



**2024 Rules Advisory Committee
Certification for Local School Dental Sealant Programs
Tuesday, April 2, 2024
1:00 PM – 3:00 PM**

Microsoft Teams Meeting

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Time	Agenda
1:05 pm – 1:10 pm	Introductions & Housekeeping
1:10 pm – 1:20 pm	Public Comment
1:20 pm – 1:30 pm	Review & Approve 3/21 Meeting Minutes
1:30 pm – 2:15 pm	Review Updated Amended Rules
2:15 pm – 2:55 pm	Review Statement of Need & Fiscal Impact
2:55 pm – 3:00 pm	Next Steps

2024 Rules Advisory Committee (RAC)

Certification Program for Local School Dental Sealant Programs

Meeting Minutes

Date: Thursday, March 21, 2024

Time: 1:00 PM – 3:00 PM

Location: Virtual via MS Teams

Attendees: **RAC Members Present:** Linda Mann, Sylvianna (Silver) Marquez, Molly Perino, Alicia Riedman, Trina Simmie, KayLynne Todd, Mary Ann Wren

Oregon Health Authority (OHA) Staff: Sarah Kowalski, Karen Phillips, Amy Umphlett

Background Information

Senate Bill (SB) 660, passed by the legislature in 2015, requires OHA to certify every Local School Dental Sealant Program (SDSP) before dental sealants can be provided in a school setting beginning for the 2016-17 school year. A RAC was convened to assist in drafting the original rule language. Original Administrative Rules, OAR 333-028, were effective January 29, 2016. OHA does not have authority over all oral health services provided in a school, only dental sealant services.

The rules have been amended three times. Amended Administrative Rules, OAR 333-028-0320, were effective November 18, 2016. Minor clarifications were made to certification requirements (4) and (6). Amended Administrative Rules, OAR 333-028-0320, were effective January 16, 2018. Rules were revised to allow for glass ionomer sealants; a benchmark for retention was established at 80%-90%; and minor fixes were made in other areas. Amended Administrative Rules, OAR 333-028-0300 through OAR 333-028-0395, were effective January 28, 2022. Rules were revised in response to the COVID-19 pandemic. Specific infection prevention and control (IPC) guidelines were incorporated, and other revisions were made throughout the rules.

Now that the federal COVID-19 public health emergency has ended, the certification rules must be modified to remove any COVID-19 certification requirements. OHA is interested in making other revisions around the quality assurance measures and clarifying the verification process for certified school dental sealant programs.

Brief Overview of the Rule Making Process

Seven people applied to serve on this RAC, and OHA accepted everyone who applied. OHA must follow a process to get final approval of amended rule language, which includes consulting with the Department of Justice (DOJ) throughout the process. Working with Brittany Hall, PHD Rules Coordinator, we need to follow a timeline that has the amended rules effective no later than August 1, 2024.

A draft timeline was presented, outlining all the steps required.

- Two RAC meetings are scheduled: March 21st and April 2nd.
- April 19th is the deadline for completing the rules and obtaining DOJ approval.
- PHD Rules Coordinator will file notice with the Oregon Secretary of State by May 15th.
- The public comment period will be held in late May and early June where the general public, oral health partners, etc. will be able to comment on the rule language the RAC developed.
- Final rule text showing changes and responses to public comment period will be filed with the Secretary of State Office in July 2024.

Rule language must be submitted in tracked changes. OHA has mocked up revisions to the certification rules to start the conversation today. These are not final; we want reactions, comments etc.

Beyond developing proposed amended rule language, the RAC will also need to review and approve the Statement of Need and Fiscal Impact form that will be provided at the April 2nd meeting.

Review Draft Amended Rules

Changes to Purpose Section 333-028-0300

- Changes and comments to (2):
 - Recommend adding (“Authority”) to Oregon Health Authority and (“Program”) to State Oral Health Program. Authority and Program are the terms used throughout the rest of the rules. This matches what is listed in the definitions section as well.

