs that promote and engage in oral health care coordination activities.

Directs Office of Rural Health to establish grant program to provide scholarship and tuition assistance grants to individuals enrolled in community dental health coordinator programs and to provide matching grants to qualified employers that employ community dental health coordinators.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 511	SB 511 INTRO	Rep Morgan; Sen Thatcher	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB511/Introduced	01/14/23 - Referred to Health Care.	Health Care (S)	

Relating to ingredients in vaccines; prescribing an effective date.

Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.

Relating to ingredients in vaccines; and prescribing an effective date.

Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information.

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 517	SB 517 INTRO	Sen Dembrow	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB517/Introduced	02/23/23 - Public Hearing Scheduled.	Education (S)	3:00PM 02/2 Senate Com Education Public Heari HR B

Relating to the effects on adjudicated persons of adjudications for criminal acts.

Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required.

Relating to the effects on adjudicated persons of adjudications for criminal acts; creating new provisions; and amending ORS 670.280.

Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required. Specifies criteria for determining whether crime substantially relates to specific duties and responsibilities for which license is required. Specifies additional restrictions on licensing board's, commission's or agency's power to deny occupational or professional license.

Permits person convicted of crime to petition licensing board, commission or agency at any time for determination as to whether conviction will prevent person from receiving occupational or professional license. Permits licensing board, commission or agency to charge reasonable fee for determination. Provides that final determination is binding upon licensing board, commission or agency unless, at time of petition, person has charges pending, failed to disclose previous crime or was convicted of crime after submitting petition. Requires notice to person before final determination that conviction will result in denial of occupational or professional license. Specifies additional rights of person and additional notice requirements.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 559	SB 559 INTRO	Rep Gomberg; Sen Gelser Blouin; Sen Steiner	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB559/Introduced	01/13/23 - Referred to Health Care.	Health Care (S)	

Relating to the prescription drug monitoring program.

Requires veterinarians to participate in prescription drug monitoring program.

Relating to the prescription drug monitoring program; amending ORS 431A.880 and 431A.890.

Requires veterinarians to participate in prescription drug monitoring program. Directs Oregon State Veterinary Medical Examining Board to provide Oregon Health Authority with information of individuals licensed by board authorized to prescribe or dispense controlled substances for purposes of qualifying individuals to report information to and receive information from program.

Adds practicing veterinarian as member of Prescription Monitoring Program Advisory Commission. Reduces number of public members on commission from two members to one member.

BillTracker

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 607	SB 607 INTRO	Sen Campos	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB607/Introduced	01/13/23 - Referred to Health Care.	Health Care (S)	

Relating to the Pain Management Commission.

Requires Oregon Health Authority to study membership of Pain Management Commission.

Relating to the Pain Management Commission.

Requires Oregon Health Authority to study membership of Pain Management Commission. Directs authority to submit findings to interim committees of Legislative Assembly related to health not later than September 15, 2024.

Sunsets January 2, 2025.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 666	SB 666 INTRO	Sen Knopp	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB666/Introduced	01/15/23 - Referred to Health Care.	Health Care (S)	

Relating to administration of vaccines to children.

Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age.

Relating to administration of vaccines to children.

Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 716	SB 716 INTRO	Sen Linthicum	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB716/Introduced	01/13/23 - Referred to Health Care.	Health Care (S)	

Relating to off-label indications for prescription drugs; prescribing an effective date.

Allows health care practitioner to prescribe or dispense drug for off-label indication.

Relating to off-label indications for prescription drugs; and prescribing an effective date.

Allows health care practitioner to prescribe or dispense drug for off-label indication. Defines "off-label indication." Prohibits health professional regulatory board from disciplining health care practitioner for prescribing or dispensing drug for off-label indication. Allows pharmacist to dispense drug prescribed for off-label indication. Prohibits State Board of Pharmacy from disciplining pharmacist for dispensing drug prescribed for off-label indication.

Takes effect on 91st day following adjournment sine die.

BillTracker

Custom Report

Report Date: February 13, 2023

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 732	SB 732 INTRO	Sen Girod	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB732/Introduced	01/13/23 - Referred to Rules.	Rules (S)	

Relating to legislative approval of administrative rules; prescribing an effective date.

Modifies existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for rules to take effect.

Relating to legislative approval of administrative rules; creating new provisions; amending ORS 183.335, 183.710, 183.720 and 183.722; and prescribing an effective date.

Modifies existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for rules to take effect. Establishes process by which rules receive legislative consideration and approval or rejection.

Takes effect only upon approval of constitutional amendment proposed by ___ Joint Resolution ___ (2023) (LC 3437), and applies to rules adopted by state agencies on or after January 1, 2025.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 746	SB 746 INTRO	Sen Knopp	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB746/Introduced	01/17/23 - Referred to Health Care.	Health Care (S)	

Relating to electronic health care services delivery methods.

Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession.

Relating to electronic health care services delivery methods.

Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession.

Bill Number	Bill Number	Bill Sponsor	Bill URL	Last Action	Current Committee	Next Hearin
SB 793	SB 793 INTRO	Human Services (S)	https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB793/Introduced	01/25/23 - Referred to Judiciary.	Judiciary (S)	

Relating to medical decision-making by guardian for protected person.

Creates rebuttable presumption that protected person consents to ordinary and preventive health care.

Relating to medical decision-making by guardian for protected person; creating new provisions; and amending ORS 125.225, 125.315, 125.320 and 125.330.

Creates rebuttable presumption that protected person consents to ordinary and preventive health care. Provides that presumption may be overcome by clear and convincing evidence that protected person would withhold consent to specific treatment, if able. Directs guardian to petition court for instructions in specified circumstances.

2023 Session Calendar

JANUARY

S	M	T	W	T	F	S
1	2 New Years Day Obs.	3	4	5	6	7
8	9 Org. Days - Swearing in	10 Trainings	11 Trainings	12 Trainings	13 LC Draft Request Deadline	14
15	16 MLK Day	17 Session Begins	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17 LC returns drafts	18
19	20 President's Day	21 Measure Intro Deadline	22 Revenue Forecast	23	24	25
26	27	28				

MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6 Begin Daily Floor	7	8	9	10	11
12	13	14	15	16	17 Post Work Session	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

S	M	T	W	T	F	S
						1
2	3	4 1st Chamber WS Deadline	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

MAY

S	M	T	W	T	F	S
	1	2	3	4	5 Post work session	6
7	8	9	10	11	12	13
14	15	16	17 Revenue Forecast	18	19 2nd Chamber WS	20
21	22	23	24	25	26	27
28	29 Mem. Day	30	31			

JUNE

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Target Sine Die	16	17
18	19 Juneteenth Holiday	20	21	22	23	24
25 Constitutional Sine Die	26	27	28	29	30	

Dates subject to the adoption of CR (2023 Regular Session)

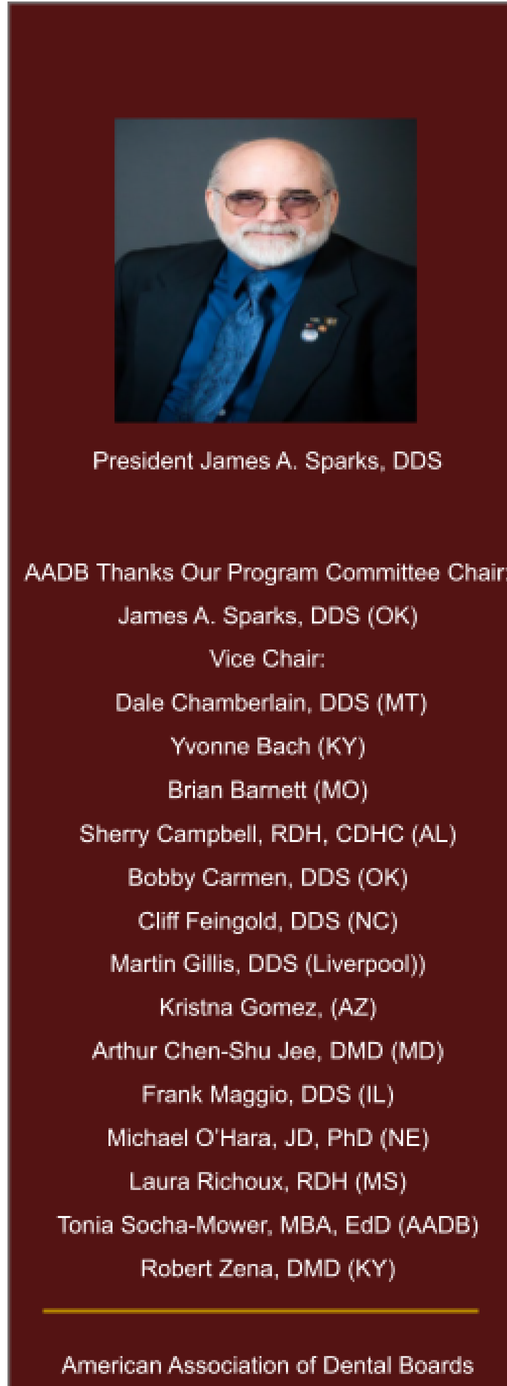
Organizational Day	Member swearing in; organization; and first reading of pre-session filed bills
Training Days	Member and staff trainings
Leg. Counsel Deadlines	Deadlines for bills to be requested, returned by LC, and introduced (after these deadlines, subsequent drafts and intros count against per legislator limits. See SR 13.15(2); HR 12.35
State Holiday	Holiday
Important Session Dates	Deadlines do not apply to Rules, Revenue, or Joint Committees. Joint Transporation and Joint Gambling Regulation adhere to the second chamber deadline only.
Floor Sessions	Senate and House floor sessions will be annouced by the Senate President or House Speaker. Daily floor sessions begin on Monday, March 6th, 2023.

Attachment #8

2023 AADB Mid-Year Meeting

Preliminary Program

April 21st – 22nd, 2023



Attachment #9

Updated 01/25/2023

About AADB

The American Association of Dental Boards is a national organization that encourages the highest standards of dental education. The AADB promotes higher and uniform standards of qualification for dental practitioners. Membership is composed 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 responsibility to protect the public.

About AADB's Mid-Year 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, dental therapists, dental hygienists, dental assistants, educators, board attorneys, and dental specialty associations. Panels and small discussion groups exchange ideas and information. Participants take away valuable information on current issues and all aspects of dental and dental hygiene regulation.

Attachment #9

Meeting Agenda

Friday, April 21

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

10:00 a.m. - 11:00 a.m.	**New Member Orientation – *ZOOM Breakout Session*** Robert B. Zena, DMD, AADB Immediate Past-President
11:00 a.m. - 12:00 p.m.	**AADB Attorney Round Table Meeting – *ZOOM Breakout Session*** Lori Lindley, Senior Assistant Attorney General Oregon Board of Dentistry Susan Rogers, Executive Director and General Counsel Oklahoma State Board of Dentistry *This closed session is for Attorneys who represent State/Territory Dental Boards.*
12:00 p.m. - 12:10 p.m.	**AADB President's Opening Remarks** James A. Sparks, DDS, AADB President
12:10 p.m. - 12:25 p.m.	**Chief Executive Officer's Welcome & Report** Tonia Socha-Mower, MBA, EdD, AADB Chief Executive Officer
12:25 p.m. - 1:25 p.m.	**Potential Violence in the Dental Community** Jacquelyn 'Jackie' Gwinn-Villaroel Police Chief, Louisville, Kentucky Tentative
1:25 p.m. - 1:45 p.m.	**Break**
1:45 p.m. - 2:45 p.m.	**Insights from Medical Healthcare Regulators** Lisa Robin Chief Advocacy Officer Federation of State Medical Boards (FSMB)
2:45 p.m. - 3:15 p.m.	**AADB Forum: State/Territory Board Issues - *ZOOM Breakout Session*** Frank Maggio, DDS, AADB Member and Moderator *This closed session is for individual voting members who have seats (or had seats) on their Board of Dentistry.*
3:15 p.m. - 3:45 p.m.	**ADEA Update** Gülsün Gül, DDS, MBA, MPH, MS Chief Policy Officer, Office of Policy & Education Research American Dental Education Association (ADEA)

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3:45 p.m. - 4:00 p.m. **AADB Representative Reports**

CDEL:
Barbara Mousel, DDS (NORTH)
Donald P. Bennett, DDS (SOUTH)
Catherine Watkins, DDS (SOUTH)
Maurice Miles, DDS (WEST)

CODA:
Frank Recker, DDS (NORTH)
Carolyn Brown, DMD (SOUTH)
Maxine Feinberg, DDS (EAST)
Burrell Tucker, DDS (WEST)
Bruce Kinney, DDS (APPEALS WEST)

JCNDE:
Mary A. Starsiak, RN, DDS (NORTH)
Erin Roberts, DDS (NORTH)
Julie W. McKee, DMD (SOUTH)
Jeetendra Patel, DDS (SOUTH)
Mark Zajkowski, DDS, MD (EAST)
Anthony Herro, DDS (WEST)

DANB:
Frank A. Maggio, DDS (NORTH)

4:00 p.m. - 4:45 p.m. **Impaired Practitioner Programs**

4:45 p.m. - 5:15 p.m. **Business Meeting - Voting & Bylaws Changes**
James A. Sparks, DDS, AADB President

Frank A. Maggio, DDS, Chair of AADB

5:00 p.m. - 6:00 p.m. **Hygienist Caucus Meeting – *ZOOM Breakout Session***
Laura Richoux, RDH, AADB Caucus Chair

This is a closed session for hygienists who serve or have served on a board of dentistry.

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Saturday, April 22

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

11:00 a.m. - 12:00 p.m. **President/Chair Caucus Meeting – *ZOOM Breakout Session***

This is a closed session for Dental Board Presidents/Chairs/Executive Directors.

12:00 p.m. - 1:00 p.m. **Regional Caucus Meetings**
North – Breakout Session 1
South – Breakout Session 2
East – Breakout Session 3
West – Breakout Session 4

1:00 p.m. - 1:15 p.m. **Break**

1:15 p.m. - 1:30 p.m. **Caucus Reports**
North: Frank Maggio, DDS, AADB Caucus Co-Chair
and/or
Susan Rogers, Esq., AADB Caucus Co-chair
South: Melodie Jones, DMD, AADB Caucus Chair
East: Jim Goldsmith, DMD, AADB Caucus Chair
West: Ryan Edmondson, AADB Caucus Chair

1:30 p.m. - 2:30 p.m. **Dental Compacts**
Tammie L. Perreault
Northwest Regional Liaison (AK, ID, MT, OR, WA, WY)
Department of Defense
Tentative

2:30 p.m. - 3:00 p.m. **Sponsorship Recognition**

3:00 p.m. - 3:45 p.m. **Impact of the Legalization of Marijuana on Dental Regulation**

3:45 p.m. - 4:00 p.m. **AADB Accredited Continuing Education (ACE) Program Update**
Robert B. Zena, DMD, AADB Immediate Past-President

4:00 p.m. - 5:00 p.m. **Biofilm & Waterline Updates for Dental Practices**
Amanda Hill, RDH
Clinical Education Manager
Young Innovations

5:00 p.m. **Adjournment**

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Registration:

Early registration rates are $595 for members & $795 for non-members and are available until February 14, 2023. Prices increase on February 15th.

Register **today**!

Refund Policy:

Notification of cancellation must be submitted in writing to srojas@dentalboards.org. Cancellations are subject to a $75 cancellation charge. No refunds will be given after March 15, 2023. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status.

Continuing Education:

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.

ADA C·E·R·P® | Continuing Education Recognition Program

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.

Unauthorized recording policy

The American Association of Dental Boards is committed to providing a professional environment that is open to the free expression of views and ideas and cultivating a learning community. Recording conversations, phone calls, images, or organizational meetings with any recording device (including but not limited to a cellular telephone, PDA, digital recording device, digital camera, etc.) unless all parties to the conversation give their consent in advance is hereby prohibited. A violation of this policy will result in corrective action which can include being removed from the conference.

Caucuses by State

North	South	East	West
Illinois	Alabama	Connecticut	Alaska
Indiana	Arkansas	Delaware	Arizona
Iowa	Florida	District of Columbia	California
Kansas	Georgia	Maine	Colorado
Michigan	Kentucky	Maryland	Hawaii
Minnesota	Louisiana	Massachusetts	Idaho
Missouri	Mississippi	New Hampshire	Montana
Nebraska	North Carolina	New Jersey	Nevada
North Dakota	Puerto Rico	New York	New Mexico
Ohio	South Carolina	Pennsylvania	Oregon
Oklahoma	Tennessee	Rhode Island	Utah
South Dakota	Texas	Vermont	Washington
Wisconsin	Virginia	West Virginia	Wyoming
	Virgin Island		

Attachment #9

Updated 01/25/2023

AADB Board of Directors

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Arthur Chen-Shu Jee, DMD, Vice President
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Brian Barnett, Administrator Member
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Laura Richoux, RDH, Dental Hygiene Member
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Jackson, MS 39201

Frank Recker, DDS, JD, Board Attorney
The Queens Tower
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Tonia Socha-Mower, MBA, EdD, Chief Executive Officer
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Chicago, IL 60601

Please note the American Association of Dental Boards does not endorse or advocate any of the positions discussed in this meeting.

Updated 01/25/2023

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Cell: 612-600-5915
E-Mail: bridgett.anderson@state.mn.us

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Dear colleagues and friends,

Happy New Year! Wanted to confirm a few upcoming meeting details with all of you and I look forward to seeing you (both virtually and in-person).

The AADA mid- year meeting will be held virtually on Tuesday April 25th from 10am to 2pm. The AADB will also be hosting a virtual mid- year meeting this year on April 21st and 22nd.

The final model language for the dental licensure compact was sent to this group today. If you do not get this email from them, please let me know and I will send this to you. From what I have been told, there was a great deal of discussion on the compact at the AADB meeting in October. I did not attend this meeting but have heard from others that did attend and had additional questions for the CSG group. If you have questions on the compact that you do not feel were answered or that were not clear, please reach out to me with them so I can get answers and share them with our larger group.

MARK YOUR CALENDARS!
The AADA Annual Meeting will be held October 17th and 18th, prior to the AADB Annual Meeting. It will be held in Hollywood, CA at the Lowes Hollywood Hotel. Stephanie Lotridge is the new Chair for the Program Committee, and she will be scheduling a meeting soon to get the members together to discuss what the program will look like this year. Feedback from members last year on the topic areas was most helpful in the planning process and you will be asked to provide your input to the committee soon!

Stephen Prisby is hosting another virtual Strategic Planning meeting next weekend for members on that committee. The committee will continue discussion on the mission and vision of the AADA. They will also be discussing details on the survey that will be sent to membership to gain insight regarding what the AADA could be doing better and/or new things that could be initiated to add value. I will be in attendance as well.

MN Legislative Session is in full swing! It’s a budget year for us, so always a great time. We have fiscal notes that have already been assigned to us as well, due to bills introduced by our state dental association that have impact on the dental practice act. Nothing controversial, but it does add work on our end.

Please let us know what is going on in your state. If you have any legislation of interest that has been introduced or that you are working on in your state, please email me a link or attachment, as I would like to compile something for the group as we work through session.

In the Service of Health,

Bridgett Anderson

Attachment #9

UNFINISHED BUSINESS & RULES

Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name)______________________________, a licensed Dentist pursuant to ORS 679.020 or exempt from licensure pursuant to ORS 679.025, license number ________, have entered into a Collaborative Agreement with (print your name)________________________________, an Oregon licensed Dental Therapist, license number DT________. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure within the scope of dental therapy:

____
____
____
____

Please define the practice settings in which the dental therapist may provide care:

____
____
____

Please describe any limitation on the care the dental therapist may provide:

____
____
____

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

____
____
____
____
____

Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

____
____
____
____
____

Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

____
____
____
____
____

Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

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

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III:

General Supervision: requires 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.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires 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.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: ________

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	**GS**	**IS**	**DS**	**Not Allowed**
Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390	☐	☐	☐	☐
Comprehensive charting of the oral cavity	☐	☐	☐	☐
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis	☐	☐	☐	☐
Exposing and evaluation of radiographic images	☐	☐	☐	☐
Dental prophylaxis, including subgingival scaling and polishing procedures	☐	☐	☐	☐
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants	☐	☐	☐	☐
Administering local anesthetic	☐	☐	☐	☐
Pulp vitality testing	☐	☐	☐	☐
Application of desensitizing medication or resin	☐	☐	☐	☐
Fabrication of athletic mouth guards	☐	☐	☐	☐
Changing of periodontal dressings	☐	☐	☐	☐
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth	☐	☐	☐	☐
Emergency palliative treatment of dental pain	☐	☐	☐	☐
Preparation and placement of direct restoration in primary and permanent teeth	☐	☐	☐	☐
Fabrication and placement of single-tooth temporary crowns	☐	☐	☐	☐

Specific Supervision Levels	GS	IS	DS	Not Allowed
Preparation and placement of preformed crowns on primary teeth	☐	☐	☐	☐
Indirect pulp capping in permanent teeth	☐	☐	☐	☐
Indirect pulp capping on primary teeth	☐	☐	☐	☐
Suture removal	☐	☐	☐	☐
Minor adjustments and repairs of removable prosthetic devices	☐	☐	☐	☐
Atraumatic restorative therapy and interim restorative therapy	☐	☐	☐	☐
Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization	☐	☐	☐	☐
Removal of space maintainers	☐	☐	☐	☐
The dispensation and oral or topical administration of: o Non-narcotic analgesics o Anti-inflammatories o Antibiotics	☐	☐	☐	☐

*Reminder: An active RDH license is required to perform root planing procedures. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms.

*Reminder: An RDH with an active nitrous oxide permit may utilize it within their scope of dental hygiene practice under the *indirect supervision* of a dentist.

The below listed duties may be performed under **indirect supervision**, unless otherwise indicated.

If all duties listed below are allowed under indirect supervision, please initial here:___________

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both. If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations **Additional comments:**	☐	☐	☐	☐	☐
Fabrication of soft occlusal guards **Additional comments:**	☐	☐	☐	☐	☐
Tissue reconditioning and soft relines **Additional comments:**	☐	☐	☐	☐	☐

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Tooth reimplantation and stabilization **Additional comments:**	☐	☐	☐	☐	☐
Recementing of permanent crowns **Additional comments:**	☐	☐	☐	☐	☐
Pulpotomies on primary teeth **Additional comments:**	☐	☐	☐	☐	☐
Simple extractions of: o Erupted posterior primary teeth; and **Additional comments:**	☐	☐	☐	☐	☐
Simple extractions of: o Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss **Additional comments:**	☐	☐	☐	☐	☐
Brush biopsies **Additional comments:**	☐	☐	☐	☐	☐
Direct pulp capping on permanent teeth **Additional comments:**	☐	☐	☐	☐	☐

STOP – Did you remember to attach your….

1. **Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?**
2. **Medical emergency guidelines?**
3. **Quality assurance plan?**
4. **Protocols for when a patient requires treatment outside the dental therapist's scope of practice?**

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned. An annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

Dentist Name: ____

Address: ____

____

Cell phone #________________________ Email: ______________________________________

Dentist Signature: ____ Date: ________________

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned. An annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

Dental Therapist Name: ____

Address: ____

____

Cell phone #____________________ Email: ______________________________

Dental Therapist Signature:___________________________________ Date: _______________

ORS 679.618 Collaborative agreement required to practice dental therapy; required provisions; duties of dentist.