Changes to Definitions Section 333-028-0310

- Recommend deleting definition (1) “aerosol generating healthcare (AGH)” since it is only used in the 333-028-0395 COVID-19 Certification Requirements section, which is slated to be removed. The term will no longer be referred to anywhere in the rules, so it needs to be deleted from the definitions section.
- Recommend renumbering the entire definitions section since two terms are being removed from the section.
- Recommend clarifying (8) “clinical training” is an annual training provided by the Local SDSP or Program to update knowledge and skills in primarily the clinical aspects of providing sealants in a school setting. It goes beyond just sealant application techniques. The training topics that need to be covered are not changing.
- Recommend deleting definition (14) “non-aerosol generating healthcare (non-AGH)” since it is only used in the 333-028-0395 COVID-19 Certification Requirements section, which is slated to be removed. The term will no longer be referred to anywhere in the rules, so it needs to be deleted from the definitions section.
- Recommend adding new definition (15) “QI/QA” means Quality Improvement and/or Quality Assurance for SDSPs. This defines the QI/QA assessment that is referred to in the newly recommended certification requirement (18) in 333-028-0320.
- Recommend adding new definition (17) “These rules” means OAR 333-028-0300 to 333-028-0350 based on the suggestion by DOJ.

Changes to Certification Requirements Section 333-028-0320

- Changes and comments to (4)(b):
 - Clarifying the annual clinical language to read “A Local SDSP’s providers attend an annual training provided by the Program, which includes application techniques for resin-based and glass ionomer sealants.”
 - Instead of “providers”, use “clinical providers”. Do you need to define clinical provider in the definitions section?
- Changes and comments to (11)(d):
 - Recommend changing “providing non-AGH” to “providing sealants” since non-AGH is being deleted in the definitions section.
- Changes and comments to (17):
 - Recommend deleting language requiring SDSPs to conduct retention checks and meet the national benchmark of 80 percent or higher. We know that conducting retention checks is challenging for programs applying glass ionomer sealants. It is not a good quality measure.
 - Recommend adding language that reads “A Local SDSP must submit annually to the Program a self-monitoring evaluation plan. The Program will provide Local SDSPs with a self-monitoring guidance document. The self-monitoring evaluation plan must describe how the Local SDSP will:
 - (a) Adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of school dental sealant services;
 - (b) Identify, analyze, and address client safety and adverse events;
 - (c) Implement the self-monitoring evaluation plan; and
 - (d) Follow-up with any actions identified in (a), (b), and (c).”
 - OHA will provide guidance, but each SDSP will have a unique evaluation plan. SDSPs may want to include retention checks in their plan, particularly if they are applying resin sealants, but it is not required.
 - The evaluation plan should include general quality measures that can ideally be used to make improvements in a SDSP. This may include measures like permission return rates, number of sealants being placed, number of students receiving one or more sealants, etc.
 - If you wanted to have a quality measure to determine if the sealant was successful, would something along the lines of if there is no cavity present in the tooth, is sound and intact, work? That is something we are working towards, but we are not ready to do that yet.
 - While much of the evaluation plan may be qualitative, SDSPs will be reporting specific data with the QI/QA assessment in (18) to capture improvement.
 - If a SDSP already has goals that they are monitoring like carries experience, overall percentages or emergency room visits for dental needs and age groups, will that work? Yes, those can be part of the evaluation plan.
 - Other ideas that could be part of the evaluation plan include a chart audit process for adverse events; continuing education with clinicians to ensure they are up to date with the current standard of care; or conducting internal site visits to monitor for infection prevention control and sealant placement.
 - OHA plans to convene a voluntary community of practice around this so that SDSPs can share amongst each other what is in their quality improvement plans.
 - Comment was provided that this new requirement is exciting because it allows SDSPs to be creative and develop something that works for each SDSP. Retention is a lot of work to track and has been challenging when changing from paper charting to electronic charting.
- Changes and comments to (18):
 - Recommend adding this new requirement that reads “A Local SDSP must submit, bi-annually to the Program, a QI/QA assessment that reports progress on implementing the self-

monitoring evaluation plan. The Program will provide Local SDSPs with a QI/QA assessment guidance document.”