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

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

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

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

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

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

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

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

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

(i) Protocols for the dispensation and administration of drugs, as described in ORS 679.621, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

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

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

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

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

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

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

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

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

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

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

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

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

CORRESPONDENCE

From: Chaudhry, Manu <ChaudhryM@interdent.com>
Sent: Friday, January 27, 2023 5:00 AM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc: Mills, Jen <MillsJ@InterDent.com>
Subject: Guidance sought regarding alternate use of D8660 with Handicapping Malocclusion OHP benefit

Good morning Stephen:

As you may know, Oregon Health Authority through the Health Evidence Review Commission and CMS have expanded the Orthodontia benefit for Oregon Health Plan members to include Handicapping Malocclusion starting January 1st, 2023. In order to have a greater understanding of prevalence and cost, OHA has recommend use of 5 CDT codes used within a Risk Corridor. The codes are:

1. D8080
2. D8220
3. D8680
4. D8660
5. D8695

Specifically, OHA has instructed that D8660 be used by dentists when screening patients for orthodontic needs during routine examination or by dentists when they submit orthodontic referrals to the plan for review and approval. Based on the code definition and our understanding that a high-level orthodontic assessment is a part of a routine examination, we do not believe that either of these purposes are an appropriate use of the code.

We are hoping the board of dentistry can offer guidance as to whether D8660 is appropriate for routine Ortho needs screening during comprehensive/recall exams. We also seek guidance whether the code is appropriate for providers to bill when they submit an Ortho referral to the plan. We want to guide our participating dentists to use codes appropriately and have concern that the instructions from OHA don't align with the code definition.

Thank you for your attention to this matter and your consideration in providing guidance.

Best regards,
Manu

____

Manu Chaudhry, MS, DDS
President
Capitol Dental Care
cell: 510-468-8034

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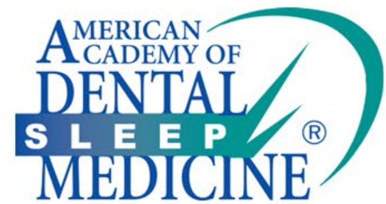

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February 2, 2023

Jose Javier, DDS
President, Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

Dear Dr. Javier,

The American Academy of Dental Sleep Medicine (AADSM) is the leading professional society for dentists who treat obstructive sleep apnea and snoring. The AADSM provides education, research and practice standards to ensure patients have access to high quality care for sleep-related breathing disorders.

The AADSM standards of practice for oral appliance therapy outline best practices for dentists trained in treating obstructive sleep apnea. The standards were recently updated and are based on a review of literature in the field and the consensus of clinical experts. The standards also rely on several positions previously established by the AADSM.

These standards outline that trained dentists:

- can order and administer home sleep apnea tests (HSATs). Interpreting the HSAT data and diagnosing OSA remains under the purview of licensed medical providers for initial diagnosis and for verification of treatment efficacy. This position aligns with the ADA's policy that ordering and administering sleep apnea tests, which includes HSATs, is within the dentistry scope of practice.

- are the only clinicians with the knowledge and skills to determine if a patient is suitable candidate for oral appliance therapy. Once a patient is diagnosed with OSA by a licensed medical provider, the trained dentist can be the clinician to prescribe oral appliance therapy.

- are responsible for taking accurate physical or digital impressions and a protrusive bite record. Patients do not have the necessary training to take impressions and protrusive bite records to ensure accuracy and precision, reduce costs and treatment delays associated with redoing inaccurate impressions and measurements, and ensure the fit and comfort of the custom-fabricated oral appliance.

- should evaluate patients every six months during the first year after delivery of the appliance and at least annually thereafter to verify efficacy and resolution of symptoms, assess occlusal stability, document and address any side effects, check the structural integrity of the appliance and monitor comfort and adherence.

State boards of dentistry across the country are recognizing the important role that dentists play in increasing patient access to care for sleep apnea and snoring, and are taking action accordingly. We encourage you to take these standards into account and are happy to be an ongoing resource as you consider any issues related to the role of dentists in caring for patients with obstructive sleep apnea.

Sincerely,
Mitchell Levine, DMD, MS

OTHER ISSUES

Uprise Health Monitoring
Health Professionals’ Services Program (HPSP)
Satisfaction Report

1st Period, Year 13: January 2023 Surveys

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Executive Summary

Health Professionals' Services Program Satisfaction Survey: 1st Period, Year 13 Report

Overview: This Health Professionals' Services Program report reviews the satisfaction survey results for the twelfth year of the program. Surveys were sent at the beginning of January 2023 to the following groups of stakeholders: Licensees, Workplace Monitors, Providers (GMC/PMCs and third-party evaluators), and Professional Health Associations.

An overview of the number of surveys sent, number of responses received, and the response rate by stakeholder group is displayed below:

Table 1: Response Rate – Period 1, Year 13	Licensees	Workplace Monitors	Providers (GMC/PMC/3rd Party Evaluators)	Health Associations
# Sent	131	99	19	36
# Of Responses	16	6	4	0
Response Rate	12.2%	6.0%	21.0%	0.0%

Response rates continued to remain low among all respondent pools, although there was an increase in responses among workplace monitors and providers. Uprise Health will continue to consider ways to increase response level from all respondent pools, with a focus on licensees.

Highlights

- Licensee responses were received from three of the four boards:
  - 100% of respondents "agree" or "strongly agree" that they understand the program's statutory monitoring requirements
  - 80% feel that the program requirements are clearly explained.
  - 100% feel that HPSP provides a "significant amount" or between a "significant amount" and "some" structure. 100% of respondents also feel this way about the program's accountability, with 81.3% endorsing a "significant amount."
  - A minimum of 87.6% of respondents "agree" or "strongly agree" that:
    - questions/concerns are responded to within one business day;
    - questions/concerns are addressed fully; and
    - information is communicated clearly and professionally.
  - 100% of respondents "agree" or "strongly agree" that their Agreement Monitor is knowledgeable about their case.
  - The portal was used by 75% of respondents and, of those, 75% find it "useful" or "extremely useful."
  - 87.5% rated HPSP as "excellent," "above average," or "average."
- All GMC/PMC providers and evaluator respondents rated the program positively.
  - 100% of respondents felt that questions and concerns were responded to promptly and that information was communicated clearly and professionally.
  - 75% indicated that they had all necessary information was on hand when they met with the licensee.
  - All but one respondent provided an "excellent" rating of their overall experience working with HPSP staff. The other respondent provided an "average" rating.
- Responses were received from Workplace Monitors for licensees from each board:
  - 100% of workplace monitor respondents indicated that they are satisfied with Uprise Health's support in their role as a workplace monitor.
  - Uprise Health's ability to monitor licensees to ensure safety in the workplace is also endorsed by 100% of monitors.
  - 100% of items rating Uprise Health's services, including response timeframe; knowledge of licensee when there is a concern in the workplace; ability to respond to questions regarding program administration; frequency of feedback; and overall services, were rated as "excellent," "above average," or "average."

- While 18 members of professional healthcare associations were surveyed this period, no responses were received. Uprise Health will continue to foster relationships with these important stakeholders in the coming year.

All responses will be reviewed by the PAC and an action plan will be put into place to provide for continued improvement.

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Uprise Health Monitoring
Health Professionals' Services Program (HPSP)
Satisfaction of LICENSEES

Purpose

The purpose of assessing participants (licensees) in the Health Professionals' Services Program (HPSP) is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of HPSP. In order to provide continuous quality services, Uprise Health evaluates licensees' satisfaction with HPSP twice yearly.

Feedback is obtained from licensees via a satisfaction survey that is mailed or emailed to each licensee. When mailed, licensees are given the option of completing the enclosed survey and mailing it back to Uprise Health in the postage-paid envelope or completing the survey online through the included link. The survey is short and can be completed in 2-3 minutes. Feedback includes information about program administration, Uprise Health customer service, communication, Agreement Monitors, the portal, and overall services.

One method of determining the value of HPSP is through the Satisfaction Survey. One of the roles of the Uprise Health Policy Advisory Committee (PAC) is quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 12	Year 11	Year 10	Year 9	Year 8
# Sent	131	296	354	387	383	403
# Of Responses	16	44	55	65	80	99
Response Rate	12.2%	14.9%	15.5%	16.8%	20.1%	24.6%

The HPSP Licensee Satisfaction Survey was issued to all the licensees who had been enrolled for more than four months. This delay allows licensees to become established in the program before providing program feedback.

The survey was emailed to 123 licensees and mailed to eight this period, for a total of 131 surveys distributed. A total of 16 responses were received, representing a response rate of 12.2%. This continues the years-long trend of decreasing responses.

Respondents

Question 1: Respondents are first asked the board by which they are licensed. Data is displayed in Table 2. For this period, more than half the respondents were licensed by the Medical Board. The next highest percentage of responses is from the Board of Nursing, followed by the Board of Dentistry. There were no responses received from participants licensed by the Board of Pharmacy this period.

Data Table 2:

Table 2: Respondents by Board	This Period (n=16)		Year 12 (n=44)		Year 11 (n=55)	
	#	%	#	%	#	%
Medical Board	9	56.3%	24	54.5%	30	54.5%
Board of Nursing	5	31.3%	12	27.3%	13	23.6%
Board of Dentistry	2	12.5%	7	15.9%	6	10.9%
Board of Pharmacy	0	0.0%	1	2.3%	5	9.1%
No Response	0	0.0%	0	0.0%	1	1.8%

Table 3 displays a response rate for each Board for the period (responses by board divided by number surveyed per board). These rates can be compared to the overall response rate for the period of 12.2% so that any skew in the data can be identified. In this case, responses are skewed toward the Board of Dentistry, and in line with the responses from the Medical and Nursing boards. The Board of Pharmacy is not represented in the responses.

Data Table 3:

Table 3: Response Rate by Board This Period	Number Surveyed	Number of Respondents	Response Rate
Medical Board	68	9	13.1%
Board of Nursing	42	5	11.9%
Board of Dentistry	10	2	20.0%
Board of Pharmacy	11	0	0.0%

Question 2: Continuing to learn about the response pool, the survey then asks if the respondent is currently participating in the toxicology program. Results for the period and the year show that nearly 94% of respondents (all but one) were testing. Licensees with mental health only diagnoses with no indication of a substance use disorder are not required to test unless required by their board or recommended by their independent third-party evaluator (after six tests in the first six months). (See Data Table 4).

Data Table 4:

Table 4: Participating in Toxicology Program?	This Period (n=16)		Year 12 (n=44)		Year 11 (n=55)	
	#	%	#	%	#	%
Yes	15	93.8%	42	95.5%	49	89.1%
No	1	6.3%	2	4.6%	4	7.3%
No Response	0	0.0%	0	0.0%	2	3.6%

Overall Program

Question #3: This question asks licensees to respond to four statements regarding the overall program. These statements include understanding the program's statutory requirements, the ability of the program to treat the licensee with dignity and with respect, and the program requirements being clearly explained. Although original response data is displayed in Tables 5a-c, the chart below combines the data for the year to provide additional insight into the response patterns:

	Strongly Agree or Agree	**Disagree or Strongly Disagree**
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	100.0%	0.0%
The program treats me with dignity.	56.3%	43.8%
The program treats me with respect.	68.8%	31.3%
The program requirements are clearly explained.	80.0%	20.0%

Importantly, 100% of respondents "agree" or "strongly agree" that they understand the program's statutory monitoring requirements. It is noteworthy that there was a significant decrease in the number of respondents who strongly agree or agree that the program treats them with dignity and respect. Looking into these responses further, respondents who do not agree that they are treated with dignity and respect generally rated other program components more favorably (i.e. structure and accountability of the program, responsiveness and communication by Uprise Health staff). Looking at comments provided by the respondents who disagreed that the program treats them with dignity and respect, it appears that their concerns are with statutory and policy requirements. Finally, 80% of respondents feel that the program requirements are clearly explained, which is consistent with last year's answers.

Mode responses this year were "strongly agree" for the understanding of requirements, being treated with respect, and feeling that requirements are clearly explained. The mode response for being treated with dignity was split evenly between "strongly agree" and "disagree."

Data Table 5a, b and c: The mode (most frequent) response is highlighted in red.

Table 5a: This Period (n=16)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	**11**	**73.3%**	4	26.7%	0	0.0%	0	0.0%	1	
The program treats me with dignity.	6	37.5%	3	18.8%	6	37.5%	1	6.3%	0	
The program treats me with respect.	**6**	**37.5%**	5	31.3%	5	31.3%	0	0.0%	0	
The program requirements are clearly explained.	**7**	**46.7%**	5	33.3%	3	20.0%	0	0.0%	1	

Table 5b: Year 12 (n=44)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	**23**	**52.3%**	19	43.2%	2	4.5%	0	0.0%	0	
The program treats me with dignity.	14	31.8%	**20**	**45.5%**	10	22.7%	0	0.0%	0	

The program treats me with respect.	17	38.6%	15	34.1%	12	27.2%	0	0.0%	0	
The program requirements are clearly explained.	15	34.1%	21	47.7%	5	11.7%	5	6.8%	0	

Table 5c: Year 11 (n=55)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	21	38.2%	33	60.0%	1	1.8%	0	0.0%	0	
The program treats me with dignity.	23	41.8%	19	34.6%	9	16.4%	4	7.3%	0	
The program treats me with respect.	22	40.0%	22	40.0%	7	12.7%	4	7.3%	0	
The program requirements are clearly explained.	20	36.4%	23	41.8%	10	18.2%	2	3.6%	0	

Question #4: Continuing to evaluate the overall program, the next question asks respondents to rate the amount of structure and the amount of accountability the program provides. The scale is "0" (none) to "4" (a significant amount) with "2" representing "some." The mode response was a "significant amount" (4) for both items for the period and the year. This is consistent with responses the last few years. Looking at this year's data, the percentage of "3" and "4" responses was 93.8% for structure and 87.5% for accountability.

Data Table 6a, b and c: The mode (most frequent) response is highlighted in red.

Table 6a: This Period (n=16)	4 (significant amount)		3		2 (some)		1		0 (none)		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
The amount of structure the program provides	9	56.3%	6	37.5%	1	6.3%	0	0.0%	0	0.0%		
The amount of accountability the program provides	13	81.3%	1	6.3%	2	12.5%	0	0.0%	0	0.0%		

Table 6b: Year 12 (n=44)	4 (significant amount)		3		2 (some)		1		0 (none)		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
The amount of structure the program provides	25	56.8%	12	27.3%	5	11.4%	2	4.5%	0	0.0%		
The amount of accountability the program provides	32	72.7%	8	18.2%	4	9.1%	0	0.0%	0	0.0%		

Table 6c: Year 11 (n=55)	4 (significant amount)		3		2 (some)		1		0 (none)		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
The amount of structure the program provides	**33**	**60.0%**	15	27.3%	5	9.1%	1	1.8%	1	1.8%		
The amount of accountability the program provides	**42**	**76.4%**	7	12.7%	4	7.3%	1	1.8%	1	1.8%		

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Customer Service

Question #5: This question queries response time frame, quality of response, communication style, and Agreement Monitor knowledge. Data tables 7a-c show the specific responses to each item and the mode responses. The chart below combines the "strongly agree" and "agree" responses as well as the "strongly disagree" or "disagree" responses for the year:

	Strongly Agree or Agree	Strongly Disagree or Disagree
My questions and/or concerns are responded to within one business day	93.8%	6.3%
My questions and/or concerns are addressed fully within the structure of the program	93.8%	6.3%
Information is communicated clearly and professionally	87.6%	12.5%
My Agreement Monitor is knowledgeable about my case.	93.8%	0.0%

The clear majority of respondents positively endorsed each item, indicating overall satisfaction with all areas of communication. We are pleased to see that the first item (questions and/or concerns are responded to within one business day) received much higher ratings than in the last period (93.8% strongly agreed or agreed this period, versus 72.7% strongly agreed or agreed last period).

We also experienced a significant increase in the percentage of repondents who "strongly agreed" or "agreed" that their questions and concerns are addressed fully within the structure of the program (93.8% versus 81.8%). The mode for "my Agreement Monitor is knowledgeable about my case" was "strongly agree," while it was "agree" for the first two items in this question. The mode response for whether information is communicated clearly and professionally is split evenly among "strongly agree" and "agree."

Data Table 7a, b and c: The mode (most frequent) response is highlighted in red.

Table 7a: This Period (n=16)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns are responded to within one business day	6	37.5%	**9**	**56.3%**	1	6.3%	0	0.0%		
My questions and/or concerns are addressed fully within the structure of the program	6	37.5%	**9**	**56.3%**	1	6.3%	0	0.0%		
Information is communicated clearly and professionally	7	43.8%	7	43.8%	2	12.5%	0	0.0%		
My Agreement Monitor is knowledgeable about my case	**10**	**62.5%**	5	31.3%	0	0.0%	0	0.0%	1	6.3%

Table 7b: Year 12 (n=44)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns are responded to within one business day	13	29.5%	**19**	**43.2%**	11	25.0%	1	2.3%		
My questions and/or concerns are addressed fully within the structure of the program	17	38.6%	**19**	**43.2%**	8	18.2%	0	0.0%		
Information is communicated clearly and professionally	19	43.2%	**20**	**45.4%**	4	9.1%	1	2.3%		
My Agreement Monitor is knowledgeable about my case	**27**	**61.4%**	14	31.8%	2	4.5%	1	2.3%		

Table 7c: Year 11 (n=55)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns are responded to within one business day	21	38.2%	**28**	**50.9%**	4	7.3%	2	3.6%		
My questions and/or concerns are addressed fully within the structure of the program	23	41.8%	**24**	**43.6%**	5	9.1%	3	5.5%		
Information is communicated clearly and professionally	23	41.8%	23	41.8%	4	7.3%	5	9.1%		
My Agreement Monitor is knowledgeable about my case	**33**	**60.0%**	15	27.3%	6	10.9%			1	1.8%

HPSP Portal

Question #6: This question asks respondents to rate the usefulness of the portal ***if*** they have used it. This period, 75% of respondents (12) indicated that they had used the portal. Of those who used the portal, 75% find it "useful" or "extremely useful."

Data Table 8: The mode (most frequent) response is highlighted in red.

Table 8: If you used the HPSP Portal (hpspmonitoring.com) in the last six months, please rate its usefulness.	This Period (n=12)		Year 12 (n=30)		Year 10 (n=44)	
	#	%	#	%	#	%
Extremely Useful	4	33.3%	7	23.3%	10	22.7%
Useful	**5**	**41.7%**	**11**	**36.7%**	**22**	**50.0%**
Somewhat Useful	1	8.3%	10	33.3%	11	25.0%
Not Useful	2	16.7%	2	6.7%	1	2.3%

Respondents are asked to provide comments specific to the portal and told that they will have room for general comments at the end of the survey.

Actual Comments – This Period:

***Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. It would be really nice if we could check in after midnight rather than 3 AM. I need to be able to plan my days (especially work day) around whether I am going to need to test. Having to wake up at 3 AM to check in really afects my sleep.
2. outdated information. Very little information on the new Recovery Trek site. Can you keep an updated list of all available testing sites in Oregon on the site so we don't have to ask when traveling within the state?
3. The portal used to be more useful. You can no longer access a list of "permanent" sites. I also think the billing info is even less than previously.

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Overall Rating of Services

Question #7: Respondents are asked to rate the overall services. We are pleased to report that the mode response for this period returned to “excellent,” which represents an increase from the mode response of “average” last year. Additionally, there were no responses of “poor” during this period.

Data Table 9: The mode (most frequent) response is highlighted in red.

Table 9: Overall Rating	This Period (n=16)		Year 12 (n=44)		Year 11 (n=55)		Year 10 (n=65)		Year 9 (n=80)		Year 8 (n=99)		Year 7 (n=149)	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Excellent	**6**	**37.5%**	13	29.5%	**19**	**34.5%**	18	27.7%	**27**	**33.8%**	34	34.3%	35	23.5%
Above Average	4	25.0%	11	25.0%	10	18.2%	**19**	**29.2%**	24	30.0%	**37**	**37.4%**	**57**	**38.3%**
Average	4	25.0%	**14**	**31.8%**	17	30.9%	14	21.5%	21	26.3%	18	18.2%	35	23.5%
Below Average	2	12.5%	6	13.6%	5	9.1%	7	10.8%	5	6.3%	6	6.1%	10	6.7%
Poor	0	0.0%	0	0.0%	3	5.5%	7	10.8%	3	3.8%	4	4.0%	7	4.7%
No Response					1	1.8%							5	3.4%

Additional Comments

At the conclusion of the survey, respondents are asked for any additional comments. In addition to the three comments received earlier in the survey, six concluding comments were received this period. All nine of these substantive comments will be reviewed and addressed individually by the PAC over the next month.

Actual Comments Received – This Period

***Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected. Names and locations have been removed for confidentiality purposes.*

1. Nothing to compare to, really. My agreement monitor is very straightforward and supportive. I greatly appreciate her.

   As for the dignity question, testing is discouraging and degrading. Making testing less frequent through the course of the program (especially years 4 and 5) would allow me to feel like I am making progress and feel a bit less humiliated. Instead, it stays at 18 (minimum) for the last three years of the program.

2. I appreciate all the support you have given me

3. I had a change with my agreement monitor within the last 6 months. I am not sure how thoroughly she knows my case. How would I know this?

4. Very pleased with support and the program, so fortunate to have it available. Thank you! [Licensee Name]

5. Amount that we can travel and trying to travel are my biggest concerns:

   It is not an equitable practice that licensees that happen to live in a place with a Saturday testing facility 52 more days a year that they need to test than those who do not. This essentially means a person who does not have a testing obligation on Saturday can always travel on Saturday (to places like the Oregon coast which has no testing facilities open on Saturday) without worrying about testing or using exemption days.

Also to that end, there should be more exemption days total provided, particularly after year 1 or 2 of the program with continued compliance. We are professionals who have worked hard to get to a place where many of us have 4-6 or more weeks of vacation a year, but cannot take longer trips or many trips because of testing.

Furthermore, requesting and receiving testing locations when traveling is extremely problematic. Many times the sites are wrong or incomplete (including test sites known not being on the list) or the hours or services offered are wrong. This makes it even more difficult (and stressful) to travel. I have needed to call multiple sites before trips and found out that indeed the hours or the services they offer are not updated. This is asking for additional stress or for licensees to potentially miss testing despite their best efforts. Basically, testing while traveling is a disaster, but I refuse to just not travel for five years of my life. For example, I once was given a testing facility that was literally in someone's home office and had to be observed by their wife. The alternative testing facility listed never called me back that day when I left a message.

We are not "parolees", we are professionals who have a substance or mental health diagnosis; while accountability is 100% needed, we should be entitled to enjoy our lives, particularly when there are tests that can confirm long term sobriety (for example for a longer vacation). 21 exemption days including need to take Saturdays is a major challenge to the enjoyment of my life, as I like to travel and travel abroad and it does not in any way keep pace with the amount of vacation time that a professional has.

I am lucky that I have a kind agreement monitor [Agreement Monitor Name]. I have heard that not everyone is so lucky to be treated with kindness and respect by their monitor. Again, I feel we should be treated with respect as health professionals with substance or mental health diagnoses; some of the stories I hear sound more like the monitor thinks they're a parole officer and treats the licensee as such.

The OMB attitude toward mental health and substance use diagnoses is antiquated, but that is a separate issue not directly related to the administration of the program itself.

6. It is excessive over reaction for my opinion based diagnosis

Summary Analysis

The response rate for this survey this period is 12.2%, the lowest to-date. Results should be considered with caution as it cannot be assumed that the results represent all program participants. Responses were received from three of the four licensing boards, with greater than half the respondents licensed by the Medical Board, one-third of respondents licensed by the Board of Nursing, and one-eighth of respondents from the Board of Dentistry. The Board of Pharmacy licensees were not represented in this period.

Importantly, 100% of respondents affirmed that they understand the program's statutory monitoring requirements. The majority of respondents feel that they are treated with dignity (56.3%) and respect (68.8%), although these percentages decreased from last year. Finally, 80% of respondents feel that the program requirements are clearly explained. The largest group of respondents endorsed that the program provides a "significant amount" of structure and accountability. Between 87% and 93% of all respondents "agree" or "strongly agree" that their questions/concerns are addressed fully within the structure of the program; that information is communicated clearly and professionally, and that their Agreement Monitor is knowledgeable about their case. Overall, 88.5% of respondents rated the program as "excellent," "above average" or "average" this period, an increase from the previous year.

All responses, including comments, will be reviewed closely by the PAC and addressed accordingly.

Uprise Health Monitoring
Health Professionals' Services Program (HPSP)
Satisfaction of WORKPLACE MONITORS

Purpose

The purpose of assessing the Workplace Monitors is to obtain constructive feedback that can be used to improve the services provided by HPSP. Uprise Health strives to maintain the quality, effectiveness, and efficiency of the program, and thus evaluates Workplace Monitors' satisfaction with HPSP twice yearly.

Feedback is obtained from Workplace Monitor via a satisfaction survey that is emailed to Workplace Monitors who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes. Feedback includes information about timeliness of response, knowledge level of staff, the monthly safe practice form and an overall rating of Uprise Health's support of the supervision of licensees. The survey also asks for any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. One role of the Uprise Health Policy Advisory Committee (PAC) is that of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 12	Year 11	Year 10	Year 9	Year 8
# Sent	99	264	327	331	340	322
# Responses	6	8	20	60	42	46
Response Rate	6.0%	3.0%	6.1%	18.1%	12.4%	14.3%

This period the Workplace Monitors' satisfaction survey had a response rate of 6%, with six responses out of 99 surveys sent. This is an increase over last year's response rate of 3%. However, given the low response rate, results should not be considered representative of the population of workplace monitors.

Report continues next page

Professional Licensing Board

Question 1: Respondents are first asked which professional board licenses the employee they monitor. This period, half (three) of the responses were from workplace monitors of Medical Board licensees, and the other half were from workplace monitors of Board of Nursing licensees. Workplace Monitors of Board of Pharmacy and Board of Dentistry licensees are not represented in this year's responses.

Data Table 2: The mode (most frequent) response is highlighted in red.

Table 2: Type of Services Provided	This Period (n=6)		Year 12 (n=8)		Year 11 (n=20)	
	#	%	#	%	#	%
Medical Board	3	50.0%	4	50.0%	7	35%
Board of Nursing	3	50.0%	4	50.0%	8	40%
Board of Pharmacy					1	5%
Board of Dentistry					1	5%
Other / Not Identified					3	15%
No Response						

Supervision Support

Question 2: The next item reads: "Uprise Health supports you in your role as workplace monitor. How satisfied are you with our support?" This period, all respondents were either "very satisfied" (50%) or "satisfied" (50%) with Uprise Health's support. This is the same distribution of results as last year, with no responses indicating dissatisfaction with the level of support received.

Data Table 3: The mode (most frequent) response is in red:

Table 3: Supervision Support	This Period (n=6)		Year 12 (n=8)		Year 11 (n=20)	
	#	%	#	%	#	%
Very Satisfied	3	50.0%	4	50.0%	9	45%
Satisfied	3	50.0%	4	50.0%	10	50%
Unsatisfied					1	5%
Very Unsatisfied						
No Response						

Workplace Safety

Question 3: Uprise Health's ability to monitor the licensee to ensure safety in the workplace is queried in the next item. This is one of HPSP's most vital functions, so it is important to note that responses continue to be positive. This period, two-thirds of respondents indicated that Uprise Health does an "excellent" or "above average" job at monitoring licensees to ensure public safety. While the remaining two responses (33.3%) indicated that this was "average," we are pleased to report that again, no respondents indicated ratings of "below average" or "poor."

Data Table 4: The mode (most frequent) response is highlighted in red:

Table 4: Workplace Safety	This Period (n=6)		Year 12 (n=8)		Year 11 (n=20)	
	#	%	#	%	#	%
Excellent	2	33.3%	**4**	**50.0%**	**9**	**45%**
Above Average	2	33.3%	1	12.5%	6	30%
Average	2	33.3%	3	37.5%	3	15%
Below Average					1	5%
Poor						
No Response					1	5%

A follow-up question requests any suggested changes or recommendations. One comment was received this period.

Actual Comments Received – This Period

***Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected. Names and locations have been removed for confidentiality purposes.*

1. My only concern is that the employee I monitor cannot feasibly leave the hospital to have testing done during the day on the weeks he is working. So far, I have been requesting that testing be rescheduled on the days that he is working. Not a perfect system, but seems to work. I appreciate [Agreement Monitor's] help.

Services

Question 4: Respondents are asked to think about their recent contacts with Uprise Health and rate the following: response timeframe, knowledge of licensee when there is a concern in the workplace; ability to respond to questions regarding program administration; and frequency of feedback from Uprise Health. Finally, an overall rating is requested.

The mode response to items four and five was "excellent" this period, which is the same as last year. The mode responses to item one was split evenly between "excellent" and "average." The mode response for items two and three were "above average" and "average," respectively. Responses continue to be positive overall with no "below average" or "poor" ratings.

Data for this period, this year and the prior year follows on the next page.

Data Tables 5a and b: The mode (most frequent) response is highlighted in red.

Table 5a This Period (n=6	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	2	33.3%	1	16.7%	2	33.3%					1	16.7%
Staff knowledge of a licensee when there is concern in the workplace	1	16.7%	**3**	**50.0%**	1	16.7%					1	16.7%
Our ability to respond to questions regarding program administration	2	33.3%	0	0.0%	**3**	**50.0%**					1	16.7%
Frequency of feedback from Uprise Health regarding licensee's compliance	**3**	**50.0%**	1	16.7%	1	16.7%					1	16.7%
Overall rating of our services	**3**	**50.0%**	1	16.7%	2	33.3%					0	0.0%

Table 5b Year 12 (n=8)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	**4**	**50.0%**	2	25.0%	2	25.0%						
Staff knowledge of a licensee when there is concern in the workplace	2	25.0%	2	25.0%	1	12.5%					3	37.5%
Our ability to respond to questions regarding program administration	**4**	**50.0%**	2	25.0%	1	12.5%					1	12.5%
Frequency of feedback from Uprise Health regarding licensee's compliance	**3**	**37.5%**	2	25.0%	2	25.0%					1	12.5%
Overall rating of our services	**4**	**50.0%**	2	25.0%	2	25.0%						

Table 5c Year 11 (n=20)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	**11**	**55%**	6	30%	3	15%						
Staff knowledge of a licensee when there is concern in the workplace	**7**	**35%**	2	10%	2	10%					9	45%
Our ability to respond to questions regarding program administration	**10**	**50%**	4	20%	4	20%					2	10%
Frequency of feedback from Uprise Health regarding licensee's compliance	**9**	**45%**	4	20%	4	20%					3	15%
Overall rating of our services	**9**	**45%**	7	35%	3	15%	1	5%				

Overall Experience

Question 5: Respondents are asked to rate their overall experience working with Uprise Health. The mode response was split among “excellent,” “above average,” and “average.” There continue to be no responses endorsing “below average” or “poor” experiences.

Data Table 6: The mode (most frequent) response is highlighted in red:

Table 6: Overall Experience	This Period (n=3)		Year 12 (n=8)		Year 11 (n=20)	
	#	%	#	%	#	%
Excellent	2	33.3%	**4**	**50.0%**	**12**	**60%**
Above Average	2	33.3%	3	37.5%	3	15%
Average	2	33.3%	1	12.5%	4	20%
Below Average						
Poor					1	5%
N/A or No Response						

Additional Comments

Actual Comments – This Period:

***Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. The employee I monitor has had no difficulties that I have needed to convey. Beyond the initial contact to get set up with HPSP, I have had little interaction with HPSP. I send in my report monthly and have had no other direct contact. The staff member does tell me when then need to leave to do a test.

Summary Analysis

The response rate for this survey continues to be low at 6.0%, however, this was an increase over last year’s response rate of 3.0%. As such, results should be interpreted carefully as they may not be representative of the entire population. That said, results are not dissimilar from what has been reported in past years.

For this period, as was the case last year, there were no responses indicating dissatisfaction with Uprise Health’s services, communication, or ability to ensure public safety. All responses were either “very satisfied,” “satisfied,” “excellent,” “above average,” or “average.”

The PAC committee will review the survey data and the comments carefully.

Uprise Health Monitoring
Health Professionals' Services Program (HPSP)
Satisfaction of PROFESSIONAL ASSOCIATIONS

Purpose

The purpose of assessing representatives from the related professional associations is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of HPSP. In order to provide continuous quality services, Uprise Health evaluates this stakeholder group's satisfaction with HPSP twice yearly.

Feedback is obtained from Association representatives via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the timeliness of response, knowledge level of staff, ability to enroll licensees and an overall rating of Uprise Health services. Also, the survey asks about the value of HPSP to their membership and asks for any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. One of the roles of the Uprise Health Policy Advisory Committee (PAC) is that of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 12	Year 11	Year 10	Year 9	Year 8
# Sent	18	36	16	10	10	8
# Responses	0	0	3	2	2	1
Response Rate	0.0%	0.0%	18.8%	20.0%	20.0%	12.5%

Eighteen surveys were sent out this period to various contacts at related professional associations, however, no responses were received this period. Uprise Health staff has continued to foster relationships with representatives from these associations by holding quarterly or semi-annual conversations, and this will continue.

Report continues next page

Uprise Health Monitoring
Health Professionals' Services Program (HPSP)
Satisfaction of PROVIDERS

Purpose

The purpose of assessing GMC/PMC providers and third-party evaluators is to solicit feedback that can be used to improve the services provided through HPSP. Uprise Health strives to maintain the quality, effectiveness, and efficiency of the program, and evaluates these providers' satisfaction with HPSP twice yearly.

Feedback is obtained from these providers via a satisfaction survey that is emailed. The survey is short and can be completed in 2-3 minutes. Feedback includes information about Uprise Health's communication, responsiveness of staff, overall rating of experience, and any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. One of the roles of the Uprise Health Policy Advisory Committee (PAC) is that of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 12	Year 11	Year 10	Year 9
# Sent	19	48	48	51	52
# Responses	4	9	12	10	14
Response Rate	21.0%	18.8%	25.0%	19.6%	26.9%

Surveys were sent to six GMC/PMC providers and 13 third-party evaluators by email this period, for a total of 19 surveys distributed. Four responses were received this period for a response rate of 21%. This is an increase from last year's response rate of 18.8%.

Role of Respondent

The first question asks the respondents the capacity in which they provide services to HPSP licensees. This period, half of the respondents identified as "evaluators," with the other half indicating they were "monitors (GMC/PMC)."

Report continues next page

Customer Service and Communication

Question 2: Survey respondents are asked to rate three different statements relating to communication between HPSP and the provider. Specifically, they were asked if questions and concerns were responded to promptly, information was communicated clearly and professionally, and if they had all the necessary information when they met with the licensee. For the period, the mode was evenly split between "strongly agree" and "agree" for the first two statements. The mode response was "strongly agree" for the third item.

Data Tables 2a and b: The mode (most frequent) response is highlighted in red.

Table 2a: This Period (n=4)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	2	50.0%	2	50.0%								
Information was communicated clearly and professionally	2	50.0%	2	50.0%								
I had all the information I needed when I saw the licensee	**2**	**50.0%**	1	25.0%	1	25.0%						

Table 2b: This Year (n=9)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	**7**	**77.8%**	2	22.2%								
Information was communicated clearly and professionally	**6**	**66.7%**	3	33.3%								
I had all the information I needed when I saw the licensee	**5**	**55.6%**	3	33.3%	1	11.1%						

Table 2c: Year 11 (n=12)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	6	50%	6	50%								
Information was communicated clearly and professionally	6	50%	6	50%								
I had all the information I needed when I saw the licensee	**6**	**50%**	4	33.3%	2	16.7%						

Overall Experience

Question 3: Respondents are next asked "Overall, how would you rate your experience working with Uprise Health staff of HPSP?" This period, the mode response was "excellent," at 75%. The years-long trend of receiving zero "below average" or "poor" ratings continues this period.

Data Table 3: The mode (most frequent) response is highlighted in red where applicable.

Table 3: Overall Rating	This Period (n=4)		Year 12 (n=9)		Year 11 (n=12)	
	#	%	#	%	#	%
Excellent	**3**	**75.0%**	**5**	**55.6%**	**6**	**50%**
Above Average	0	0.0%	2	22.2%	5	41.7%
Average	1	25.0%	1	11.1%	1	8.3%
Below Average	0	0.0%				
Poor	0	0.0%				
N/A or No Response			1	11.1%		

Additional Comments

Actual Comments – This Period:

***Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.*

1. Higher reimbursement rates will be required to keep a consistent group of people. Continuity of care suffers lately. Thanks.
2. Uprise staff are a pleasure to work with.
3. As an evaluator, it would be nice to have an opportunity to meet some of the leadership staff to better understand the processes and procedures used by the program.

Summary Analysis

The response rate was 21% for this period, which is an increase from last year's 18.8% response rate.

Overall, responses for the year remain positive. Nearly all respondents "strongly agreed" or "agreed" that all aspects of Uprise Health's communication with providers was clear, complete, and timely. Further, most respondents this year rated overall services as "excellent."

Three comments were received for this period. The PAC will review all survey data and comments.

OHA Dental Program Update

Senate Healthcare Committee

January 18, 2022

Dana Hargunani, Chief Medical Officer

Nathan Roberts, Medicaid Programs Unit Manager, Health Services Division

What we will cover

- Update regarding OHA’s Dental Director position
- OHA’s learnings from complaints and feedback received from our Ombuds and other source
- The uneven availability of dental providers across the state

OHA Dental Program Update

DENTAL DIRECTOR POSITION

Leadership is Crucial

- The Dental Director is a critical leadership position for the Oregon and the Oregon Health Authority (OHA). This position leads or directs all oral health work across the agency in compliance with federal and state laws
- The Dental Director sets and oversees oral health care priorities through close work with the OHA Director and other OHA leadership
- Serves as a liaison between OHA and Oregon's oral health community and represents OHA as the subject matter expert for oral health care for the State of Oregon

Position Updates

- In preparation to recruit a new Dental Director, we took time for an initial internal process to assess how we will best position a future Dental Director for success and impact
- Based on this assessment and key priority areas, we have made the following modifications in preparation for a new recruitment:
  - The Dental Director will continue to provide overall oral health leadership strategic direction for the agency, including but not limited to our work across Medicaid, public health programs and health policy & analytics
  - The Dental Director position will move to our Health Systems Division as a leadership position within the Medicaid Section
- We have received positive feedback about these changes from community partners

OHA Dental Program Update

LEARNINGS FROM COMPLAINTS AND FEEDBACK

Oregonians have Expressed Frustration

Despite having a good Oral Health benefit, OHA is struggling to find dentists to serve OHP members.

Half of the Oral Health complaints OHA receives are related to access:

- Unable to be seen in a timely manner.
- Provider not available to give necessary care.
- Plan unresponsive, not available, difficult to contact.

OHP Member Quote:

"The only thing OHP will cover is pulling my teeth. This should be the last solution, not the first."

OHA Dental Program Update

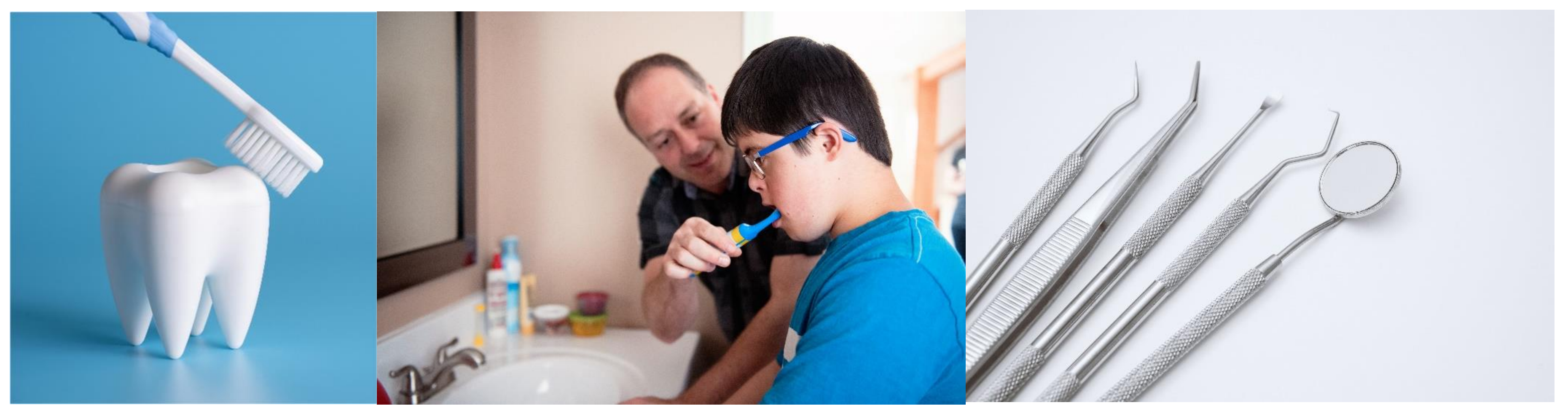
UNEVEN AVAILABILITY OF DENTAL PROVIDERS

Who are Oregon's Oral Health Providers?

- Oregon licenses four types of Oral Health providers.
  - Dentist (DMD/DDS)
  - Dental Therapist
  - Expanded Practice Dental Hygienist (EPDH)
  - Dental Hygienist
- Unlicensed dental assistants are also an important part of the workforce
- Oregon's oral health providers are less racially and ethnically diverse than the general population.

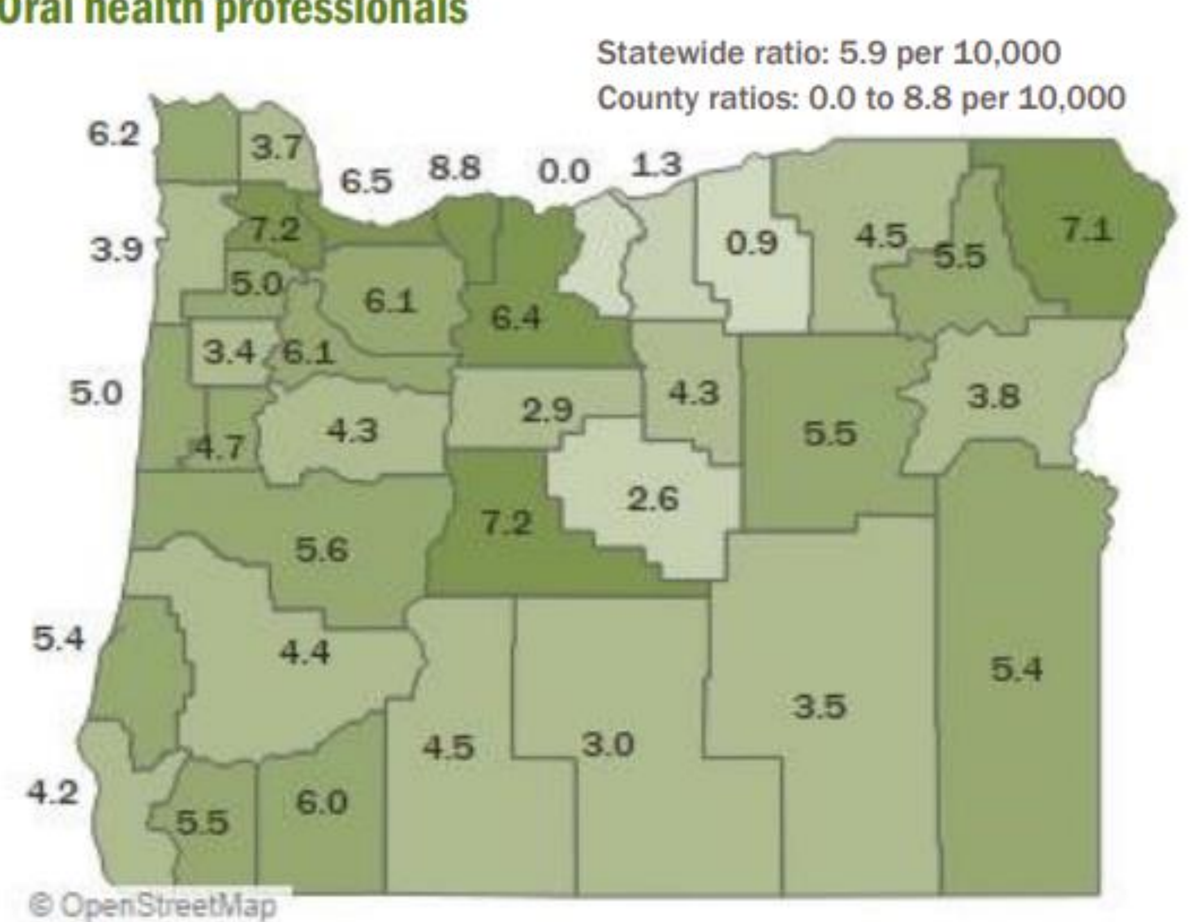
How many Oral Health Providers in Oregon?

- OHA estimates there are 2,040 dentists and 466 expanded practice dental hygienists actively practicing in Oregon.*
- Approximately 40% of Oregon dentists accept Medicaid patients.
  - A quarter of those comprising most of the Medicaid claims



Where are Oregon's Oral Health Providers Located?

- Statewide OHA estimates 5.9 Oral Health providers per 10,000 Oregonians.
- The average in urban areas is 5.8 and in both rural and frontier areas is 3.2.
- The fewest providers are in Sherman, Gilliam and Marrow counties.



OHA Dental Program Update

OHA'S WORK ON THE ORAL HEALTH WORKFORCE, ACCESS CHALLENGES

Workforce Development Programs

Oregon's oral health providers are eligible for several workforce development programs including:

- Loan forgiveness
- Loan repayment programs
- Tax credits

To date, 53 dentists and 11 expanded practice dental hygienists in Oregon have participated.