- The intent is to have the evaluation plan and then report progress on that plan at mid-year and at the end of the school year.
- There may only be a few changes to report. It depends on how things are going, how well the SDSP is doing on following the evaluation, and whether changes need to be made.
- Comment was provided that it is difficult to complete reporting requirements in the middle of the school year. OHA tried to collect data on a quarterly basis, but that did not work for anyone, so it went to mid-year and end of the year. It is important to have a mid-year check to ensure a SDSP is seeing the schools it indicated it was serving at the beginning of the school year.
- Could the QI/QA assessment be submitted annually if the evaluation plan has been approved and there are no changes to the implementation of it? It is still important to make sure during the school year that SDSPs are adapting and making changes to improve upon the program. There may be only minor tweaks to report on the QI/QA assessment, so it should not be an undue burden for SDSPs.
- Changes and comments to (19):
 - Clarified language for the annual data report. Specified that aggregate-level data will be required for each grade served.
 - Added language that the data must be submitted in a format determined by the Program.
 - Nothing will change from the current way SDSPs are completing the data reports.
- Changes to the Notes section:
 - Recommend adding language that the self-monitoring evaluation plan guidance document referenced in section (17), and the QI/QA assessment guidance document referenced in section (18) will be posted on the certification program website.

Changes to Certification and Recertification Process Section 333-028-0330

- Recommend small change to (3). Instead of “with” changed to “within”.
- Recommend clarifying the verification review language in (6)(b) to indicate the administrative review was virtual and on-site verification review as in-person.
- Recommend clarifying the denial language in (7)(a) to indicate OHA will issue a denial letter containing the reason(s) for denial based on failure to meet the certification requirements.
- Recommend small change to (7)(b) adding “certification” before requirements.
- Recommend small changes to (8) to read the Program may waive “this” notification “requirement” if services for a scheduled school are terminated.
- Recommend small change to (9). Instead of “is” changed to “are”.
- Recommend correcting a spelling error to (11) by changing “SPSPs” to “SDSPs”.

Changes to Verification Section 333-028-0340

- Recommending adding “Review” after Verification in the rule title.
- OHA conducted virtual administrative reviews during COVID-19 before conducting on-site verification reviews. It has worked well, so OHA recommends changing the rules to clarify the verification review process includes an administrative review and an in-person on-site verification review.
- Changes and comments to (1):

- Recommend changing the language to specifically detail that OHA will conduct an “administrative verification review each school year for each certified Local SDSP. The administrative verification review must include, but is not limited to, a review of documents, policies, procedures, and records.”
- SDSPs are currently used to this process, so it will not be a new change.
- Changes to comments to (2):
 - Recommend adding new language that reads: “In addition to the administrative verification review, the Program shall conduct an in-person on-site verification review for each certified Local SDSP. A representative sample of schools being served by the certified program will be reviewed as follows:
 - (a) For newly certified Local SDSPs, the in-person on-site verification review will occur during the first school year of certification.
 - (b) For Local SDSPs with new staff and Local SDSPs with previous verification deficiencies, the in-person on-site verification review will be prioritized to occur during the school year.
 - (c) Recertified Local SDSPs operating in good standing will receive an in-person on-site site verification review within three school years, as determined by the Program.”
 - Under (b), does any “new staff” person trigger an on-site review? For larger SDSPs, there is frequent turnover for dental hygienists given the workforce shortage the oral health profession is experiencing. Should it be lead providers, program coordinator, administrators, lead clinician, etc.? Lead providers are typically the same year after year, and they are the ones that train new staff. If “new staff” in (b) is changed to lead provider or lead clinician, then it is recommended to add that term in the definitions section. If the “lead clinician” was promoted and has been with the program for several years, would that require an on-site review? Conclusion: OHA will draft some updated language in (2)(b) and the definitions section and have a discussion at the next RAC meeting.
 - For recertified SDSPs in good standing, every SDSP cannot be on the same three-year visitation cycle. Karen will figure out a schedule so SDSPs are staggered.
 - Comment was provided that
- Changes and comments to (3):
 - Recommend adding new language that reads: “The in-person on-site verification review must include, but is not limited to:
 - (a) On-site observation and review of dental sealant placement techniques;
 - (b) On-site observation and review of IPC practices; and
 - (c) On-site observation of the client environment and physical set-up of the clinical and administrative areas.”
 - Most of this language was moved from old rule language (4) that is recommended to be deleted.
- Changes to comments to (4):
 - Recommend deleting old rule language (4). Most of the language has been moved into content of (1), (2) and (3).
 - New language clarifies that SDSPs “will have at least 20 days advance notice before an in-person on-site verification review occurs.”
- Recommend small changes to (5) clarifying the verification review is an “in-person on-site” verification review.

- Recommend small changes to (6) that clarifies the verification review process is an “administrative or in-person on-site” verification review.
- Recommend small changes to (7) clarifying the verification review process. It deletes language that indicates the review is “on-site” and adds “verification” before review.
- Recommend small changes to (8) that adds “verification” before review.
- Recommend small changes to (9) that clarifies the verification review is an “in-person” on-site “verification” review. It also replaces the word “compliance” with “accordance”.
- Recommend small changes to (10) that clarifies a SDSP may request an administrative review of compliance, which “may also” include “an in-person” on-site “verification review”. It also replaces the word “gross violation” with “deficiencies”.

Changes to the Compliance Requirements Section 333-028-0350

- Recommend small changes to (1) that adds a time frame of “10 business days” that a SDSP must submit a waiver to OHA.
- Recommend small changes to (2) that adds the words of “the result of” before “its waiver request”.
- Recommend small change to (4)(d) deleting the word “the”.
- Recommend small changes to (5) clarifying a decertified SDSP may be reinstated after reapplying for certification “and receiving approval by the Program”.

Changes to Certification Requirements Section 333-028-0395

- Recommend deleting the entire section since COVID-19 rules are no longer needed. The federal COVID-19 public health emergency has ended.

Public Comment

No public comments.

Next Steps

- Amy and Karen will incorporate meeting feedback to revise the rules, as well as have a consultation with DOJ if needed. Amy will send the updated rules to committee members prior to the next meeting. Please review the updated version and come with final suggestions to the last meeting.
- Amy will also send committee members a draft of the Statement of Need & Fiscal Impact, which RAC members need to approve as part of the rulemaking process. Please review the form and come with suggested changes to the meeting.
- Next meeting: Tuesday, April 2, 2024 from 1:00 PM – 3:00 PM

**OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333**

DIVISION 28

SCHOOL-BASED HEALTH PROGRAMS

333-028-0300

Local School Dental Sealant Programs: Purpose

(1) The Oral Health Program supports communities in improving the oral health of the school-age population through evidence-based best practices within a public health framework. The Association of State and Territorial Dental Directors (ASTDD), Centers for Disease Control and Prevention (CDC), and the Community Preventive Services Task Force have all determined that school dental sealant programs (SDSPs) are an evidence-based best practice with strong evidence of effectiveness in preventing cavities among children and adolescents.

(2) These rules (OAR 333-028-0300 through 333-028-0395) establish the procedure and criteria the Oregon Health Authority ([“Authority”](#)), shall use to certify, train, recertify, and monitor and collect data from Local School Dental Sealant Programs. Annual certification of a Local School Dental Sealant Program by the State Oral Health Program ([“Program”](#)) is mandatory before dental sealants can be provided in a school setting.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History: [PH 8-2022, amend filed 01/28/2022, effective 01/28/2022](#)

PH 2-2016, f. & cert. ef. 1-29-16

333-028-0310

Local School Dental Sealant Programs: Definitions

~~(1) "Aerosol Generating Healthcare (AGH)" means any dental procedure that uses an air/water syringe or suction device.~~

~~(2)~~ (1) "Authority" means the Oregon Health Authority.

~~(3)~~ (2) "Authority approved isolation device" means an Authority approved dental isolation device used to assist the dental hygienist in isolating teeth and using suction to remove saliva.

~~(4)~~ (3) "CCO" means Coordinated Care Organization.

~~(5)~~ (4) "CDC" means the U.S. Centers for Disease Control and Prevention.

~~(6)~~ (5) "Certification" means the Local SDSP has been authorized by the Authority to operate in an elementary or middle school setting. Certification by the Program is mandatory before dental sealants can be provided in a school setting.