PHD Dental Pilot Project Program

- Provides a mechanism whereby innovative methods in the delivery of oral health care and expansion of scope of practice can be tested before changes in licensing laws are made in Oregon.
- Dental pilot projects test emerging and expanding workforce models that aim to improve health equity and increase oral health access for underserved populations.
- OHA is responsible for monitoring approved pilot projects to ensure patient safety and to ascertain the progress of each project in meeting its stated objectives and complying with program statutes and rules.

Oregon Health Authority

Current Dental Pilot Projects

- #100 Oregon Tribes Dental Health Aide Therapist
  - Sponsor: Northwest Portland Area Indian Health Board
  - End Date: 5/31/2023 or when trainees become licensed dental therapists

- #300 Dental Therapist Project: Dental Hygiene Model
  - Sponsor: Willamette Dental & Pacific University
  - End Date: 12/31/2024 or when trainees become licensed dental therapists

Completed Dental Pilot Projects

- #200 Training Dental Hygienists to Place Interim Therapeutic Restorations (ITRs)
  - Sponsor: OHSU School of Dentistry
  - End Date: 9/30/2021
- SB 1550 passed during the 2020 legislative session allowing expanded practice dental hygienists (EPHDs) to perform ITRs after diagnosis by a dentist, which can be done by telehealth.

Dental Therapy

- SB 1549 passed during the 2020 legislative session allowing dental therapy licensure in Oregon.
- Oregon Board of Dentistry rules for dental therapy licensure were effective July 1, 2022.
- There are currently 11 dental therapists licensed in Oregon.
- Licensees must complete a dental therapy training program as part of the OHA Dental Pilot Project Program, or a program accredited by the Commission on Dental Accreditation (CODA).

THANK YOU AND QUESTIONS

ADDITIONAL BACKGROUND INFORMATION

OHA Dental Program Update

OVERVIEW OF OHP’S DENTAL BENEFIT

Oral Health is Critical to Overall Health

Lack of access to Oral Health care leads Oregonians to miss school and work and can have a negative impact on their overall well-being.

Untreated oral health conditions are associated with diabetes, heart disease, low birth weight babies, certain types of cancers.

The OHP Oral Health Benefit

OHP offers an extensive Oral Health benefit including:

- Cleanings
- Dental check-ups and x-rays
- Fillings
- Dental crowns
- Root canals on molars and some other tooth root procedures
- Some gum or oral surgery
- Some types of dentures and partials
- Tooth removal
- 24-hour emergency dental care

OHP's Oral Health Delivery System

- CCOs and the FFS program cover oral health
- Veteran and COFA dental programs fill gaps
  - New 2023 dental only benefits delivered by OHP
- All OHP benefit packages include oral health except CWM emergency
  - Regular Medicaid
  - CHIP
  - ACA expansion
  - Healthier Oregon (formerly Cover All People)

Dentist and Dental Hygienist Compact

This project is funded by the Department of Defense.

The following language must be enacted into law by a state to officially join the Dentist and Dental Hygienist Compact.

No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact.

The Council of State Governments National Center for Interstate Compacts reviews state compact legislation to ensure consistency with the model language. Please direct inquiries to Jessica Thomas at JThomas@csg.org.

DENTIST AND DENTAL HYGIENIST COMPACT

SECTION 1. TITLE AND PURPOSE

This statute shall be known and cited as the Dentist and Dental Hygienist Compact. The purposes of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing Dentists and Dental Hygienists licensed in a Participating State the ability to practice in Participating States in which they are not licensed. The Compact does this by establishing a pathway for a Dentists and Dental Hygienists licensed in a Participating State to obtain a Compact Privilege that authorizes them to practice in another Participating State in which they are not licensed. The Compact enables Participating States to protect the public health and safety with respect to the practice of such Dentists and Dental Hygienists, through the State's authority to regulate the practice of dentistry and dental hygiene in the State. The Compact:

A. Enables Dentists and Dental Hygienists who qualify for a Compact Privilege to practice in other Participating States without satisfying burdensome and duplicative requirements associated with securing a License to practice in those States;

B. Promotes mobility and addresses workforce shortages through each Participating State's acceptance of a Compact Privilege to practice in that State;

C. Increases public access to qualified, licensed Dentists and Dental Hygienists by creating a responsible, streamlined pathway for Licensees to practice in Participating States.

D. Enhances the ability of Participating States to protect the public's health and safety;

E. Does not interfere with licensure requirements established by a Participating State;

F. Facilitates the sharing of licensure and disciplinary information among Participating States;

G. Requires Dentists and Dental Hygienists who practice in a Participating State pursuant to a Compact Privilege to practice within the Scope of Practice authorized in that State;

H. Extends the authority of a Participating State to regulate the practice of dentistry and dental hygiene within its borders to Dentists and Dental Hygienists who practice in the State through a Compact Privilege;

I. Promotes the cooperation of Participating State in regulating the practice of dentistry and dental hygiene within those States;

J. Facilitates the relocation of military members and their spouses who are licensed to practice dentistry or dental hygiene;

SECTION 2. DEFINITIONS

As used in this Compact, unless the context requires otherwise, the following definitions shall apply:

A. **“Active-Duty Military”** means any individual in full-time duty status in the active uniformed service of the United States including members of the National Guard and Reserve.

B. **“Adverse Action”** means disciplinary action or encumbrance imposed on a License or Compact Privilege by a State Licensing Authority.

C. **“Alternative Program”** means a non-disciplinary monitoring or practice remediation process applicable to a Dentist or Dental Hygienist approved by a State Licensing Authority of a Participating State in which the Dentist or Dental Hygienist is licensed. This includes, but is not limited to, programs to which Licensees with substance abuse or addiction issues are referred in lieu of Adverse Action.

D. **“Clinical Assessment”** means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

E. **“Commissioner”** means the individual appointed by a Participating State to serve as the member of the Commission for that Participating State.

F. **“Compact”** means this Dentist and Dental Hygienist Compact.

G. **“Compact Privilege”** means the authorization granted by a Remote State to allow a Licensee from a Participating State to practice as a Dentist or Dental Hygienist in a Remote State.

H. **“Continuing Professional Development”** means a requirement, as a condition of License renewal to provide evidence of successful participation in educational or professional activities relevant to practice or area of work.

I. **“Criminal Background Check”** means the submission of fingerprints or other biometric-based information for a License applicant for the purpose of obtaining that applicant’s criminal history record information, as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the State’s criminal history record repository as defined in 28 C.F.R. § 20.3(f).

J. **“Data System”** means the Commission’s repository of information about Licensees, including but not limited to examination, licensure, investigative, Compact Privilege, Adverse Action, and Alternative Program.

K. **“Dental Hygienist”** means an individual who is licensed by a State Licensing Authority to practice dental hygiene.

L. **“Dentist”** means an individual who is licensed by a State Licensing Authority to practice dentistry.

M. **“Dentist and Dental Hygienist Compact Commission” or “Commission”** means a joint government agency established by this Compact comprised of each State that has enacted the Compact and a national administrative body comprised of a Commissioner from each State that has enacted the Compact.

N. **“Encumbered License”** means a License that a State Licensing Authority has limited in any way other than through an Alternative Program.

O. **“Executive Board”** means the Chair, Vice Chair, Secretary and Treasurer and any other Commissioners as may be determined by Commission Rule or bylaw.

P. **“Jurisprudence Requirement”** means the assessment of an individual’s knowledge of the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in a State.

Q. **“License”** means current authorization by a State, other than authorization pursuant to a Compact Privilege, or other privilege, for an individual to practice as a Dentist or Dental Hygienist in that State.

R. **“Licensee”** means an individual who holds an unrestricted License from a Participating State to practice as a Dentist or Dental Hygienist in that State.

S. **“Model Compact”** the model for the Dentist and Dental Hygienist Compact on file with the Council of State Governments or other entity as designated by the Commission.

T. **“Participating State”** means a State that has enacted the Compact and been admitted to the Commission in accordance with the provisions herein and Commission Rules.

U. “**Qualifying License”** means a License that is not an Encumbered License issued by a Participating State to practice dentistry or dental hygiene.

V. **“Remote State”** means a Participating State where a Licensee who is not licensed as a Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.

W. **“Rule”** means a regulation promulgated by an entity that has the force of law.

X. **“Scope of Practice”** means the procedures, actions, and processes a Dentist or Dental Hygienist licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to,

136 statute, regulations, case law, and other processes available to the State Licensing
137 Authority or other government agency.
138
139 Y. **"Significant Investigative Information"** means information, records, and documents
140 received or generated by a State Licensing Authority pursuant to an investigation for
141 which a determination has been made that there is probable cause to believe that the
142 Licensee has violated a statute or regulation that is considered more than a minor
143 infraction for which the State Licensing Authority could pursue Adverse Action against
144 the Licensee.
145
146 Z. **"State"** means any state, commonwealth, district, or territory of the United States of
147 America that regulates the practices of dentistry and dental hygiene.
148
149 AA. **"State Licensing Authority"** means an agency or other entity of a State that is
150 responsible for the licensing and regulation of Dentists or Dental Hygienists.

151 **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

152 A. In order to join the Compact and thereafter continue as a Participating State, a State must:

153 1. Enact a compact that is not materially different from the Model Compact as determined
154 in accordance with Commission Rules;
155
156 2. Participate fully in the Commission's Data System;

157 3. Have a mechanism in place for receiving and investigating complaints about its Licensees
158 and License applicants;

159 4. Notify the Commission, in compliance with the terms of the Compact and Commission
160 Rules, of any Adverse Action or the availability of Significant Investigative Information
161 regarding a Licensee and License applicant;

162 5. Fully implement a Criminal Background Check requirement, within a time frame
163 established by Commission Rule, by receiving the results of a qualifying Criminal
164 Background Check;

165 6. Comply with the Commission Rules applicable to a Participating State;

166 7. Accept the National Board Examinations of the Joint Commission on National Dental
167 Examinations or another examination accepted by Commission Rule as a licensure
168 examination;

169 8. Accept for licensure that applicants for a Dentist License graduate from a predoctoral
170 dental education program accredited by the Commission on Dental Accreditation or
171 another agency permitted by Commission Rule, leading to the Doctor of Dental Surgery
172 (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

173 9. Accept for licensure that applicants for a Dental Hygienist License graduate from a dental
174 hygiene education program accredited by the Commission on Dental Accreditation or
175 another agency permitted by Commission Rule;

176 10. Require for licensure that applicants successfully complete a Clinical Assessment;

177 11. Have Continuing Professional Development requirements as a condition for License
178 renewal; and

179 12. Pay a participation fee to the Commission as established by Commission Rule.

180 B. Providing alternative pathways for an individual to obtain an unrestricted License does not
181 disqualify a State from participating in the Compact.
182
183 C. When conducting a Criminal Background Check the State Licensing Authority shall:

184 1. Consider that information in making a licensure decision;

185 2. Maintain documentation of completion of the Criminal Background Check and
186 background check information to the extent allowed by State and federal law; and

187 3. Report to the Commission whether it has completed the Criminal Background Check and
188 whether the individual was granted or denied a License.

189 D. A Licensee of a Participating State who has a Qualifying License in that State and does not
190 hold an Encumbered License in any other Participating State, shall be issued a Compact
191 Privilege in a Remote State in accordance with the terms of the Compact and Commission
192 Rules. If a Remote State has a Jurisprudence Requirement a Compact Privilege will not be
193 issued to the Licensee unless the Licensee has satisfied the Jurisprudence Requirement.

194 **SECTION 4. COMPACT PRIVILEGE**

195 A. To obtain and exercise the Compact Privilege under the terms and provisions of the
196 Compact, the Licensee shall:

197 1. Have a Qualifying License as a Dentist or Dental Hygienist in a Participating State;

198 2. Be eligible for a Compact Privilege in any Remote State in accordance with D, G and H
199 of this section;

200 3. Submit to an application process whenever the Licensee is seeking a Compact Privilege;

201 4. Pay any applicable Commission and Remote State fees for a Compact Privilege in the
202 Remote State;

203 5. Meet any Jurisprudence Requirement established by a Remote State in which the
204 Licensee is seeking a Compact Privilege;

205 6. Have passed a National Board Examination of the Joint Commission on National Dental
206 Examinations or another examination accepted by Commission Rule;
207
208 7. For a Dentist, have graduated from a predoctoral dental education program accredited by
209 the Commission on Dental Accreditation or another agency permitted by Commission
210 Rule, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine
211 (D.M.D.) degree;

212 8. For a Dental Hygienist, have graduated from a dental hygiene education program
213 accredited by the Commission on Dental Accreditation or another agency permitted by
214 Commission Rule;

215 9. Have successfully completed a Clinical Assessment for licensure;

216 10. Report to the Commission Adverse Action taken by any non-Participating State when
217 applying for a Compact Privilege and, otherwise, within thirty (30) days from the date the
218 Adverse Action is taken;

219 11. Report to the Commission when applying for a Compact Privilege the address of the
220 Licensee's primary residence and thereafter immediately report to the Commission any
221 change in the address of the Licensee's primary residence; and

222 12. Consent to accept service of process by mail at the Licensee's primary residence on
223 record with the Commission with respect to any action brought against the Licensee by
224 the Commission or a Participating State, and consent to accept service of a subpoena by
225 mail at the Licensee's primary residence on record with the Commission with respect to
226 any action brought or investigation conducted by the Commission or a Participating
227 State.

228 B. The Licensee must comply with the requirements of subsection A of this section to maintain
229 the Compact Privilege in the Remote State. If those requirements are met, the Compact
230 Privilege will continue as long as the Licensee maintains a Qualifying License in the State
231 through which the Licensee applied for the Compact Privilege and pays any applicable
232 Compact Privilege renewal fees.

233 C. A Licensee providing dentistry or dental hygiene in a Remote State under the Compact
234 Privilege shall function within the Scope of Practice authorized by the Remote State for a
235 Dentist or Dental Hygienist licensed in that State.

236 D. A Licensee providing dentistry or dental hygiene pursuant to a Compact Privilege in a
237 Remote State is subject to that State's regulatory authority. A Remote State may, in
238 accordance with due process and that State's laws, by Adverse Action revoke or remove a
239 Licensee's Compact Privilege in the Remote State for a specific period of time and impose
240 fines or take any other necessary actions to protect the health and safety of its citizens. If a
241 Remote State imposes an Adverse Action against a Compact Privilege that limits the
242 Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote
243 States. A Licensee whose Compact Privilege in a Remote State is removed for a specified
244 period of time is not eligible for a Compact Privilege in any other Remote State until the

245 specific time for removal of the Compact Privilege has passed and all encumbrance
246 requirements are satisfied.

247 E. If a License in a Participating State is an Encumbered License, the Licensee shall lose the
248 Compact Privilege in a Remote State and shall not be eligible for a Compact Privilege in any
249 Remote State until the License is no longer encumbered.

250 F. Once an Encumbered License in a Participating State is restored to good standing, the
251 Licensee must meet the requirements of subsection A of this section to obtain a Compact
252 Privilege in a Remote State.

253 G. If a Licensee's Compact Privilege in a Remote State is removed by the Remote State, the
254 individual shall lose or be ineligible for the Compact Privilege in any Remote State until the
255 following occur:

256 1. The specific period of time for which the Compact Privilege was removed has ended; and

257 2. All conditions for removal of the Compact Privilege have been satisfied.

258 H. Once the requirements of subsection G of this section have been met, the Licensee must meet
259 the requirements in subsection A of this section to obtain a Compact Privilege in a Remote
260 State.

261 **SECTION 5. ACTIVE-DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

262 An Active-Duty Military individual and their spouse shall not be required to pay to the
263 Commission for a Compact Privilege the fee otherwise charged by the Commission. If a Remote
264 State chooses to charge a fee for a Compact Privilege, it may choose to charge a reduced fee or
265 no fee to an Active-Duty Military individual and their spouse for a Compact Privilege.

266 **SECTION 6. ADVERSE ACTIONS**

267 A. A Participating State in which a Licensee is licensed shall have exclusive authority to impose
268 Adverse Action against the Qualifying License issued by that Participating State.

269 B. A Participating State may take Adverse Action based on the Significant Investigative
270 Information of a Remote State, so long as the Participating State follows its own procedures
271 for imposing Adverse Action.

272 C. Nothing in this Compact shall override a Participating State's decision that participation in an
273 Alternative Program may be used in lieu of Adverse Action and that such participation shall
274 remain non-public if required by the Participating State's laws. Participating States must
275 require Licensees who enter any Alternative Program in lieu of discipline to agree not to
276 practice pursuant to a Compact Privilege in any other Participating State during the term of
277 the Alternative Program without prior authorization from such other Participating State.

278 D. Any Participating State in which a Licensee is applying to practice or is practicing pursuant
279 to a Compact Privilege may investigate actual or alleged violations of the statutes and

280 regulations authorizing the practice of dentistry or dental hygiene in any other Participating
281 State in which the Dentist or Dental Hygienist holds a License or Compact Privilege.

282 E. A Remote State shall have the authority to:

283 1. Take Adverse Actions as set forth in Section 4.D against a Licensee's Compact Privilege
284 in the State;

285 2. In furtherance of its rights and responsibilities under the Compact and the Commission's
286 Rules issue subpoenas for both hearings and investigations that require the attendance and
287 testimony of witnesses, and the production of evidence. Subpoenas issued by a State
288 Licensing Authority in a Participating State for the attendance and testimony of
289 witnesses, or the production of evidence from another Participating State, shall be
290 enforced in the latter State by any court of competent jurisdiction, according to the
291 practice and procedure of that court applicable to subpoenas issued in proceedings
292 pending before it. The issuing authority shall pay any witness fees, travel expenses,
293 mileage, and other fees required by the service statutes of the State where the witnesses
294 or evidence are located; and

295 3. If otherwise permitted by State law, recover from the Licensee the costs of investigations
296 and disposition of cases resulting from any Adverse Action taken against that Licensee.

297 F. Joint Investigations

298 1. In addition to the authority granted to a Participating State by its Dentist or Dental
299 Hygienist licensure act or other applicable State law, a Participating State may jointly
300 investigate Licensees with other Participating States.

301 2. Participating States shall share any Significant Investigative Information, litigation, or
302 compliance materials in furtherance of any joint or individual investigation initiated
303 under the Compact.

304 G. Authority to Continue Investigation

305 1. After a Licensee's Compact Privilege in a Remote State is terminated, the Remote State
306 may continue an investigation of the Licensee that began when the Licensee had a
307 Compact Privilege in that Remote State.

308 2. If the investigation yields what would be Significant Investigative Information had the
309 Licensee continued to have a Compact Privilege in that Remote State, the Remote State
310 shall report the presence of such information to the Data System as required by Section
311 8.B.6 as if it was Significant Investigative Information.

312 **SECTION 7. ESTABLISHMENT AND OPERATION OF THE COMMISSION.**

313 A. The Compact Participating States hereby create and establish a joint government agency
314 whose membership consists of all Participating States that have enacted the Compact. The
315 Commission is an instrumentality of the Participating States acting jointly and not an

316 instrumentality of any one State. The Commission shall come into existence on or after the
317 effective date of the Compact as set forth in Section 11A.
318
319 B. Participation, Voting, and Meetings
320
321 1. Each Participating State shall have and be limited to one (1) Commissioner selected by
322 that Participating State's State Licensing Authority or, if the State has more than one
323 State Licensing Authority, selected collectively by the State Licensing Authorities.
324
325 2. The Commissioner shall be a member or designee of such Authority or Authorities.
326
327 3. The Commission may by Rule or bylaw establish a term of office for Commissioners and
328 may by Rule or bylaw establish term limits.
329
330 4. The Commission may recommend to a State Licensing Authority or Authorities, as
331 applicable, removal or suspension of an individual as the State's Commissioner.
332
333 5. A Participating State's State Licensing Authority, or Authorities, as applicable, shall fill
334 any vacancy of its Commissioner on the Commission within sixty (60) days of the
335 vacancy.
336
337 6. Each Commissioner shall be entitled to one vote on all matters that are voted upon by the
338 Commission.
339
340 7. The Commission shall meet at least once during each calendar year. Additional meetings
341 may be held as set forth in the bylaws. The Commission may meet by
342 telecommunication, video conference or other similar electronic means.
343
344 C. The Commission shall have the following powers:
345
346 1. Establish the fiscal year of the Commission;
347
348 2. Establish a code of conduct and conflict of interest policies;
349
350 3. Adopt Rules and bylaws;
351
352 4. Maintain its financial records in accordance with the bylaws;
353
354 5. Meet and take such actions as are consistent with the provisions of this Compact, the
355 Commission's Rules, and the bylaws;
356
357 6. Initiate and conclude legal proceedings or actions in the name of the Commission,
358 provided that the standing of any State Licensing Authority to sue or be sued under
359 applicable law shall not be affected;

360 7. Maintain and certify records and information provided to a Participating State as the
361 authenticated business records of the Commission, and designate a person to do so on the
362 Commission's behalf;
363
364 8. Purchase and maintain insurance and bonds;
365
366 9. Borrow, accept, or contract for services of personnel, including, but not limited to,
367 employees of a Participating State;
368
369 10. Conduct an annual financial review;
370
371 11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such
372 individuals appropriate authority to carry out the purposes of the Compact, and establish
373 the Commission’s personnel policies and programs relating to conflicts of interest,
374 qualifications of personnel, and other related personnel matters;
375
376 12. As set forth in the Commission Rules, charge a fee to a Licensee for the grant of a
377 Compact Privilege in a Remote State and thereafter, as may be established by
378 Commission Rule, charge the Licensee a Compact Privilege renewal fee for each renewal
379 period in which that Licensee exercises or intends to exercise the Compact Privilege in
380 that Remote State. Nothing herein shall be construed to prevent a Remote State from
381 charging a Licensee a fee for a Compact Privilege or renewals of a Compact Privilege, or
382 a fee for the Jurisprudence Requirement if the Remote State imposes such a requirement
383 for the grant of a Compact Privilege;
384
385 13. Accept any and all appropriate gifts, donations, grants of money, other sources of
386 revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of
387 the same; provided that at all times the Commission shall avoid any appearance of
388 impropriety and/or conflict of interest;
389
390 14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed,
391 or any undivided interest therein;
392
393 15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
394 property real, personal, or mixed;
395
396 16. Establish a budget and make expenditures;
397
398 17. Borrow money;
399
400 18. Appoint committees, including standing committees, which may be composed of
401 members, State regulators, State legislators or their representatives, and consumer
402 representatives, and such other interested persons as may be designated in this Compact
403 and the bylaws;
404
405 19. Provide and receive information from, and cooperate with, law enforcement agencies;

406
407 20. Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers of the
408 Commission as provided in the Commission's bylaws;
409
410 21. Establish and elect an Executive Board;
411
412 22. Adopt and provide to the Participating States an annual report;
413
414 23. Determine whether a State's enacted compact is materially different from the Model
415 Compact language such that the State would not qualify for participation in the Compact;
416 and
417
418 24. Perform such other functions as may be necessary or appropriate to achieve the purposes
419 of this Compact.
420
421 D. Meetings of the Commission
422
423 1. All meetings of the Commission that are not closed pursuant to this subsection shall be
424 open to the public. Notice of public meetings shall be posted on the Commission's
425 website at least thirty (30) days prior to the public meeting.
426
427 2. Notwithstanding subsection D.1 of this section, the Commission may convene an
428 emergency public meeting by providing at least twenty-four (24) hours prior notice on
429 the Commission's website, and any other means as provided in the Commission's Rules,
430 for any of the reasons it may dispense with notice of proposed rulemaking under Section
431 9.L. The Commission's legal counsel shall certify that one of the reasons justifying an
432 emergency public meeting has been met.
433
434 3. Notice of all Commission meetings shall provide the time, date, and location of the
435 meeting, and if the meeting is to be held or accessible via telecommunication, video
436 conference, or other electronic means, the notice shall include the mechanism for access
437 to the meeting through such means.
438
439 4. The Commission may convene in a closed, non-public meeting for the Commission to
440 receive legal advice or to discuss:
441
442 a. Non-compliance of a Participating State with its obligations under the Compact;
443
444 b. The employment, compensation, discipline or other matters, practices or procedures
445 related to specific employees or other matters related to the Commission's internal
446 personnel practices and procedures;
447
448 c. Current or threatened discipline of a Licensee or Compact Privilege holder by the
449 Commission or by a Participating State's Licensing Authority;
450
451 d. Current, threatened, or reasonably anticipated litigation;

e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

f. Accusing any person of a crime or formally censuring any person;

g. Trade secrets or commercial or financial information that is privileged or confidential;

h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

i. Investigative records compiled for law enforcement purposes;

j. Information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact;

k. Legal advice;

l. Matters specifically exempted from disclosure to the public by federal or Participating State law; and

m. Other matters as promulgated by the Commission by Rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

6. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate sources of revenue, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each Participating State and impose fees on Licensees of Participating States when a Compact Privilege is

498 granted, to cover the cost of the operations and activities of the Commission and its staff,
499 which must be in a total amount sufficient to cover its annual budget as approved each
500 fiscal year for which sufficient revenue is not provided by other sources. The aggregate
501 annual assessment amount for Participating States shall be allocated based upon a
502 formula that the Commission shall promulgate by Rule.
503
504 4. The Commission shall not incur obligations of any kind prior to securing the funds
505 adequate to meet the same; nor shall the Commission pledge the credit of any
506 Participating State, except by and with the authority of the Participating State.
507
508 5. The Commission shall keep accurate accounts of all receipts and disbursements. The
509 receipts and disbursements of the Commission shall be subject to the financial review and
510 accounting procedures established under its bylaws. All receipts and disbursements of
511 funds handled by the Commission shall be subject to an annual financial review by a
512 certified or licensed public accountant, and the report of the financial review shall be
513 included in and become part of the annual report of the Commission.
514
515 F. The Executive Board
516
517 1. The Executive Board shall have the power to act on behalf of the Commission according
518 to the terms of this Compact. The powers, duties, and responsibilities of the Executive
519 Board shall include:
520
521 a. Overseeing the day-to-day activities of the administration of the Compact including
522 compliance with the provisions of the Compact, the Commission's Rules and bylaws;
523
524 b. Recommending to the Commission changes to the Rules or bylaws, changes to this
525 Compact legislation, fees charged to Compact Participating States, fees charged to
526 Licensees, and other fees;
527
528 c. Ensuring Compact administration services are appropriately provided, including by
529 contract;
530
531 d. Preparing and recommending the budget;
532
533 e. Maintaining financial records on behalf of the Commission;
534
535 f. Monitoring Compact compliance of Participating States and providing compliance
536 reports to the Commission;
537
538 g. Establishing additional committees as necessary;
539
540 h. Exercising the powers and duties of the Commission during the interim between
541 Commission meetings, except for adopting or amending Rules, adopting or amending
542 bylaws, and exercising any other powers and duties expressly reserved to the
543 Commission by Rule or bylaw; and

544
545 i. Other duties as provided in the Rules or bylaws of the Commission.
546
547 2. The Executive Board shall be composed of up to seven (7) members:
548
549 a. The Chair, Vice Chair, Secretary and Treasurer of the Commission and any other
550 members of the Commission who serve on the Executive Board shall be voting
551 members of the Executive Board; and
552
553 b. Other than the Chair, Vice Chair, Secretary, and Treasurer, the Commission may elect
554 up to three (3) voting members from the current membership of the Commission.
555
556 3. The Commission may remove any member of the Executive Board as provided in the
557 Commission's bylaws.
558
559 4. The Executive Board shall meet at least annually.
560
561 a. An Executive Board meeting at which it takes or intends to take formal action on a
562 matter shall be open to the public, except that the Executive Board may meet in a
563 closed, non-public session of a public meeting when dealing with any of the matters
564 covered under subsection D.4.
565
566 b. The Executive Board shall give five (5) business days' notice of its public meetings,
567 posted on its website and as it may otherwise determine to provide notice to persons
568 with an interest in the public matters the Executive Board intends to address at those
569 meetings.
570
571 5. The Executive Board may hold an emergency meeting when acting for the Commission
572 to:
573
574 a. Meet an imminent threat to public health, safety, or welfare;
575
576 b. Prevent a loss of Commission or Participating State funds; or
577
578 c. Protect public health and safety.
579
580 G. Qualified Immunity, Defense, and Indemnification
581
582 1. The members, officers, executive director, employees and representatives of the
583 Commission shall be immune from suit and liability, both personally and in their official
584 capacity, for any claim for damage to or loss of property or personal injury or other civil
585 liability caused by or arising out of any actual or alleged act, error, or omission that
586 occurred, or that the person against whom the claim is made had a reasonable basis for
587 believing occurred within the scope of Commission employment, duties or
588 responsibilities; provided that nothing in this paragraph shall be construed to protect any
589 such person from suit or liability for any damage, loss, injury, or liability caused by the

590 intentional or willful or wanton misconduct of that person. The procurement of insurance
591 of any type by the Commission shall not in any way compromise or limit the immunity
592 granted hereunder.
593
594 2. The Commission shall defend any member, officer, executive director, employee, and
595 representative of the Commission in any civil action seeking to impose liability arising
596 out of any actual or alleged act, error, or omission that occurred within the scope of
597 Commission employment, duties, or responsibilities, or as determined by the
598 Commission that the person against whom the claim is made had a reasonable basis for
599 believing occurred within the scope of Commission employment, duties, or
600 responsibilities; provided that nothing herein shall be construed to prohibit that person
601 from retaining their own counsel at their own expense; and provided further, that the
602 actual or alleged act, error, or omission did not result from that person's intentional or
603 willful or wanton misconduct.
604
605 3. Notwithstanding subsection (a), should any member, officer, executive director,
606 employee, or representative of the Commission be held liable for the amount of any
607 settlement or judgment arising out of any actual or alleged act, error, or omission that
608 occurred within the scope of that individual's employment, duties, or responsibilities for
609 the Commission, or that the person to whom that individual is liable had a reasonable
610 basis for believing occurred within the scope of the individual's employment, duties, or
611 responsibilities for the Commission, the Commission shall indemnify and hold harmless
612 such individual, provided that the actual or alleged act, error, or omission did not result
613 from the intentional or willful or wanton misconduct of the individual.
614
615 4. Nothing herein shall be construed as a limitation on the liability of any Licensee for
616 professional malpractice or misconduct, which shall be governed solely by any other
617 applicable State laws.
618
619 5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a
620 Participating State's state action immunity or state action affirmative defense with respect
621 to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal
622 antitrust or anticompetitive law or regulation.
623
624 6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the
625 Participating States or by the Commission.
626
627 **SECTION 8. DATA SYSTEM**

628 A. The Commission shall provide for the development, maintenance, operation, and utilization
629 of a coordinated database and reporting system containing licensure, Adverse Action, and the
630 presence of Significant Investigative Information on all Licensees and applicants for a
631 License in Participating States.
632
633 B. Notwithstanding any other provision of State law to the contrary, a Participating State shall
634 submit a uniform data set to the Data System on all individuals to whom this Compact is

applicable as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse Actions against a Licensee, License applicant or Compact Privilege and information related thereto;

4. Non-confidential information related to Alternative Program participation, the beginning and ending dates of such participation, and other information related to such participation;

5. Any denial of an application for licensure, and the reason(s) for such denial, (excluding the reporting of any criminal history record information where prohibited by law);

6. The presence of Significant Investigative Information; and

7. Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the Rules of the Commission.

C. The records and information provided to a Participating State pursuant to this Compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Participating State.

D. Significant Investigative Information pertaining to a Licensee in any Participating State will only be available to other Participating States.

E. It is the responsibility of the Participating States to monitor the database to determine whether Adverse Action has been taken against a Licensee or License applicant. Adverse Action information pertaining to a Licensee or License applicant in any Participating State will be available to any other Participating State.

F. Participating States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.

G. Any information submitted to the Data System that is subsequently expunged pursuant to federal law or the laws of the Participating State contributing the information shall be removed from the Data System.

SECTION 9. RULEMAKING

A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A Commission Rule

681 shall be invalid and have no force or effect only if a court of competent jurisdiction holds that
682 the Rule is invalid because the Commission exercised its rulemaking authority in a manner
683 that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or
684 based upon another applicable standard of review.
685
686 B. The Rules of the Commission shall have the force of law in each Participating State,
687 provided however that where the Rules of the Commission conflict with the laws of the
688 Participating State that establish the Participating State's Scope of Practice as held by a court
689 of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to
690 the extent of the conflict.
691
692 C. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in
693 this section and the Rules adopted thereunder. Rules shall become binding as of the date
694 specified by the Commission for each Rule.
695
696 D. If a majority of the legislatures of the Participating States rejects a Commission Rule or
697 portion of a Commission Rule, by enactment of a statute or resolution in the same manner
698 used to adopt the Compact, within four (4) years of the date of adoption of the Rule, then
699 such Rule shall have no further force and effect in any Participating State or to any State
700 applying to participate in the Compact.
701
702 E. Rules shall be adopted at a regular or special meeting of the Commission.
703
704 F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing and allow
705 persons to provide oral and written comments, data, facts, opinions, and arguments.
706
707 G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30) days in
708 advance of the meeting at which the Commission will hold a public hearing on the proposed
709 Rule, the Commission shall provide a Notice of Proposed Rulemaking:
710
711 1. On the website of the Commission or other publicly accessible platform;
712
713 2. To persons who have requested notice of the Commission's notices of proposed
714 rulemaking, and
715
716 3. In such other way(s) as the Commission may by Rule specify.
717
718 H. The Notice of Proposed Rulemaking shall include:
719
720 1. The time, date, and location of the public hearing at which the Commission will hear
721 public comments on the proposed Rule and, if different, the time, date, and location of
722 the meeting where the Commission will consider and vote on the proposed Rule;
723
724 2. If the hearing is held via telecommunication, video conference, or other electronic means,
725 the Commission shall include the mechanism for access to the hearing in the Notice of
726 Proposed Rulemaking;

727
728 3. The text of the proposed Rule and the reason therefor;
729
730 4. A request for comments on the proposed Rule from any interested person; and
731
732 5. The manner in which interested persons may submit written comments.
733
734 I. All hearings will be recorded. A copy of the recording and all written comments and
735 documents received by the Commission in response to the proposed Rule shall be available
736 to the public.
737
738 J. Nothing in this section shall be construed as requiring a separate hearing on each
739 Commission Rule. Rules may be grouped for the convenience of the Commission at hearings
740 required by this section.
741
742 K. The Commission shall, by majority vote of all Commissioners, take final action on the
743 proposed Rule based on the rulemaking record.
744
745 1. The Commission may adopt changes to the proposed Rule provided the changes do not
746 enlarge the original purpose of the proposed Rule.
747
748 2. The Commission shall provide an explanation of the reasons for substantive changes
749 made to the proposed Rule as well as reasons for substantive changes not made that were
750 recommended by commenters.
751
752 3. The Commission shall determine a reasonable effective date for the Rule. Except for an
753 emergency as provided in subsection L, the effective date of the Rule shall be no sooner
754 than thirty (30) days after the Commission issuing the notice that it adopted or amended
755 the Rule.
756
757 L. Upon determination that an emergency exists, the Commission may consider and adopt an
758 emergency Rule with 24 hours' notice, with opportunity to comment, provided that the usual
759 rulemaking procedures provided in the Compact and in this section shall be retroactively
760 applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days
761 after the effective date of the Rule. For the purposes of this provision, an emergency Rule is
762 one that must be adopted immediately in order to:
763
764 1. Meet an imminent threat to public health, safety, or welfare;
765
766 2. Prevent a loss of Commission or Participating State funds;
767
768 3. Meet a deadline for the promulgation of a Rule that is established by federal law or rule;
769 or
770
771 4. Protect public health and safety.
772

773 M. The Commission or an authorized committee of the Commission may direct revisions to a
774 previously adopted Rule for purposes of correcting typographical errors, errors in format,
775 errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on
776 the website of the Commission. The revision shall be subject to challenge by any person for a
777 period of thirty (30) days after posting. The revision may be challenged only on grounds that
778 the revision results in a material change to a Rule. A challenge shall be made in writing and
779 delivered to the Commission prior to the end of the notice period. If no challenge is made,
780 the revision will take effect without further action. If the revision is challenged, the revision
781 may not take effect without the approval of the Commission.
782
783 N. No Participating State's rulemaking requirements shall apply under this Compact

784 **SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**

785 A. Oversight
786
787 1. The executive and judicial branches of State government in each Participating State shall
788 enforce this Compact and take all actions necessary and appropriate to implement the
789 Compact.
790
791 2. Venue is proper and judicial proceedings by or against the Commission shall be brought
792 solely and exclusively in a court of competent jurisdiction where the principal office of
793 the Commission is located. The Commission may waive venue and jurisdictional
794 defenses to the extent it adopts or consents to participate in alternative dispute resolution
795 proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any
796 action against a Licensee for professional malpractice, misconduct or any such similar
797 matter.
798
799 3. The Commission shall be entitled to receive service of process in any proceeding
800 regarding the enforcement or interpretation of the Compact or Commission Rule and
801 shall have standing to intervene in such a proceeding for all purposes. Failure to provide
802 the Commission service of process shall render a judgment or order void as to the
803 Commission, this Compact, or promulgated Rules.
804
805 B. Default, Technical Assistance, and Termination
806
807 1. If the Commission determines that a Participating State has defaulted in the performance
808 of its obligations or responsibilities under this Compact or the promulgated Rules, the
809 Commission shall provide written notice to the defaulting State. The notice of default
810 shall describe the default, the proposed means of curing the default, and any other action
811 that the Commission may take, and shall offer training and specific technical assistance
812 regarding the default.
813
814 2. The Commission shall provide a copy of the notice of default to the other Participating
815 States.
816
817 C. If a State in default fails to cure the default, the defaulting State may be terminated from the

818 Compact upon an affirmative vote of a majority of the Commissioners, and all rights,
819 privileges and benefits conferred on that State by this Compact may be terminated on the
820 effective date of termination. A cure of the default does not relieve the offending State of
821 obligations or liabilities incurred during the period of default.
822
823 D. Termination of participation in the Compact shall be imposed only after all other means of
824 securing compliance have been exhausted. Notice of intent to suspend or terminate shall be
825 given by the Commission to the governor, the majority and minority leaders of the defaulting
826 State's legislature, the defaulting State's State Licensing Authority or Authorities, as
827 applicable, and each of the Participating States' State Licensing Authority or Authorities, as
828 applicable.
829
830 E. A State that has been terminated is responsible for all assessments, obligations, and liabilities
831 incurred through the effective date of termination, including obligations that extend beyond
832 the effective date of termination.
833
834 F. Upon the termination of a State's participation in this Compact, that State shall immediately
835 provide notice to all Licensees of the State, including Licensees of other Participating States
836 issued a Compact Privilege to practice within that State, of such termination. The terminated
837 State shall continue to recognize all Compact Privileges then in effect in that State for a
838 minimum of one hundred eighty (180) days after the date of said notice of termination.
839
840 G. The Commission shall not bear any costs related to a State that is found to be in default or
841 that has been terminated from the Compact, unless agreed upon in writing between the
842 Commission and the defaulting State.
843
844 H. The defaulting State may appeal the action of the Commission by petitioning the U.S.
845 District Court for the District of Columbia or the federal district where the Commission has
846 its principal offices. The prevailing party shall be awarded all costs of such litigation,
847 including reasonable attorney's fees.
848
849 I. Dispute Resolution
850
851 1. Upon request by a Participating State, the Commission shall attempt to resolve disputes
852 related to the Compact that arise among Participating States and between Participating
853 States and non-Participating States.
854
855 2. The Commission shall promulgate a Rule providing for both mediation and binding
856 dispute resolution for disputes as appropriate.
857
858 J. Enforcement
859
860 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions
861 of this Compact and the Commission's Rules.
862
863 2. By majority vote, the Commission may initiate legal action against a Participating State

864 in default in the United States District Court for the District of Columbia or the federal
865 district where the Commission has its principal offices to enforce compliance with the
866 provisions of the Compact and its promulgated Rules. The relief sought may include both
867 injunctive relief and damages. In the event judicial enforcement is necessary, the
868 prevailing party shall be awarded all costs of such litigation, including reasonable
869 attorney's fees. The remedies herein shall not be the exclusive remedies of the
870 Commission. The Commission may pursue any other remedies available under federal or
871 the defaulting Participating State's law.
872
873 3. A Participating State may initiate legal action against the Commission in the U.S. District
874 Court for the District of Columbia or the federal district where the Commission has its
875 principal offices to enforce compliance with the provisions of the Compact and its
876 promulgated Rules. The relief sought may include both injunctive relief and damages. In
877 the event judicial enforcement is necessary, the prevailing party shall be awarded all costs
878 of such litigation, including reasonable attorney's fees.
879
880 4. No individual or entity other than a Participating State may enforce this Compact against
881 the Commission.

882 **SECTION 11. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT**

883 A. The Compact shall come into effect on the date on which the Compact statute is enacted
884 into law in the seventh Participating State.
885
886 1. On or after the effective date of the Compact, the Commission shall convene and
887 review the enactment of each of the States that enacted the Compact prior to the
888 Commission convening ("Charter Participating States") to determine if the statute
889 enacted by each such Charter Participating State is materially different than the
890 Model Compact.
891
892 a. A Charter Participating State whose enactment is found to be materially different
893 from the Model Compact shall be entitled to the default process set forth in
894 Section 10.
895
896 b. If any Participating State is later found to be in default, or is terminated or
897 withdraws from the Compact, the Commission shall remain in existence and the
898 Compact shall remain in effect even if the number of Participating States should
899 be less than seven (7).
900
901 2. Participating States enacting the Compact subsequent to the Charter Participating
902 States shall be subject to the process set forth in Section 7.C.23 to determine if their
903 enactments are materially different from the Model Compact and whether they
904 qualify for participation in the Compact.
905
906 3. All actions taken for the benefit of the Commission or in furtherance of the purposes
907 of the administration of the Compact prior to the effective date of the Compact or the
908 Commission coming into existence shall be considered to be actions of the

909 Commission unless specifically repudiated by the Commission.
910
911 4. Any State that joins the Compact subsequent to the Commission's initial adoption of
912 the Rules and bylaws shall be subject to the Commission's Rules and bylaws as they
913 exist on the date on which the Compact becomes law in that State. Any Rule that has
914 been previously adopted by the Commission shall have the full force and effect of
915 law on the day the Compact becomes law in that State.
916
917 B. Any Participating State may withdraw from this Compact by enacting a statute repealing
918 that State's enactment of the Compact.
919
920 1. A Participating State's withdrawal shall not take effect until one hundred eighty
921 (180) days after enactment of the repealing statute.
922
923 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's
924 Licensing Authority or Authorities to comply with the investigative and Adverse
925 Action reporting requirements of this Compact prior to the effective date of
926 withdrawal.
927
928 3. Upon the enactment of a statute withdrawing from this Compact, the State shall
929 immediately provide notice of such withdrawal to all Licensees within that State.
930 Notwithstanding any subsequent statutory enactment to the contrary, such
931 withdrawing State shall continue to recognize all Compact Privileges to practice
932 within that State granted pursuant to this Compact for a minimum of one hundred
933 eighty (180) days after the date of such notice of withdrawal.
934
935 C. Nothing contained in this Compact shall be construed to invalidate or prevent any
936 licensure agreement or other cooperative arrangement between a Participating State and
937 a non-Participating State that does not conflict with the provisions of this Compact.
938
939 D. This Compact may be amended by the Participating States. No amendment to this
940 Compact shall become effective and binding upon any Participating State until it is
941 enacted into the laws of all Participating States.

942 **SECTION 12. CONSTRUCTION AND SEVERABILITY**
943
944 A. This Compact and the Commission's rulemaking authority shall be liberally construed so as
945 to effectuate the purposes, and the implementation and administration of the Compact.
946 Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall
947 not be construed to limit the Commission's rulemaking authority solely for those purposes.
948
949 B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or
950 provision of this Compact is held by a court of competent jurisdiction to be contrary to the
951 constitution of any Participating State, a State seeking participation in the Compact, or of the
952 United States, or the applicability thereof to any government, agency, person or circumstance
953 is held to be unconstitutional by a court of competent jurisdiction, the validity of the
954 remainder of this Compact and the applicability thereof to any other government, agency,

955 person or circumstance shall not be affected thereby.
956
957 C. Notwithstanding subsection B of this section, the Commission may deny a State's
958 participation in the Compact or, in accordance with the requirements of Section 10.B,
959 terminate a Participating State's participation in the Compact, if it determines that a
960 constitutional requirement of a Participating State is a material departure from the
961 Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any
962 Participating State, the Compact shall remain in full force and effect as to the remaining
963 Participating States and in full force and effect as to the Participating State affected as to all
964 severable matters.
965

966 **SECTION 13. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS**

967 A. Nothing herein shall prevent or inhibit the enforcement of any other law of a Participating
968 State that is not inconsistent with the Compact.
969
970 B. Any laws, statutes, regulations, or other legal requirements in a Participating State in conflict
971 with the Compact are superseded to the extent of the conflict.
972
973 C. All permissible agreements between the Commission and the Participating States are binding
974 in accordance with their terms.

NEWSLETTERS & ARTICLES OF INTEREST

Annual Report 2022

The report of the Commission on Dental Accreditation

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ONLINE RESOURCES

This publication may be reprinted in its entirety, without additions, edits or deletions, for educational purposes only.

The Commission's mission, vision and values were adopted August 6, 2021 in accordance with the development of the 2022-2026 Strategic Plan.

Mission

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Vision

The Commission on Dental Accreditation is a globally recognized leader for accrediting educational programs in the dental professions.