~~(7)~~ (6) "Certification training" is a mandatory one-time training for Local SDSPs provided by the Program that must be completed before an application for certification is submitted. Training topics shall include:

- (a) State and federal updates;
- (b) Research and evidence-based practices;
- (c) Scope of practice and utilizing dental hygienists and dental assistants;
- (d) Health equity, cultural responsiveness, and health literacy;
- (e) Antidiscrimination laws and rules;
- (f) Recruiting and working with schools;
- (g) Providing services in a school setting;
- (h) Equipment and supplies needed;
- (i) Protocols for safe, quality care;
- (j) Data collection and reporting; and

(k) Evaluation and continuous quality improvement.

~~(78)~~ "Certification year" means a one-year period beginning on August 1 and ending on July 31.

~~(89)~~ "Clinical training" is an annual training provided by the Local SDSP or Program to update [knowledge and skills in primarily the clinical aspects of providing sealants in a school setting.](#) ~~sealant application techniques.~~ Training topics shall include:

- (a) Determining the need for and appropriateness of sealants;
- (b) Manufacturer's guidelines for sealant placement;
- (c) Infection prevention and control (IPC) guidelines;
- (d) Quality assessment of the program, such as performance benchmarks and standards;
- (e) Confidentiality and security guidelines, including HIPAA and FERPA;
- (f) Health equity and;
- (g) Internal policies and procedures.

~~(910)~~ "FERPA" means the Family Educational Rights and Privacy Act.

~~(101)~~ "HIPAA" means the Health Insurance Portability and Accountability Act.

~~(112)~~ "IPC" means infection prevention and control.

~~(12)~~ "Lead clinical provider" means an Oregon licensed dental provider responsible for training other staff in providing dental sealant services.

(13) "Local SDSP" means local school dental sealant program.

~~(14)~~ "Non-Aerosol Generating Healthcare (non-AGH)" means any dental procedure that does not use the air/water syringe or suction device.

~~(145)~~ "Oregon OSHA" means the Oregon Occupational Safety and Health Administration.

~~(156)~~ "Program" means the Oregon Health Authority, Public Health Division, Oral Health Program.

~~(16)~~ "QI/QA" means Quality Improvement and/or Quality Assurance for SDSPs.

(17) "Recertification" means the Local SDSP has been authorized by the Authority to operate in a school setting for the next certification year.

~~(18)~~ "These rules" means OAR 333-028-0300 to 333-028-0350.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History: [PH 8-2022, amend filed 01/28/2022, effective 01/28/2022](#)

[PH 45-2021, temporary amend filed 09/03/2021, effective 09/03/2021 through 03/01/2022](#)

[PH 3-2018, amend filed 01/16/2018, effective 01/16/2018](#)

PH 2-2016, f. & cert. ef. 1-29-16

333-028-0320

Local School Dental Sealant Programs: Certification Requirements

To be certified, a Local SDSP must meet all requirements for certification. During a declared state of emergency or public health emergency, the Program may, in writing, waive certification requirements.

(1) To apply for certification, a Local SDSP must be an entity outside of the Authority that has the infrastructure to operate a program that provides dental sealants in a school setting. If the Local SDSP applicant is a business entity, then it must be registered with the Oregon Secretary of State.

(2) A Local SDSP must have a written policy to coordinate with schools, school districts, or public charter schools to facilitate background checks of Local SDSP staff as required by school policy as described in ORS 326.607.

(3) A representative responsible for coordinating and implementing the Local SDSP must attend a one-time certification training provided by the Program prior to applying for certification. If the Local SDSP experiences personnel changes that impact the representative responsible for coordinating and implementing the Local SDSP, then a new representative must attend the one-time certification training before applying for recertification. Any templates or materials provided by the Program during the certification training that are modified or used by the Local SDSP must acknowledge the Program on such templates or materials.

(4) A Local SDSP must provide an annual clinical training to all of the Local SDSP's providers rendering care within their scope of practice in a school setting. This requirement may be met by one of these methods:

(a) A Local SDSP develops and implements its own training.

(b) A Local SDSP ~~sends their~~ clinical providers ~~to an~~ attend an annual training provided by the Program, which. ~~The Program will~~ includes application techniques for resin-based and glass ionomer sealants.