Values

The Commission is committed to:

- **Collegiality**
- **Consistency**
- **Integrity**
- **Quality**
- **Transparency**

Read the Strategic Plan 2022-2026

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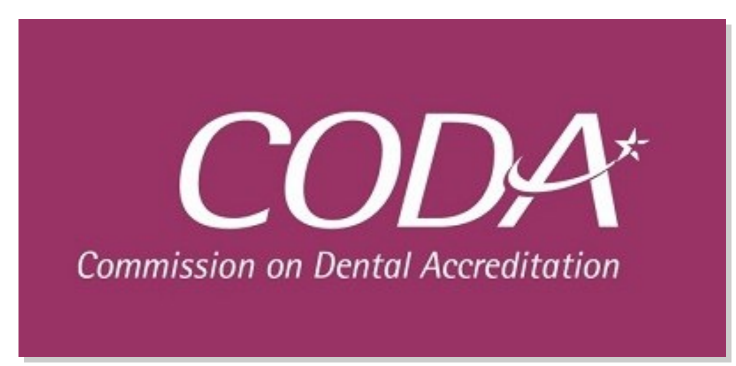
Introduction

Who We Are

From 1937 to 1974, prior to the formation of the Commission on Dental Accreditation (CODA), the American Dental Association's Council on Dental Education (now known as the Council on Dental Education and Licensure) served as the accrediting agency for dental and dental-related education programs. In 1973, the House of Delegates of the American Dental Association approved the establishment of a Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. The Commission began operating in 1975, and in 1979 this body's name was officially changed to the Commission on Dental Accreditation.



Since 1952, the Commission on Dental Accreditation, and its predecessor, has been recognized by the Secretary of the United States Department of Education (USDE) as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level. CODA's mission is to serve the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The general public and communities of interest have direct access to many important resources through CODA's website. Many questions related to CODA's role and responsibility are answered in the Questions and Answers about CODA. The Commission also makes available to the public its Meeting Agenda and Materials in an effort to demonstrate transparency to its communities of interest. Additionally, updated information about CODA's activities is available by reviewing information in Accreditation Updates.

The Commission on Dental Accreditation accredits dental education programs, advanced dental education programs and allied dental education programs in the United States. The Commission also accredits fully-operational international dental education programs. The Commission functions independently and autonomously in all matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process. It is structured to include an appropriate representation of the communities of interest.

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Commission Structure

Site Visit Teams

The foundation of the accreditation process is the site visit, and the primary role of the Site Visit Team is to gather and evaluate data and facts. Members on each team can include those with expertise in the discipline, biomedical sciences, clinical sciences, curriculum, finance, or national licensure. To maintain accreditation, programs self-assess their compliance with CODA's accreditation standards and provide CODA with documented evidence through the Self-Study process. CODA's site visitors review such materials, visit programs to evaluate process, interview faculty and students/ residents, tour facilities, and more in order to assess a program's compliance with CODA standards. The site visit team then clearly and comprehensively reports on its findings to the Review Committees and Commission. The Commission provides a number of resources to programs and site visitors throughout the Site Visit Process.

Review Committees

Review Committees meet twice per year, two to three weeks before each Commission Meeting, to review reports submitted by Site Visit teams as well as programmatic reports and requests, and to discuss policy and procedures related to the committee's discipline. As of this publication, there are seventeen (17) Review Committees, each focused on one or more disciplines within dental education. These committees review and discuss the reports submitted by site visit teams and educational programs, and make recommendations to the Commission. The Review Committees also consider policy, some new and some annual recurring policy, which is applicable to the discipline. Note that the Review Committees **do not** make final accreditation or policy decisions – they instead make recommendations to the Commission, which then considers these recommendations at its Winter and Summer Meetings. In this regard, Review Committees are advisory to the Commission.

Commission on Dental Accreditation

The Commission on Dental Accreditation makes the final decision to grant, continue or withdraw an accreditation status to a dental education program. The Commission bases its decision on the program's compliance with the Accreditation Standards and Commission Policies. In this regard, the Commission continuously evaluates and monitors educational programs for compliance with the Accreditation Standards. The Commission also ensures Standards reflect the

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Composition of CODA Board of Commissioners

Organization	Appointments
American Dental Association (dental practitioners)	4
American Association of Dental Boards (licensure community)	4
American Dental Education Association (dental educators)	4
American Dental Education Association and Special Care Dentistry Association—joint appointment (postdoctoral general dentistry)	1
American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists, American Society of Dentist Anesthesiologists (1 each representing the advanced dental disciplines)	12
American Dental Assistants Association (dental assistants)	1
American Dental Hygienists' Association (dental hygienists)	1
National Association of Dental Laboratories (dental laboratory technicians)	1
Public (consumers/public)	4
American Dental Education Association, American Student Dental Association—joint appointment (student)	1
TOTAL	33

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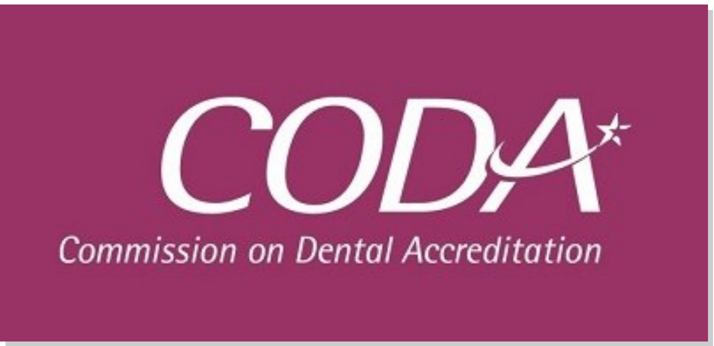
Continued from page 5

evolving practice of dentistry by formulating and adopting requirements and guidelines for the accreditation of dental, advanced dental, and allied dental education programs under its purview. The Commission seeks input from all of its broad communities of interest related to the development and periodic revision of Accreditation Standards through Hearings and Comments, thus ensuring the Standards remain current and define the quality of dental education. CODA maintains continuous contact with those important communities through various mechanisms. The Commission also establishes Policies and Guidelines to guide the evaluation and decision making process to ensure fairness, consistency, and appropriate levels of due process.

Appeal Board

The principal function of the Appeal Board is to hear and make judgments on withdrawal of accreditation or denial of accreditation, at the request of an educational program or institution. The Appeal Board will determine whether the Commission on Dental Accreditation, in arriving at a decision regarding the withdrawal or denial of accreditation for a given program, has properly applied the facts presented to it. In addition, the Commission's Rules stipulate that the Appeal Board shall provide the educational program filing the appeal the opportunity to be represented by legal counsel and shall give the program the opportunity to offer evidence and argument in writing and/or orally to try to refute or overcome the findings and decision of the Commission. The Appeal Board is an autonomous body, separate from the Commission. Appeal Board members are selected in accordance with the Rules of the Commission on Dental Accreditation.



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The Year in Numbers

2022 February: Number of CODA-Accredited Programs

Discipline	Number of Programs	Approval without Reporting	Approval with Reporting*	Initial Accreditation	Approval without Reporting (teach out)	Approval with Reporting (teach out)	Initial Accreditation (teach out)
Predoctoral	69	63	3	3	0	0	0
Predoctoral International	1	1	0	0	0	0	0
Dental Assisting	238	223	12	1	2	0	0
Dental Hygiene	330	300	20	9	1	0	0
Dental Laboratory Technology	13	11	1	0	1	0	0
Dental Therapy	1	0	1	0	0	0	0
Advanced Education in General Dentistry	94	89	0	3	2	0	
General Practice Residency	175	170	3	2	0	0	0
Orofacial Pain	12	12	0	0	0	0	0
Dental Anesthesiology	8	7	0	1	0	0	0
Oral Medicine	6	6	0	0	0	0	0
Oral and Maxillofacial Surgery (and clinical fellowships)	109	105	2	2	0	0	0
Orthodontics and Dentofacial Orthopedics (and clinical fellowships)	74	72	0	2	0	0	0
Endodontics	55	53	1	1	0	0	0
Periodontics	56	56	0	0	0	0	0
Pediatric Dentistry	82	78	2	2	0	0	0
Prosthodontics (all, including MxPros and combined programs)	55	55	0	0	0	0	0
Oral and Maxillofacial Radiology	9	9	0	0	0	0	0
Oral and Maxillofacial Pathology	15	14	0	1	0	0	0
Dental Public Health	15	14	0	1	0	0	0
Ortho/Periodontic	1	1	0	0	0	0	0
TOTAL	**1418**	**1339**	**45**	**28**	**6**	**0**	**0**

*Includes programs on "Approval with Reporting Requirements," with "intent to withdraw" and "required period of non-enrollment" statuses.

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The Year in Numbers

2022 August: Number of CODA-Accredited Programs

Discipline	Number of Programs	Approval without Reporting	Approval with Reporting*	Initial Accreditation	Approval without Reporting (teach-out)	Approval with Reporting (teach-out)	Initial Accreditation (teach-out)
Predoctoral	70	63	3	4	0	0	0
Predoctoral International	1	1	0	0	0	0	0
Dental Assisting	235	217	15	0	3	0	0
Dental Hygiene	332	294	26	12	0	0	0
Dental Laboratory Technology	13	11	0	0	2	0	0
Dental Therapy	2	1	0	1	0	0	0
Advanced Education in General Dentistry	94	89	0	5	0	0	0
General Practice Residency	174	170	1	1	2	0	0
Orofacial Pain	12	12	0	0	0	0	0
Dental Anesthesiology	8	7	1	0	0	0	0
Oral Medicine	6	6	0	0	0	0	0
Oral and Maxillofacial Surgery (and clinical fellowships)	110	108	1	1	0	0	0
Orthodontics and Dentofacial Orthopedics (and clinical fellowships)	75	72	0	3	0	0	0
Endodontics	55	53	2	0	0	0	0
Periodontics	57	55	1	1	0	0	0
Pediatric Dentistry	84	79	1	4	0	0	0
Prosthodontics (all, including MxPros and combined programs)	56	55	0	1	0	0	0
Oral and Maxillofacial Radiology	9	9	0	0	0	0	0
Oral and Maxillofacial Pathology	15	14	0	1	0	0	0
Dental Public Health	15	13	0	2	0	0	0
Ortho/Periodontic	1	1	0	0	0	0	0
TOTAL	**1424**	**1330**	**51**	**36**	**7**	**0**	**0**

*Includes programs on "Approval with Reporting Requirements," with "intent to withdraw" and "required period of non-enrollment" statuses.

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Total Enrollment in Dental Education Programs

Dental Education Area	Enrollment (difference from prior year)	Year
Predoctoral	25,995 (+188)	2020-2021
Advanced Education	7,343 (-12)	2020-2021
Dental Hygiene	16,079 (-99)	2020-2021
Dental Assisting	5,331 (-581)	2020-2021
DLT	401 (-69)	2020-2021
All Programs	**55,149 (-749)**	**Source: Surveys of Dental Education Programs**

*Includes 638 students at King Abdulaziz University in Saudi Arabia.

You will find current Enrollment and other data on the Program Surveys page of the CODA website. Updates will be made to this page as available.

Programs, Volunteers, and Staff

- **1,413** CODA-accredited education programs in approximately 750+ institutions
- More than **600** Volunteer Commissioners, Site Visitors and Review Committee Members
- **Eight** Professional Staff
- **One** Coordinator of Operations
- **Two** Site Visit Coordinators
- **Four** Support Staff

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Accreditation Actions at the 2022 Winter and Summer Meetings

In 2022, the Commission reviewed accreditation reports and took **746 accreditation actions** on dental, advanced dental, and allied dental education programs and recorded **6 mail ballots** on dental, advanced dental, and allied dental education programs. A total of **25 new programs** were granted accreditation:

Educational Program	Number
Predoctoral Dental Education	2
Advanced Education in General Dentistry (12-month)	2
Advanced Education in General Dentistry (24-month)	1
Dental Assisting	1
Dental Hygiene	7
Dental Public Health	2
Dental Therapy	1
General Practice Residency (12-month)	1
Maxillofacial Prosthetics	1
Oral and Maxillofacial Surgery (Residency)	1
Orthodontics and Dentofacial Orthopedics (Residency)	2
Pediatric Dentistry	3
Periodontics	1

The Commission affirmed the reported voluntary discontinuance effective date or planned closure date of the following education programs, at the request of their respective sponsoring institutions:

Educational Program	Number
Dental Assisting	6
Dental Hygiene	2
Advanced Education in General Dentistry	2
General Practice Residency	2
Dental Public Health	1
Oral and Maxillofacial Surgery (Residency)	1
Oral and Maxillofacial Surgery (Fellowship)	2

The Commission currently accredits **1,424** education programs in twenty-one dental and allied dental disciplines.

Standards Revisions at the 2022 Winter and Summer Meetings

The Commission adopted revisions to the following Accreditation Standards:

February 2022

- Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, specifically the deletion of the word "proficiency" within the Definition of Terms, with immediate implementation.
- Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics, with an implementation date of January 1, 2023
- Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, specifically related to the Definition of Terms and intent statement within Standard 4-7, with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in Periodontics, with an implementation date of January 1, 2023.

August 2022

- Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry, following a validity and reliability study, with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in General Practice Residency, following a validity and reliability study, with immediate implementation.
- Accreditation Standards for Dental Assisting Education Programs, related to institutional accreditation, with immediate implementation.
- Accreditation Standards for Dental Hygiene Education Programs, related to institutional accreditation, with immediate implementation.
- Accreditation Standards for Dental Laboratory Technology Education Programs, related to institutional accreditation, with immediate implementation.
- Accreditation Standards for Advanced Dental Education Programs in Prosthodontics Education, following a validity and reliability study, with immediate implementation..

November 2022 (by mail ballot)

- Accreditation Standards for Dental Assisting Education Programs, related to institutional accreditation, with immediate implementation.
- Accreditation Standards for Dental Hygiene Education Programs, related to institutional accreditation, with immediate implementation.

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2022 Highlights

Finance

For 2023, the Commission:

- Adopted a 2% increase in annual accreditation fees for all domestic and international disciplines
- Maintained application fees
- Maintained International fees
- Directed the CODA Administrative Fund Fee of $25 per program in 2023 be rescinded and there be no ($0) Administrative Fund Fee in 2023
- Directed CODA's Chair to sign the Intercompany Memorandum of Understanding and Services Agreement with the American Dental Association
- Directed that the Commission's 2023 budget include the addition of three (3) full-time equivalent staff positions dedicated solely to the Commission
- Directed authorization of Administrative Fund disbursement of up to $20,000, to engage with a financial analyst to study CODA's revenue and expense planning model and assist the Commission with long-term projection modeling to obtain a revenue-neutral budget, and to conduct a comparative analysis among other accreditors related to financial models and administrative funds.

Find more details on the CODA website's Fees page.

Documentation and Policy Review

- Directed continued monitoring of the adequate number of volunteers, including discipline-specific volunteers, to serve on all levels of the Commission including review committees and the Board of Commissioners and consider modifications, as necessary, in the future
- Adopted several proposed revisions to the Evaluation and Operational Policies and Procedures Manual
- Directed the deadlines for submitting reports to CODA be revised to a new deadline of May 1 and November 1, with immediate implementation
- Directed the adoption and immediate implementation of proposed revisions to the Criteria for Granting Accreditation.
- Directed the adoption and immediate implementation of proposed revisions to the Commission's Policy on Application for Accreditation for Fully Operational Programs with Enrollment and Without Accreditation, and the Policy on Application for Initial Accreditation for Developing Programs
- Directed the adoption and immediate implementation of proposed revisions to the Policy on Interruption of Education and related Guidelines for Interruption of Education
- Directed the adoption and immediate implementation of proposed revisions to the Policy and Procedure Regarding Investigation of Complaints Against Educational Programs, section on Anonymous Comments/Complaints

2022 Highlights

Quality Assurance and Strategic Planning

The Commission adopted the 2022-2026 Strategic Plan Progress Tracking Sheet and Operational Effectiveness Tracking Sheet in accordance with the new strategic plan

Communication and Technology

In 2021, the Commission directed a review of the Communication Plan in 2022-2023 to ensure that the next communication plan addresses the Commission's strategic needs, as well as ongoing communication and technology needs of the Commission, including an electronic accreditation tool.

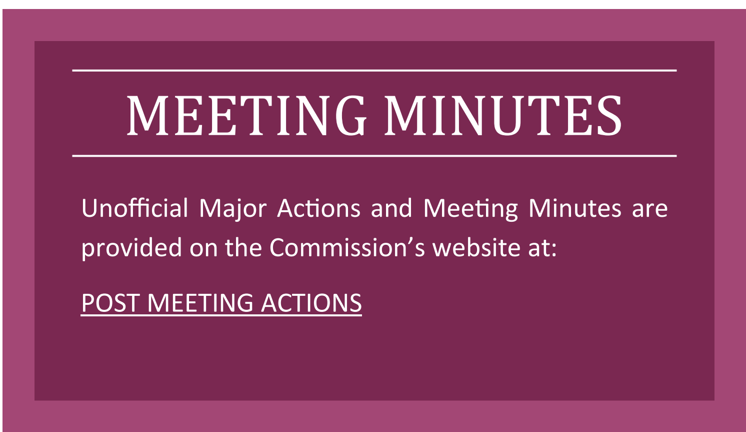
The Commission also continues its work to identify, secure, and develop a long-term solution for its electronic accreditation platform needs.

Re-recognition of CODA by the United States Department of Education

On September 18, 2020, the Commission on Dental Accreditation submitted its petition for re-recognition by the United States Department of Education (USDE). From January 2021 through June 2022 the Commission underwent review by the USDE, including observations of meetings, review of petition documents, and file reviews. CODA's Director and Vice-Chair attended the National Advisory Committee on Institutional Quality and Integrity (NACIQI) meeting July 19-22, 2022, during which CODA made a presentation and answered questions in support of its petition for re-recognition. On October 21, 2022, the Commission was notified by the Office of the Under Secretary of its renewed recognition by the USDE for the full scope of five (5) years (2022-2027).

The Commission's Scope of Recognition is as follows:

Scope of Recognition: The accreditation of predoctoral dental education programs (leading to the D.D.S. or D.M.D. degree), advanced dental education programs, and allied dental education programs that are fully operational or have attained "Initial Accreditation" status, including programs offered via distance education.



2022 Highlights

Ad Hoc Committees and their Progress

Ad Hoc Committee on Alternative Site Visit Methods:

- Adopted the proposed revisions to the Policy on Temporary Use of Alternative Site Visit Methods to include protocols for in-person follow-up site visits following virtual site visits, with immediate implementation.
- Directed staff to initiate the follow-up on-site visit planning, and to develop and disseminate to programs and CODA site visitors a template Site Visit Schedule and template Site Visitor Evaluation Report specific to the on-site visit process following a virtual site visit.
- Directed staff to gather data to facilitate the Ad Hoc Committee on Alternative Site Visit Method's study of alternative site visit methods to identify whether any changes in processes or procedures for the conduct of site visits using alternative methods could be implemented long-term.

Ad Hoc Committee on Volunteerism:

- Directed the Standing Committee on Finance to review the Commission's funding model to determine the impact of a stipend and honorarium on the Commission's operational budget, with a report to the Commission in Summer 2022.
- Directed a survey of past and current site visitors and current Review Committee members to determine barriers to service, perceptions and attitudes toward volunteering, and links of volunteerism to service, promotion and tenure, with further consideration by the Ad Hoc Committee on Volunteerism and Commission in Summer 2022.
- Directed that term limits for all Commission volunteers be retained, as dictated by current Commission policy.
- Directed that a single public member may serve as a member of more than one (1) Review Committee during their tenure as a Review Committee Public Member, effective immediately, with revision to the Commission's Evaluation and Operational Policies and Procedures.

Ad Hoc Committee to Consider Establishing a Process of Accreditation for Advanced Dental Education Programs in Geriatric Dentistry:

- Directed that the Commission not establish a process of accreditation for advanced dental education programs in geriatric dentistry at this time. The Commission further directed a formal communication to the Special Care Dentistry Association (SCDA) notifying SCDA of the Commission's action.

Ad Hoc Committee to Consider Establishing a Process of Accreditation for Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials:

- Directed a request from The Academy of Operative Dentistry be reviewed with a report to the Commission in Winter 2023.

Ad Hoc Committee on Oral Medicine Reciprocity:

- Directed appointment of a Joint CODA-CDAC Ad Hoc Committee to examine the potential inclusion of Oral Medicine in the Reciprocity Agreement between the Commission on Dental Accreditation and Commission on Dental Accreditation of Canada, following consideration of a request from the Commission on Dental Accreditation of Canada in February 2021.

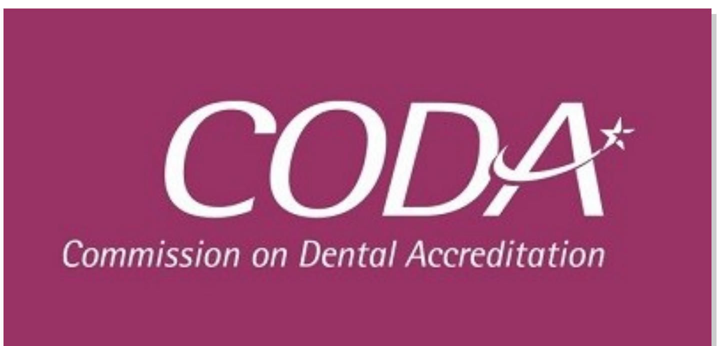
2022 Highlights

Ad Hoc Committee to Consider Advanced Dental Education Delivery Models and Combined Programs:

- Directed that the Commission not establish a process for accreditation of combined advanced dental education programs in two (2) discipline areas.
- Directed formal review of any future requests for the development of Standards and related documents for accreditation of a new combined program in two (2) disciplines, in accordance with Commission policies and procedures, to determine whether development of an accreditation process for a combined (two-disciplined) program is warranted.
- Directed the Ad Hoc Committee to Consider Advanced Dental Education Delivery Models and Combined Programs to continue its review of the changing landscape of healthcare delivery centers that may sponsor advanced dental education programs, with a report to the Commission in Winter 2023.
- Directed, through the Finance Committee, the authorization of Administrative Fund disbursement up to $10,000, to engage with an expert legal consultant with knowledge of higher education accreditation to assist the Commission's Ad Hoc Committee to Consider Advanced Dental Education Delivery Models and Combined Programs.

Commission Appointments and Elections:

The Commission approved nominees to fill vacancies for discipline specific positions, public member positions and non-disciplines specific positions on its Review Committees and the Appeal Board beginning fall 2022. The Commission elected Dr. Sanjay Mallya as chair of the Commission and Dr. Maxine Feinberg as vice-chair of the Commission, October 2022 through October 2023.



© 2022 Commission on Dental Accreditation

Annual Call for Nominations

The Commission on Dental Accreditation accepts nominations each year for volunteer Review Committee member and Site Visitor positions.

The mission of CODA is to serve the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. Accreditation is a peer-reviewed process, and CODA volunteers are an integral part of that process. The Commission provides comprehensive training to all its volunteers, so each will be ready to serve when their term begins. In addition, CODA staff is available for support throughout the process.

The Commission takes into account a balance in geographic distribution as well as representation of the various types of educational settings and diversity, including underrepresented groups. Board certification and experience requirements may apply.

The typical work of a Review Committee member includes the following:

- Review and become familiar with the CODA accreditation process, and participate in training at CODA headquarters.
- Review policy matters, site visit reports, progress reports and other reports on accredited or developing educational programs, which are submitted to the Commission for final action.
- Communicate by electronic mail and the Commission's web-based communication tools.
- Time commitment can vary depending on committee assignment; however, CODA asks that you are willing to commit ten (10) to twenty (20) days per year to Review Committee activities.

The typical work of a Site Visitor includes the following:

- Attend training, conduct comprehensive review of print and electronically delivered materials and travel to Commission headquarters to learn and understand the requirements and guidelines for the accreditation of dental, advanced dental or allied dental educational programs.
- Objectively review materials, which programs submit as evidence of the program's compliance with accreditation requirements.
- Visit educational programs to evaluate process, interview faculty and students/residents/fellows, view facilities, and more in order to assess the program's compliance with CODA standards.
- Develop reports on findings through review of the program's materials and on-site.
- Time commitment can vary; however, site visits are typically 1-4 days in length and require approximately 10+ hours of preparation. You may be asked so serve on at least 1 or more visits per year.

Nominating yourself or a peer is very straightforward. For a list of upcoming vacancies, the nomination criteria and nomination forms, as well as deadlines for nominations in each category, visit Call for Nominations, and then follow the instructions on that page.

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Online Resources

The Commission's website, at Commission on Dental Accreditation (CODA), offers a wide variety of Commission reports, data, and valuable information:

- Accreditation Standards are available under the Standards tab
- Search for CODA-accredited programs on the Find a Program page
- Visit the Call for Nominations page to learn about and submit Review Committee Member and Site Visitor nominations
- To see schedules of Site Visits, go to the Site Visit Process and Site Visit Schedules page
- Acquire a current copy of the Policy & Procedure Manual under the Policies/Guidelines tab

Additional Online Resources for Educational Programs:

Deadlines for Submission of Reports are May 1 (Summer CODA meeting) and November 1 (Winter CODA meeting)

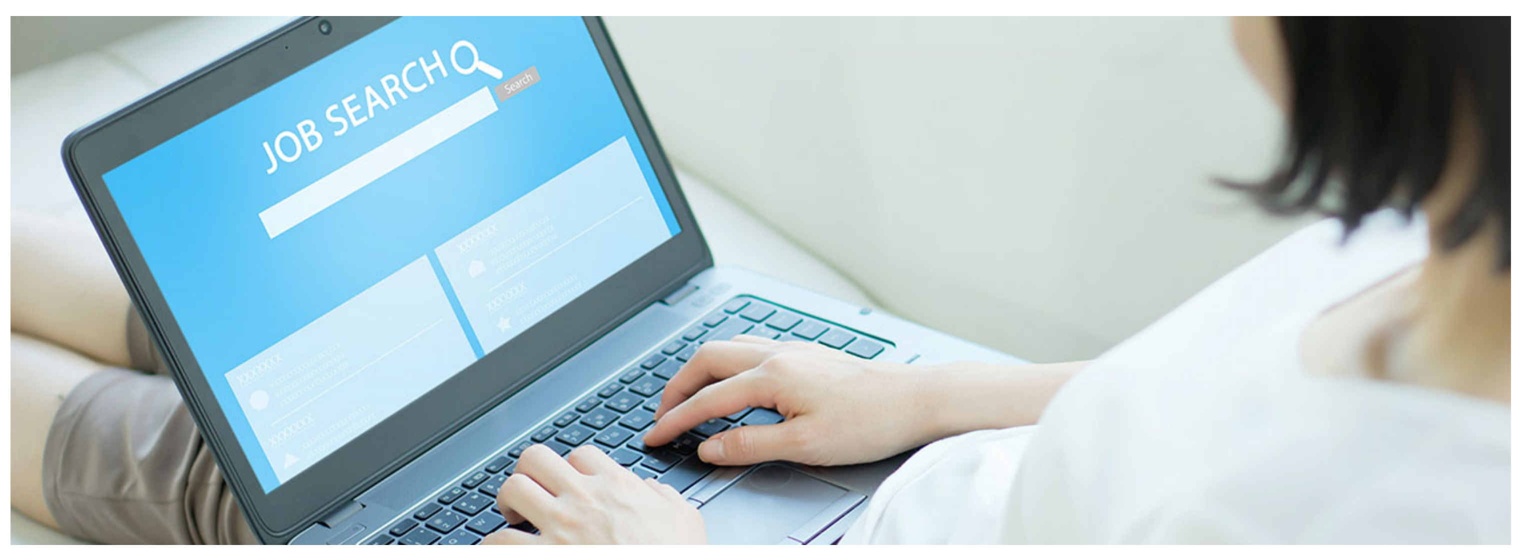
- Program Change and Other Report Guidelines
    - Reporting Program Changes
    - Reporting Distance Education
    - Reporting a Teach-Out
    - Reporting a Transfer of Sponsorship
- Reporting Use of Sites Where Educational Activity Occurs
- Enrollment Increases
- Electronic Submission and CODA Portal

And More….

For futher information on topics in this Annual Report, please contact the Commission office.

5 reasons dental assistants change offices or jobs

January 12, 2023



Like many other job industries, dentistry has seen plenty of turnover in recent years. Dental assistants have been a part of this trend. DANB's latest Salary and Satisfaction Survey showed that nearly one in five dental assistants has changed offices within the last two years.

Why are some dental assistants on the move to new practices? The DANB survey revealed some answers.

Feeling unappreciated

Dental assistants work exceptionally hard, wearing many different hats to ensure their practices operate smoothly and patients get the best care. Many dentists make a point to let dental assistants know that they're valued and their contributions are vital. However, this isn't always the case.

Lack of appreciation is the most common reason dental assistants have sought new opportunities. Among dental assistants who've changed jobs in the last two years, 62% said feeling unappreciated played a role in their decision.

"My belief is if you aren't respected and valued for what you do, find a new team," says Doreen, CDA.

"That's one thing about dental assistants: If we're happy and appreciated, we will bend over backwards, because most of us really do love the job," says another certificant.

Receiving better pay elsewhere

Dental assistants are in high demand due to ongoing staffing shortages. A survey by the American Dental Association Health Policy Institute showed that 35.8% of dentists were looking to hire dental assistants as of November 2022. Many dental assistants are taking this opportunity to increase their earnings, with 60% of those who've changed jobs in the last two years citing better pay as a factor.

"Know your worth and value," says Brandy, CDA. "We are a vital part of a machine that can't function without us."

Seeking better work-life balance

Because of staffing shortages, some dental assistants are working beyond normal hours, whether that's working through their lunch break, staying late, or answering work-related text messages and calls outside the office. This can cause stress and burnout. If long hours are negatively impacting your work-life balance, you may consider making a switch to a dental office with more reasonable expectations for your work schedule. Among dental assistants who've changed jobs within the last two years, 55% said finding better work-life balance was part of their motivation.

"We all need to remember to put ourselves first sometimes," says Michele, CDA. "We always put the patient and office before ourselves, and sometimes it is okay to put yourself first. We need to stay happy and healthy in order to keep up our amazing work."

Escaping difficult team dynamics

Many dental teams are close-knit and can feel like a second family for dental assistants. Unfortunately, this isn't the case at every practice. Some offices may have interpersonal drama or colleagues who are difficult to work with. If these issues are making your job tougher or more stressful, it may be time to look for a new dental assisting position. Just over half of dental assistants who've changed offices in the last two years did so due to difficult team dynamics.

Read more: 3 things great dental teams do (and 3 to avoid!)

Getting a promotion or more responsibility

Many dental assistants are eager to take on new responsibilities and step into leadership roles, such as lead dental assistant, infection control coordinator, or office manager. If you aren't getting advancement opportunities at your current practice despite being qualified, you may be able to find career growth at another practice. While this reason for changing jobs wasn't as common in DANB's survey, 16% of dental assistants said their new office offered them a promotion or more responsibility.

Read more: How to make a smooth transition to a new dental office

Have questions or need assistance?

Give us a call or send us an email to let us know how we can help.

Need a form? View all forms.

CONTACT US

Support

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Representatives are available M-F,

8:00 a.m. to 4:30 p.m CT.

Email Us

800-367-3262

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Prepare for Exams
Online Proctored Exams
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Renew Certification
CPR Providers
Which Certification Is Right For You?

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U.S. court rules dental therapists can receive Medicaid payments

By Melissa Busch, DrBicuspid.com associate editor

January 23, 2023 -- The U.S. Court of Appeals for the Ninth Circuit recently ruled that dental health aide therapists in tribal communities in Washington can receive reimbursements from Medicaid, reversing a last-minute decision by the Trump administration.

The court ruled in favor of the appeal that was filed by the Washington State Health Care Authority and the Swinomish Indian Tribal Community, ordering the U.S. Centers for Medicare and Medicaid Services (CMS) to approve Medicaid funding for dental therapists, according to a court opinion filed on January 12.

In March 2021, after President Joe Biden took office, the state and the Swinomish community filed the appeal after the CMS denied Washington's request to amend Apple Health, the state's Medicaid plan, to include dental health aide therapists on the list of licensed providers who can be reimbursed through Medicaid, the opinion states.

On the last day of the Trump administration and nearly a year after an independent U.S. hearings officer recommended that funding be approved for dental therapists, the CMS rejected the amended state plan on the grounds that it violated the Medicaid free choice of providers provision guaranteeing all Medicaid beneficiaries equal access to qualified healthcare professionals willing to treat them. Under the George W. Bush administration, the CMS had approved Medicaid funding for a similar dental therapist program in Alaska.

"CMS's rejection of the amended state plan was not in accordance with law," according to the court opinion.

Once CMS approves the Medicaid funding for dental therapists in Washington, the U.S. government will cover the costs of these services for Medicaid patients in the state. Currently, the state is paying for these services.

Currently, 13 states, including Colorado, Michigan, and Idaho, authorize dental therapists to practice in some settings. In Washington, dental therapists are restricted to practicing in the tribal healthcare system.

However, members of the Swinomish tribe continue to advocate for dental therapists to be authorized throughout Washington. In December 2022, tribe members testified before Washington state lawmakers that passing legislation authorizing dental therapy statewide would expand access to oral healthcare.

The Washington State Dental Association opposes the use of dental therapists statewide but recognizes the "sovereignty of tribal governments" to use them, according to a article published on December 26 in the *Skagit Valley Herald*.

Bracken Killpack, the association's executive director, called the severe shortage of dental hygienists in the U.S. the most significant workforce-related barrier in Washington. However, rather than allowing for further authorization of dental therapists, Killpack is advocating for the expansion of college dental hygiene programs, according to the article.

If you like this content, please share it with a colleague!

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Last Updated ka 1/23/2023 8:49:47 AM

Forum Comments

Post your comment ...

Post-Public Health Emergency Eligibility Renewals Planning

Joint Ways and Means Subcommittee on Human Services

January 24, 2023

Fariborz Pakseresht, ODHS Director
James Schroeder, Interim OHA Director
Nathan Singer, Director of Oregon Eligibility Partnerships (ODHS)
Dana Hittle, Interim Medicaid Director (OHA)

Overview and background on the COVID-19 Public Health Emergency

James Schroeder, Interim Director, Oregon Health Authority

Fariborz Pakseresht, Director, Oregon Department of Human Services

Overview

- The federal COVID-19 public health emergency (PHE) declaration in January 2020 put protections in place for people to continue to receive medical, food, and cash assistance while the country responded to the pandemic.
- The protections paused the regular work the state performs to establish eligibility for benefits
- Those protections will eventually end, and Members and benefit recipients in Oregon will have to take steps to show that they are still eligible to keep benefits for the first time in 3 years.
- All states have been preparing for this work, but it has been unclear exactly when it would begin. The PHE declaration is valid for 90-days and has been repeatedly extended.
- We now know redeterminations will begin April 1st

The Goal: Preserve Benefits

1. Ensure **all people and families eligible for benefits offered through the ONE system receive and continue to receive services in a timely manner** without interruption

2. Give those **no longer eligible for benefits clear direction and coordination** of additional resources

3. **Give those who assist people receiving benefits clear information about how they can help**

COVID-19 Public Health Emergency

Provided enhanced federal match to incentivize states to keep people enrolled in Medicaid while the country was responding to the COVID-19 pandemic.

It removed administrative barriers to medical enrollment, including accepting self-attestation of income, expanded presumptive eligibility and the ability for partners to assist members seeking benefits.

- Accepted self-attestation from individuals instead of requiring additional documentation and verification.
- Able-bodied adults without dependent (ABAWD) work requirements were waived.
- No negative actions were taken in most scenarios: reduction or closures.

As a result, OHP enrollment has grown from 1.08 million to 1.47 million

COVID-19 Public Health Emergency

Supplemental Nutrition Assistance Program (SNAP) Emergency Allotment provided additional food benefits

- These emergency food benefits were provided to help people who receive SNAP get enough healthy food for themselves and their families during the COVID-19 emergency.
- In December, approximately 426,000 SNAP households received approximately $70 million in extra food benefits in addition to their regular SNAP benefits.

Ending continuous enrollment – a nationwide effort

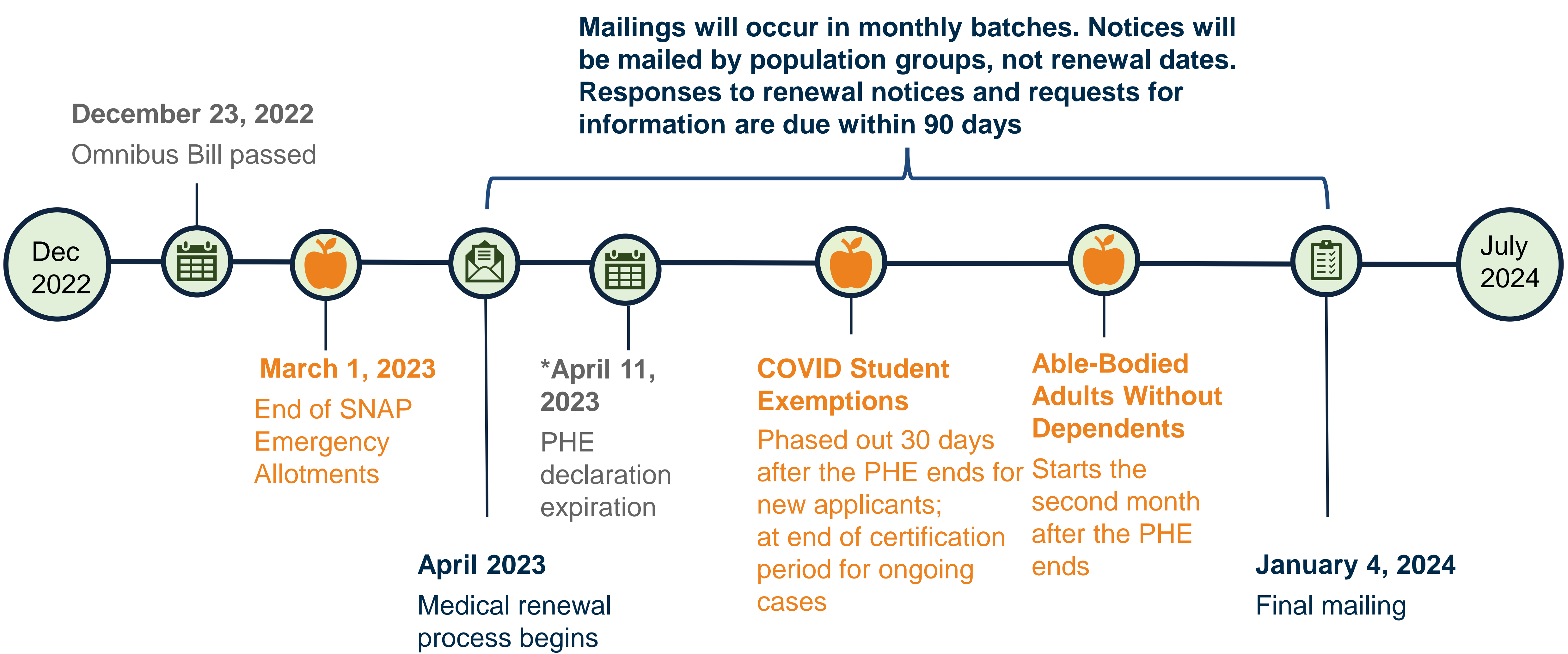
- When the continuous eligibility requirement ends, ALL states will have to redetermine eligibility for Medicaid members and determine how to support people during this transition.
- Congress passed Omnibus reconciliation budget in December – it established March as the end of SNAP Emergency Allotments and set an April 1st date for all states to begin the redeterminations process.
- Oregon is planning for how to mitigate the impact of this change and keep people covered, but we do not expect this to go smoothly.

Planning underway

Risks and efforts to mitigate the impact to people in Oregon

Nate Singer, Director of Oregon Eligibility Partnerships (OEP) at Oregon Department of Human Services

Timeline for major renewal activities



Challenges ahead

There is a large volume of work

- Multiple programs will begin renewal activities in Spring – Summer 2023 at the same time.
- There is already a backlog of tasks to process to serve current members, which will increase dramatically when renewals begin.

The redeterminations process outside of PHE conditions will be new for eligibility workers

- Integrated eligibility was launched at the start of the pandemic, meaning staff will be applying new rules at the same time they are managing substantially increased workloads.
- Lengthy call center wait times are likely as the volume of work increases.

Challenges ahead *...cont'd*

Some people will undergo multiple transitions

- When a person receives multiple benefits such as OHP and food assistance, the renewal timeframes can be different and requires different information.
  - We are already receiving questions from individuals about the ending of emergency allotments for SNAP.
- People experiencing disabilities face additional steps in the renewal process that require direct interaction with eligibility staff. This is due to federal requirements for the eligibility category in which they qualify.

Challenges ahead...*cont'd*

New processes and requirements

- Staff must understand programs and support Oregonians through activities that neither have performed in the last 3 years.
- People who qualified for Medicare during the pandemic are eligible for a different set of benefits and have new requirements for the information they must submit.
- When a person loses eligibility for OHP, they cannot be automatically transferred to a Marketplace instead they are required to take additional actions to continue coverage.

Communication challenges

Barriers to communication

- Notices are mailed to the address on file – if information is out of date, they do not know that they will lose benefits if they do not respond
- We serve many populations that are historically hard to reach due to cultural and linguistic factors, or because of housing insecurity

Complicated messaging

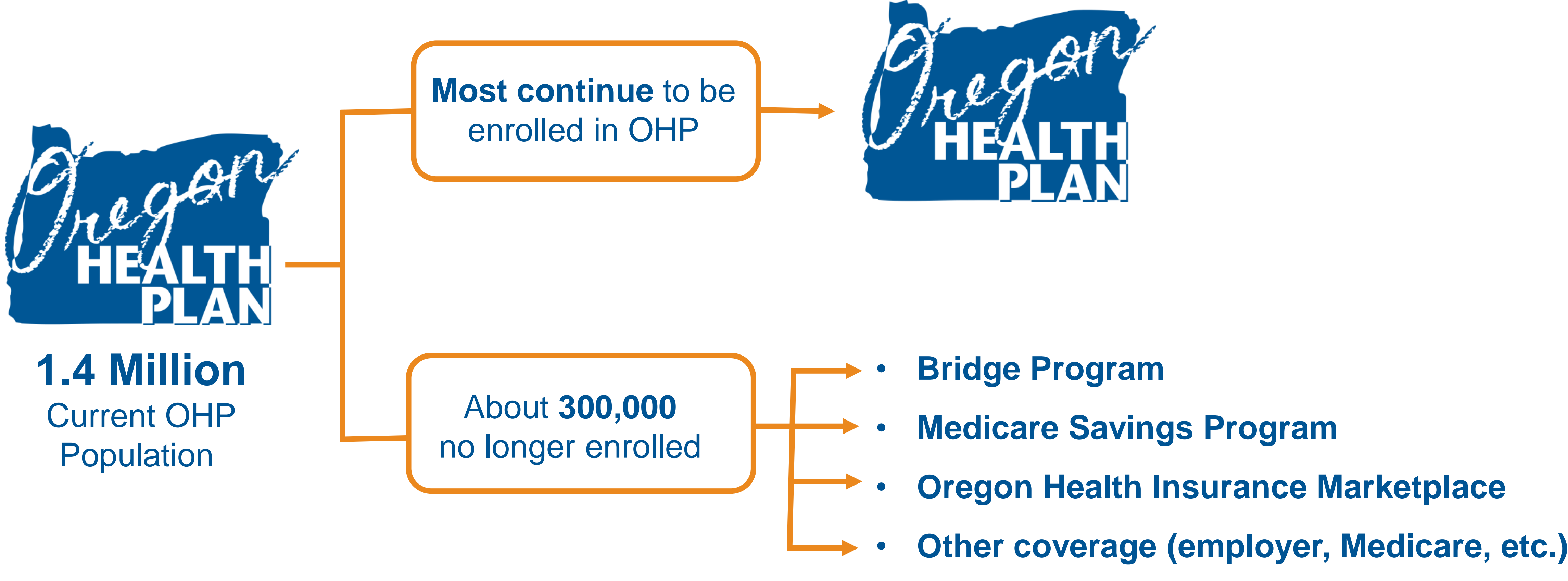
- The PHE protections have been in place for almost 3 years, and this change will likely cause confusion for members and service providers
- Phased renewals based on population may improve the chances of continuing coverage, but is challenging to communicate to the public

How we are preparing

Planning for the start of redeterminations

Dana Hittle, Interim Medicaid Director, Oregon Health Authority

How OHP members may be affected



HB 4035 requirements for medical renewals

- Implement an adjusted and phased renewal timeline
- Expand the ability to share data and collect contact information from external partners and recipients
- Launch the Community and Partner Work Group to develop a community-informed communications and outreach campaign
- Support the renewal process and transition to other forms of coverage for those no longer eligible for OHP through the Bridge Program
- Improve public transparency and partner coordination by reporting on progress once renewals begin

Community and Partner Work Group (HB 4035)

Advising OHA and ODHS on:

Strategies for **obtaining and updating contact information** for medical assistance program enrollees

Strategies for **outreach and communication** with enrollees in the medical assistance programs, health care providers, community partners and other organizations regarding the redetermination process and availability of navigator assistance

Strategies to **maximize awareness** of and utilization of **navigational assistance** for enrollees