(5) When multiple Local SDSPs request to serve the same school, the Program will determine which Local SDSP will provide the services. The Program will consult with applicable Local SDSPs, CCOs and schools involved. This collaboration will ensure access and minimize the duplication of services. The consultation will include topics such as, but not limited to:

(a) Certification status of each Local SDSP;

(b) Staffing capacity of each Local SDSP;

(c) Capacity of each Local SDSP to serve additional grade levels or provide more oral health services;

(d) Ability of each Local SDSP to provide students with referrals for further dental treatment; and

(e) Existing relationships with schools.

(6) A Local SDSP must ensure Medicaid encounters for dental sealants are entered into the Medicaid system. The Program shall provide Local SDSPs with a CCO contact list.

(7) A Local SDSP shall first provide services at elementary and middle schools where:

(a) 40 percent or greater of all students attending the school are eligible to receive assistance under the United States Department of Agriculture's National School Lunch Program (NSLP); or

(b) The school has been approved for the Community Eligibility Program (CEP); or

(c) The school is located in a dental care health professional shortage area (HPSA).

(8) A Local SDSP must offer, at a minimum, dental sealant services to all students regardless of insurance status or ability to pay as follows:

(a) For elementary school, students in first and second grades or second and third grades.

(b) For middle school, students in sixth and seventh grades or seventh and eighth grades.

(9) Local SDSPs must comply with all applicable federal and state antidiscrimination laws and rules.

(10) A Local SDSP must develop and implement a plan to increase parental/guardian permission return rates to receive dental sealant services.

(11) A Local SDSP must adhere to these standards for school dental sealant programs:

(a) Dental sealant services must be primarily provided on school grounds during normal course instruction hours;

(b) A medical history is required on the parent/guardian permission form;

(c) Use the four-handed technique to apply sealants in elementary schools. The second provider does not need to be a dental professional. Volunteers and non-dental professionals must receive training and be proficient in IPC guidelines, equipment operation, confidentiality and security guidelines, all aspects of providing dental sealants in a school setting, and internal policies and procedures;

(d) Use the two-handed technique using an Isolite or equivalent Program approved device or the four-handed technique to apply sealants in middle and high schools when providing sealants; non-AGH;

(e) Apply resin-based or glass ionomer sealants according to manufacturer guidelines; and

(f) Use compressor and suction capabilities at all times except in rare situations as determined by the provider's professional judgment or as required during a declared state of emergency or public health emergency.

(12) A Local SDSP must comply with all scope of practice laws as determined by the Oregon Board of Dentistry.

(13) A Local SDSP must comply with Oregon Board of Dentistry oral health screening guidelines for screening and reporting results to parents/guardians.

(14) A Local SDSP must comply with IPC guidelines established in OAR 818-012-0040 and by Oregon OSHA and the CDC. The Program will provide Local SDSPs with a guidance document.

(15) A Local SDSP must comply with HIPAA and FERPA requirements.

(16) A Local SDSP must respect classroom time and limit demands on school staff. Services must be delivered efficiently to ensure a student's time out of the classroom is minimal.

(17) A Local SDSP must submit annually to the Program a self-monitoring evaluation plan. The Program will provide Local SDSPs with a self-monitoring guidance document. The self-monitoring evaluation plan must describe how the Local SDSP will:

(a) Adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of school dental sealant services;

(b) Identify, analyze, and address client safety and adverse events;

(c) Implement the self-monitoring evaluation plan; and

(d) Follow-up with any actions identified in (a), (b), and (c).

~~A Local SDSP must conduct retention checks, from one school year to the next school year, for quality assurance and meet the national benchmark of 80 percent or higher. If a Local SDSP does not meet the benchmark, then the Local SDSP must develop and implement a plan to increase its annual retention rates. The plan must be submitted to the Program. During a declared state of emergency or public health emergency, the Program may waive retention checks and reporting.~~

(18) A Local SDSP must submit to the Program, twice a certification year, a QI/QA assessment that reports progress on implementing the self-monitoring evaluation plan. The Program will provide Local SDSPs with a QI/QA assessment guidance document.

~~(19)~~ A Local SDSP must submit a data report to the Program ~~twice a certification year~~ annually. The information required to be included in such data report will be defined by the Program. Aggregate-level data will be required for each grade served in a school. The data must be submitted in a format determined by the Program.

~~(20)~~ A Local SDSP must include the certification logo provided by the Program on all parent/guardian permission forms and written communication to schools or provide schools with a letter provided by the Program indicating the Local SDSP is certified.

Note: The Program IPC guidance document referenced in section (14), self-monitoring evaluation plan guidance document referenced in section (17), and the QI/QA assessment guidance document referenced in section (18) of this rule will be located at this website: www.healthoregon.org/sealantcert.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History: PH 8-2022, amend filed 01/28/2022, effective 01/28/2022

PH 45-2021, temporary amend filed 09/03/2021, effective 09/03/2021 through 03/01/2022

PH 3-2018, amend filed 01/16/2018, effective 01/16/2018

PH 32-2016, f. & cert. ef. 11-18-16

PH 2-2016, f. & cert. ef. 1-29-16

333-028-0330

Local School Dental Sealant Programs: Certification and Recertification Process

(1) Certification by the Authority is required before dental sealants may be provided in a school setting.

(2) Only an individual with authority to act on behalf of the Local SDSP can apply for initial certification by submitting an online Certification Application form to the Authority that is posted on the Program's website, www.healthoregon.org/sealantcert. Instructions and criteria for submitting a Certification Application form are posted on the Program's website.

(3) The Program shall review the application within approximately 15 business days of receiving the application to determine whether it is complete.

(4) If the Program determines the application is not complete, it will be returned to the applicant for completion and resubmission.

(5) If the Program determines the application is complete, it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0320.

(6) If the Program determines the Local SDSP meets the certification requirements, the Program shall:

(a) Inform the applicant via electronic mail that the application has been approved; and

- (b) Schedule [a virtual administrative review and an in-person](#), on-site verification reviews.
- (7) If a Local SDSP does not meet certification requirements in their certification application, the Program shall choose one of the following two actions:
- (a) Certification will be denied if the Local SDSP does not meet the requirements of these rules. The Program will provide the applicant with a ~~clear description denial letter containing of the~~ reason(s) for denial based on ~~the failure to meet the~~ certification requirements ~~in these rules in the denial letter~~. An applicant may request that the Program reconsider the denial of certification. A request for reconsideration must be submitted in writing to the Program within 30 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the Program's decision is in error, along with any supporting documentation. The Program shall inform the applicant in writing whether it has reconsidered its decision [to deny the application](#); or
- (b) Provisional certification may be provided based on an agreed upon timeline for a corrective action plan for the non-compliant [certification](#) requirements. The Local SDSP must submit a waiver to the Program that includes an explanation of the non-compliant requirements, a plan for corrective action, and a date for meeting compliance.
- (8) Once a Local SDSP is certified, the certification status is effective for the certification year of August 1 – July 31. A Local SDSP must notify the Program and CCOs operating in the community if it terminates services for a scheduled school during a certification year. During a declared state of emergency or public health emergency, the Program may waive [this notification requirement](#) if services for a scheduled school are terminated.
- (9) To remain certified, a certified Local SDSP must renew its certification no later than July 15 each year via the Program's online Renewal Certification Application form that is posted on the Program's website, www.healthoregon.org/sealantcert. Instructions and criteria for submitting a Renewal Certification Application form ~~is-are~~ posted on the Program's website. A Local SDSP must submit a completed ~~annual~~ data report [twice a certification year](#) that is approved by the Program before applying for renewal certification.
- (10) The Program will notify a Local SDSP of their certification renewal status once the ~~annual~~ data report and Renewal Certification Application form are reviewed by the Program.
- (11) The Program will provide CCOs with a list of certified Local SDSPs and the schools they serve, or that the Local ~~SPSPs-SDSPs~~ have requested to serve, twice during the school year.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History: [PH 9-2022, amend filed 01/28/2022, effective 01/28/2022](#)

[PH 3-2018, amend filed 01/16/2018, effective 01/16/2018](#)

[PH 2-2016, f. & cert. ef. 1-29-16](#)

333-028-0340

Local School Dental Sealant Programs: Verification [Review](#)