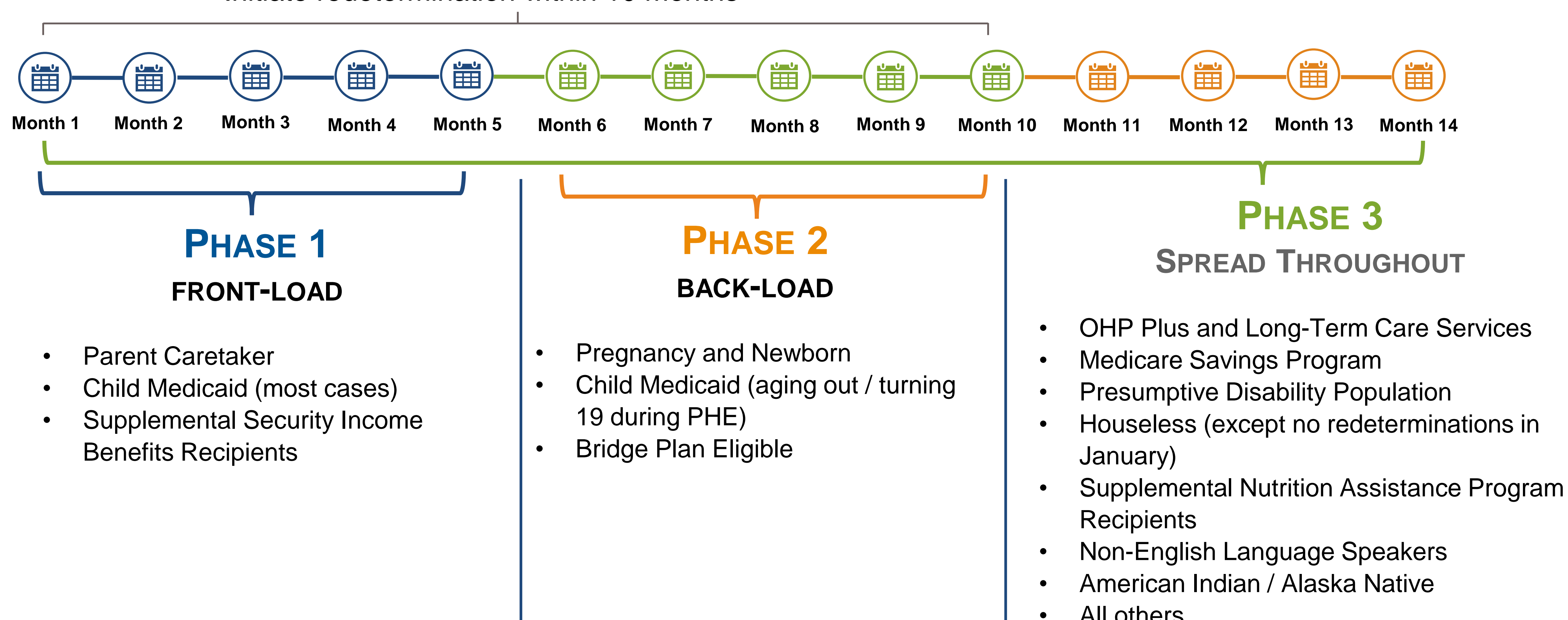
Other strategies for conducting medical assistance program redeterminations to **minimize loss of** enrollees' medical assistance **coverage**

Strategies to **maximize the use** of **community-based organizations** and other organizations that contract with the authority to provide navigational assistance

What we are doing to prepare

- Secured additional customer service supports
  - Contracted with a supplemental call center to answer general questions, schedule interviews, and support eligibility applications
- Implemented ONE System changes
- Sought additional flexibilities to improve our work with partners
- Training staff and preparing them for upcoming changes
- Developing an online dashboard to monitor progress when renewals begin
- Sequencing the start date of renewals by population

Phasing of medical renewals



Communicating with members and recipients

	Before Continuous Eligibility Ends	Ending Notice	Renewal Period
	Spring 2022 – Jan. 2023	February 2023 – April 2023	April 2023 – May 2024
Calls to Action	Encourage people receiving benefits to update their contact information.	• Let people receiving benefits know what to expect and how to prepare. • Reinforce importance and urgency of updating contact information.	• Let people receiving benefits know what they need to do to maintain coverage and benefits or seek other services. • Encourage people receiving benefits to respond to renewal notices right away.

A partner toolkit is now available online in 12 languages:
https://www.oregon.gov/oha/PHE/Pages/partners.aspx

What will happen when renewals begin

Members will be scheduled for renewal based on their population category

- This will set the date that they will receive a letter and be expected to respond to the request

They will have 90 days to respond with the requested information before the system will begin processing the termination due to non-response

Members and recipients will call customer service, contact their providers, local ODHS offices, or community partners for help

- They will experience high wait times and difficulty accessing the applicant portal due to the volume of demand
- They may reach out to legislators for information or help

How to help

- Communicate to members and recipients that it is critical to update their contact information with the state so they receive notices when they are mailed
- Disseminate information about where to go and how to find help:

    www.oregon.gov/oha/PHE

Questions?

1111 14th Street, N.W.
Suite 1200
Washington, DC 20005

T 202.898.2400
F 202.898.2437
www.ada.org

January 5, 2023

Federal Trade Commission
Office of the Secretary
600 Pennsylvania Avenue, NW, Suite CC-5610 (Annex B)
Washington, DC 20580

Re: Reviews and Endorsements ANPR, P214504.

To Whom It May Concern:

On behalf of the 162,000 members of the American Dental Association (ADA), we are writing to you regarding the Advance Notice of Proposed Rulemaking (ANPR) on deceptive or unfair uses of reviews and endorsements.

The ADA greatly appreciates the Federal Trade Commission's (FTC) work on this important issue. The ANPR is a critical step towards ensuring that the online reviews of dental practices are fair and honest. We are particularly concerned about reviews by people who are not actually patients of the dental practice, or who are misrepresenting their experiences with the dental office.

A common problem that dental offices face with these deceptive or unfair reviews is that, unlike businesses that can respond specifically to negative reviews, dentists, as health care providers, may be constrained by federal and state privacy laws from disclosing patient information even if the review is deceptive or misleading and even if the reviewer discloses their patient information in the review. For example, a recent survey by the ADA Health Policy Institute found that 88% of surveyed dentists reported ever receiving patient reviews online, but 39% responded 'yes' to the survey question "Have you ever been unable to respond to an online review due to HIPAA regulations?" The constraints on responding to these reviews cause injury to the business, to competition, and to consumers. Dishonest negative reviews are unfair to the dental practice, which could lose business to a competitor for false or misleading reasons. It can also be very upsetting to the dentist to see incorrect information about their hard work posted online for anyone to find. These types of dishonest and misleading negative reviews can even affect the valuation of a practice that is currently in the process of being sold. Such reviews are also unfair to potential patients of the practice who may decide to go elsewhere (or delay care) due to the review.

The ADA urges the FTC to create an exception to enforcement and regulations under the FTC Act that would permit health care providers, including dentists, to disclose patient information in response to a review without violating the prohibition against unreasonable and deceptive trade practices, provided the disclosure is limited to the scope of the topics addressed in the review. Additionally, the FTC should encourage the social media review sites to revise their Terms of Use to remove blanket prohibitions on responding to posts with health information, such as in the case outlined above where the reviewer has already shared that information. This would help dental practices respond to reviews to the extent permitted by other federal and state law.

The ADA also urges the FTC to include in its rulemaking a requirement that the reviewer self-identify, as well as a requirement for the social media site to verify that identity. If the reviewer does not self-identify in the review, then the dental practice should have an avenue to request that identification from the social media site. Not only would this help the dentist to determine if the review is fraudulent, but in the case of a legitimate review, it would also assist the dentist in responding to and addressing the patient's concerns by reaching out to the patient either on social media or directly, as appropriate. These regulatory provisions would protect the dental practice from misleading and deceptive reviews, ensure fair competition between dental practices, help consumers to choose the right dental practice for them, and assist dentists in addressing the questions and concerns of their patients.

Thank you again for issuing the ANPR. The ADA stands ready to work with the FTC and the social media sites on these changes. Please contact Roxanne Yaghoubi at yaghoubir@ada.org if we can be of assistance.

Sincerely,

George R. Shepley, D.D.S.
President

Raymond A. Cohlmia, D.D.S.
Executive Director

GRS:RAC:ry

January 16, 2023

Dr. Sanjay Mallya, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Sent via email only

Dear Dr. Mallya,

Prior to its August 2022 meeting, the Review Committee on Dental Hygiene Education to the Commission on Dental Accreditation (Hygiene Committee) and the Review Committee on Dental Assisting Education to the Commission on Dental Accreditation (Assisting Committee) received and reviewed two letters from several state dental associations. The letters recommended that the Commission on Dental Accreditation (CODA) modify Sections 3-4 and 3-8 in the Accreditation Standards for Dental Assisting Education Programs and Sections 3-6 and 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

In summary, these letters asked CODA to reconsider the faculty to student ratios and the explicit requirement for a baccalaureate degree for certain program faculty as opposed to more exact qualifications in both Accreditation Standards. Ultimately, both committees decided to take no action on the recommendations presented and these decisions were approved by CODA on consent without discussion.

CODA did make brief written commentary about the discussions of the respective committees available electronically as the committee meetings are not open to the public. The following excerpts are pulled from the committees' reports to CODA.

From the "Report of the DA RC, Page 300, Subpage 4, CODA Summer 2022":

> *Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student.*

From the "Report of the DH RC, Page 400, Subpages 4-5, CODA Summer 2022":

> *Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's*

purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

On November 30, 2022, CODA chair Dr. Sanjay Mallya, CODA vice chair Dr. Maxine Feinberg, and CODA director Dr. Sherin Tooks met virtually with the American Society of Constituent Dental Executives (ASCDE) to discuss CODA's work and to answer questions posed by ASCDE members. ASCDE appreciated CODA leadership participating in the virtual meeting and providing useful background material.

During the November 30 meeting, there was significant discussion surrounding CODA's methodology or rationale for specifically setting the faculty to student ratios used in its various Accreditation Standards. This was of particular interest since some ASCDE members, in researching faculty to student ratios in various accreditation standards, have found that CODA is the only health care profession accrediting body that utilizes explicit faculty to student ratios.

CODA leadership was unable to articulate any specific methodology or rationale for determining the faculty to student ratios for dental therapy (1 to 6), dental hygiene (1 to 5), or dental assisting (1 to 6) other than their "long-standing history" in the Accreditation Standards. When specifically asked what rationale can executive directors share with questioning members on why dental therapy (with a scope that includes surgical, irreversible procedures) has a <u>higher</u> ratio than dental hygiene, Dr. Tooks responded that there is no rationale that can be shared.

The totality of written and verbal comments provided by CODA to the state dental associations in 2022 on faculty to student ratios indicate that CODA has no consistent methodology or oversight for establishing faculty to student ratios. It is clear that CODA believes that faculty to student ratios are necessary, but there is no apparent criteria for why 1 to 5 or 1 to 6 is appropriate for dental auxiliary education and a ratio of 1 to 4, 1 to 7, or some other ratio is inappropriate. Furthermore, CODA cannot articulate what facets of dental hygiene education necessitate a lower faculty to student ratio than dental therapy or dental assisting.

The undersigned states are writing to request CODA take the following actions:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:

- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
    - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
    - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
    - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst the most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5. Without clear rationale for why these exact ratios are required beyond "long-standing history", many are left wondering whether patients and public are best served by CODA Accreditation Standards or should alternatives be considered?

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%[i] of dentists seeking to hire a hygienist and 87%[ii] of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienists[iii]. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less[iv]. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings. This shortage and the need to make impactful, timely changes cannot be overstated.

Across the country, we are taking a multifaceted approach to increase the dental hygiene and assisting workforce. Our aforementioned recommendations are an important complement to our current strategy. While we believe our request will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Thank you for your consideration.

Respectfully,

Alaska Dental Society
California Dental Association
Colorado Dental Association
Connecticut State Dental Association
Idaho State Dental Association
Illinois State Dental Society
Minnesota Dental Association
Missouri Dental Association
Montana Dental Association
New Mexico Dental Association
North Dakota Dental Association
Oregon Dental Association
Rhode Island Dental Association
Tennessee Dental Association
Virginia Dental Association
Washington State Dental Association
Wisconsin Dental Association

c: Dr. Sherin Tooks, director, Commission on Dental Accreditation
ADA Council on Dental Practice
ADA Council on Dental Education and Licensure
Dr. George R. Shepley, president, American Dental Association
Dr. Raymond A. Cohlmia, executive director, American Dental Association
American Society of Constituent Dental Executives

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[i] Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoeid-tableau-dashboard

[ii] Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoeid-tableau-dashboard

[iii] Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf.

[iv] Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D

OPINION: Solution to declining dental workforce isn't less training — it's more support

- Ginny Jorgensen; Jan 30, 2023

Virginia Garcia dental hygienist Kristina Petersen uses a portable x-ray machine to capture images of a student's teeth at Echo Shaw Elementary School in Cornelius in 2017. To her right is Cathy Dang, School Based Health Center dental coordinator.

Courtesy photo

A rebuttal to ”Investment needed in Oregon’s oral health care future” (originally published online Jan. 18, 2022):

In this article, it is stated that “Oregon’s dental care system is experiencing a workforce crisis.”

This is true across the nation and within all of Oregon’s health care system, not just dental health care.

Although there was a dental workforce shortage prior to the SARS-CoV-2 pandemic, it was exacerbated by the virus. All health care workers were hit hard, and when OSHA placed dental professionals at the top of the danger scale for being exposed to aerosols, the exodus occurred.

Some dental hygienists and dental assistants who left the field were close to retirement, while others were not willing to work in an environment that put themselves or their families in a high-risk category for contracting the disease.

The article goes on to state that “we must focus where we can make the greatest impact … through dental assistant and hygienist training and education. Investing in the workforce today will help to ensure that all Oregonians can access dental care…”

Again, this is true. However, the two Oregon House bills the authors have written are to eliminate radiation health and safety training, the required examination, and to reduce the current education and examination requirements for dental assistants who are the dental professionals that are most often responsible for the health and safety of every dental patient visit.

Dental assistant responsibilities include making sure that reused items such as dental instruments are properly cleaned, sterilized and stored until time-of-use for the next patient.

Dental assistants are responsible for cleaning and properly disinfecting the surfaces of dental treatment room equipment to limit the spread of contact disease transmission.

Dental assistants expose patients to x-rays daily and must be knowledgeable about the effects of long-term improper exposure to radiation.

If the current Oregon dental assistant education, training and examination is removed, how will this improve the quality, safety, and access to dental care?

Within the opinion article, the authors state that “dental assistants and hygienists perform a wide range of services from washing and disinfecting instruments…”

I am quite sure the CDC and the Oregon Board of Dentistry would not approve of washing and disinfecting instruments prior to being used on the next patient. There are specific protocols and steps that must be completed to assure the instruments are cleaned and sterilized prior to use on the next patient.

In 2022, there was a national study conducted to examine the possible reasons and solutions to the decline in dental hygienists and dental assistants. The study is titled "Dental Workforce Shortages: Data to Navigate Today's Labor Market." The study was conducted by the American Dental Association Health Policy Institute, the American Dental Assistants Association, the American Dental Hygienists' Association, the Dental Assisting National Board, and Ignite DA.

The summary of the study clearly laid out the considerations for dental employers to follow: remain competitive, responsive compensation is a must, engage in positive workplace culture, and employee benefits.

Innovations for recruitment and retainment should be the focus, not eliminating education and examination of dental assisting skills.

House Bill 2979 does contain a request for additional funding for dental education, but it also includes creating free dental assistant education modules that would be distributed to Oregon dentists to train their own without any prerequisites, skill competencies or evaluation (exams) required.

House Bill 2996 removes the requirement for dental assistants who expose x-rays on dental patients to successfully pass a radiation health and safety exam.

None of this is going to encourage people to become professional dental assistants.

The profession will become just a "job," not attracting those who want more. The wage of a dental assistant is currently comparable to a barista's wages. Pay is an issue, but not the only one, as the national study listed above reveals.

Enticing potential dental assistant and dental hygiene students can be best accomplished by dentists visiting high schools, community colleges and outreach career programs to discuss the importance of dental hygienists and assistants to the dental practice.

Explain how being a part of a professional dental team is rewarding and contributes to the dental health of a community. Encourage, not discourage, education and certification.

Bottom line, if dentists believe that reducing education and examination requirements for dental assistants will increase the workforce, they might look at the states that do not have education and certification requirements. The workforce shortage is just as big a problem in those states as it is here in Oregon.

Ginny Jorgensen is a certified dental assistant, expanded function dental auxiliary

and expanded function orthodontic dental assistant.

She lives in Canby.

HEALTH POLITICS

Legislative proposal seeks to help dental industry recruit and retain sorely needed staff

A House bill would put $20 million toward programs to attract dental assistants and hygienists in Oregon

BY: **BEN BOTKIN** - FEBRUARY 13, 2023 6:09 PM

Oregon lawmakers are considering $20 million in programs and incentives to attract more people to the dental profession. (Getty Images)

The Oregon dental industry is asking lawmakers to put $20 million toward bolstering the number of widely needed hygienists and assistants.

House Bill 2979, discussed Monday in the House Behavioral Health and Health Care Committee, coincides with a need for dental assistants and hygienists statewide, and especially in rural areas and low-income communities.

Dental assistants and hygienists perform a variety of tasks, such as helping dentists during procedures and exams. Hygienists also are in charge of cleanings and screenings and serve as a vital link between dentists and the patient. New dental assistants earn about $20 to $23 an hour, while dental hygienists, who need more training, earn about $50 an hour.

Openings in the field are outpacing the number of students choosing the profession. A 2022 state report found that 9% of the state's 5,480 dental assistant positions were vacant and that there were twice as many openings as newly certified professionals, with many trained staff leaving the industry. The strains and requirements of the pandemic led to an exodus of health care workers, including in the dental profession.

Supporters of the bill told lawmakers the state needs to build a training pipeline for people interested in the profession, starting with high school.

"For years dentists have experienced increasing difficulty recruiting and retaining dental assistants and hygienists," said Eddie Ramirez, a public health dentist who spoke on behalf of the Oregon Dental Association, which represents more than 2,000 dentists in the state.

Ramirez works at Virginia Garcia Memorial Health Center in Washington County, a federally designated health clinic that primarily serves low-income patients, including those on Medicaid.

"These are critical members of the dental care team," he said. "They perform a wide range of services from sterilizing and disinfecting instruments to cleaning and polishing patients' teeth. Without adequate support staff, dentists are forced to cut back on our hours and are unable to serve as many patients which reduces access to care. I see this shortage and its impact firsthand, especially in underserved communities."

Here's where the $20 million would go:

- $7 million would go to the Oregon Health Authority for incentives and grants that help recruit and retain dental workers in the state, including those that serve rural, low-income and tribal regions.
- $5 million to the Oregon Department of Education as grants to school districts that seek to start technical and career education programs for high school students.
- $5 million for grants to community college scholarships for students in dental assistant and dental hygienist programs.
- $2 million for the State Workforce and Talent Development Board to develop a free educational module introducing the dental assisting profession. Dental assistants can get their training on the job.
- $1 million to the Oregon Health Authority for an education and mentoring program for tribal members.

The bill has bipartisan sponsors, including dentists.

Rep. Cyrus Javadi, R-Tillamook, is a chief sponsor of the bill and a dentist on the Oregon Coast. He said the proposal would make it easier for people to access online training programs. He said the closest training program for his staff is two hours away.

"It's too much of an ask for people who are interested in the dental profession to change their entire lives to move closer to these training programs," he said.

Rep. Hai Pham, D-Hillsboro and a pediatric dentist, is another chief sponsor. He said the bill's combination of incentives, scholarships and programs for high school students would create an investment package that would help dentists.

Broadly, the bill has wide support in the health care industry. But one part of the bill drew scrutiny.

Jill Lomax, dental assisting program chair at Chemeketa Community College in Salem, told lawmakers that they should reconsider the bill's provision to put $2 million toward a training module for dental assistants, as similar programs already exist for on-the-job training at a reasonable cost.

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BEN BOTKIN

Ben Botkin covers justice, health and social services issues for the Oregon Capital Chronicle. He has been a reporter since 2003, when he drove from his Midwest locale to Idaho for his first journalism job. He has written extensively about politics and state agencies in Idaho, Nevada and Oregon. Most recently, he covered health care and the Oregon Legislature for The Lund Report. Botkin has won multiple journalism awards for his investigative and enterprise reporting, including on education, state budgets and criminal justice.

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LICENSE RATIFICATION

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

H8561	2022-12-07	HINDS	SUSI	RDH
H8562	2022-12-07	PURKEY	BRITTANY	RDH
H8563	2022-12-14	ALTURKY	ZEINEB	RDH
H8564	2022-12-14	KLUTING	ANGELA	RDH
H8565	2022-12-14	WADE	KATRINA	RDH
H8566	2023-01-03	HOUSE	SHANNON	RDH
H8567	2023-01-04	JONES	BROOKE	RDH
H8568	2023-01-05	FOREMAN	JENNIFER	RDH
H8569	2023-01-05	KELSO	KAYLE	RDH
H8570	2023-01-05	LIN	ERICA	RDH
H8571	2023-01-05	SAM	SAVANNA	RDH
H8572	2023-01-05	HERRICK	SHELBY	RDH
H8573	2023-01-11	MCKEEVER	ROBERT	RDH
H8574	2023-01-11	LEVINS	MICHELLE	RDH
H8581	2023-01-24	FENSTEMACHER	KELSEY	RDH
H8582	2023-01-24	NORTH	KATRINA	RDH
H8575	2023-01-30	SILVA	RUVI	RDH
H8576	2023-01-30	CRAWFORD	FALON	RDH
H8577	2023-02-01	SIMPSON	AMANDA	RDH
H8578	2023-02-01	WILCOX	KRISTINA	RDH
H8579	2023-02-07	SERRATOS	CELINA	RDH
H8580	2023-02-07	PAGE	TERESA	RDH

DENTISTS

D11731	2022-12-07	KADHEM	MOHAMMED	DMD
D11729	2022-12-07	SHIM	ALBERT	DDS
D11730	2022-12-07	SHOOK	COREY	DDS
D11732	2022-12-14	SARADI	AISHA	DMD
D11733	2022-12-14	THROWER	JACQUELINE	DMD
D11734	2022-12-21	NELSON	TYLER	DDS
D11735	2022-12-21	DENNY	CABOT	DDS
D11736	2022-12-21	GORSKI	THOMAS	DDS
D11737	2023-01-05	LENCHO	ABAKORE	DDS
D11738	2023-01-05	SCHWAB	CAMERON	DDS
D11739	2023-01-11	GAMBEE	LEIF JOSEPH	DMD

D11740	2023-01-11	BERGMAN	SUZANNE	DDS
D11741	2023-01-11	AFZALI	PAYAM	DDS
D11742	2023-01-11	LEE	STEVEN	DDS
D11743	2023-01-23	CRANK	JOSH	DMD
D11744	2023-01-23	NGO	ALBERT	DDS
D11745	2023-01-24	ELLIOTT	KEVIN	DMD
D11746	2023-01-27	LAKE	MATTHEW	DMD
D11747	2023-02-01	ORR	ANDREW	DMD
D11748	2023-02-01	WU	MICHELLE	DDS
D11749	2023-02-01	KELCH	GORDON	DDS

DENTAL THERAPISTS

DT0009	2022-12-21	MARTINEZ	YADIRA	RDH
DT0010	2023-01-05	PERLOT	KIMBERLY	RDH
DT0011	2023-01-05	KUNTZELMAN	KARI ANN	
DT0012	2023-02-01	RAMIREZ-RODRIGUEZ	WILBER	RDH

LICENSE, PERMIT
&
CERTIFICATION

Nothing to report under this tab