- (1) The Program shall conduct [an on-site administrative](#) verification review ~~of each school year for each certified approved~~ Local SDSP. ~~A representative sample of schools being served by the certified program will be reviewed each certification year.~~ [The administrative verification review must include, but is not limited to, a review of documents, policies, procedures, and records.](#)
- (2) [In addition to the administrative verification review, the Program shall conduct an in-person on-site verification review for each certified Local SDSP. A representative sample of schools being served by the certified program will be reviewed as follows:](#)
- (a) [For newly certified Local SDSPs, the in-person on-site verification review will occur during the first school year of certification.](#)
- (b) [For Local SDSPs with previous verification deficiencies, the in-person on-site verification review will be prioritized to occur during the school year.](#)
- (c) [For Local SDSPs with a new lead clinical provider, the in-person on-site verification review may be prioritized to occur during the school year.](#)

(d) Recertified Local SDSPs operating in good standing will receive an in-person on-site site verification review within three school years, as determined by the Program.

(3) The in-person on-site verification review must include, but is not limited to:

(a) On-site observation and review of dental sealant placement techniques;

(b) On-site observation and review of IPC practices; and

(c) On-site observation of the client environment and physical set-up of the clinical and administrative areas.

~~(4) The Program will work with a Local SDSP to schedule an administrative and in-person on-site verification reviews. A Local SDSP will have at least 20 days advance notice before an in-person on-site verification review will occur. The Program shall schedule verification reviews earlier in the school year with newly certified Local SDSPs, Local SDSPs with new staff, and Local SDSPs that have had deficiencies during their last verification review.~~

~~(5) A Local SDSP must coordinate with the Program to access the school and staff operating the sealant program on the in-person on-site verification review date.~~

~~(4) The verification review must include, but is not limited to:~~

~~(a) Review of documents, policies and procedures, and records;~~

~~(b) On-site observation and review of dental sealant placement techniques;~~

~~(c) On-site observation and review of IPC practices; and~~

~~(d) On-site observation of the client environment and physical set-up of the clinical and administrative areas.~~

~~(6) Following an administrative or in-person on-site visit verification review, Program staff may conduct an exit interview with the Local SDSP representative(s). During the exit interview Program staff shall:~~

~~(a) Inform the Local SDSP representative(s) of the preliminary findings of the review; and~~

~~(b) Give the Local SDSP representative(s) 10 working days to submit additional facts or other information to the Program staff in response to the findings.~~

~~(7) Within 30 business days of the on-site visit a verification review, Program staff must prepare and provide the Local SDSP with a written report of the findings from the on-site verification review.~~

~~(8) If no certification deficiencies are found during the verification review, the Program shall issue written findings to the Local SDSP indicating no deficiencies were found.~~

~~(9) If certification deficiencies are found during the in-person on-site verification review, the Program may take action in compliance-accordance with OAR 333-028-0350.~~

~~(10) At any time, a Local SDSP may request an administrative review of compliance, which may also include an in-person on-site verification review-visit. The review will be considered a "no penalty" review with the exception of gross-violation deficiencies or negligence that may require temporary suspension of services.~~

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History: PH 8-2022, amend filed 01/28/2022, effective 01/28/2022

PH 45-2021, temporary amend filed 09/03/2021, effective 09/03/2021 through 03/01/2022

PH 2-2016, f. & cert. ef. 1-29-16

333-028-0350

Local School Dental Sealant Programs: Compliance

(1) A Local SDSP must notify the Program within 10 business days of any change that brings the Local SDSP out of compliance with the certification requirements. A Local SDSP must submit a waiver within 10 business days to the Program that includes:

(a) Explanation of the non-compliant requirement;

(b) Plan for corrective action; and

(c) Date for compliance.

- (2) The Program will review the waiver request and inform the Local SDSP of approval or denial of the waiver within 10 business days of submission. Services may be provided until the Local SDSP has been notified of [the result of](#) its waiver request.
- (3) If the waiver is approved, the Local SDSP will be provided provisional certification and must comply with certification requirements by the proposed date of compliance.
- (4) If a waiver is denied; a Local SDSP does not come into compliance by the date of compliance stated on the waiver; or a Local SDSP is out of compliance with certification requirements and has not submitted a waiver, the Program, in its discretion, shall:
- (a) Require the Local SDSP to complete an additional waiver with an updated plan for corrective action and updated date for compliance;
 - (b) Require the Local SDSP to complete a waiver to satisfy the requirements in section (1) of this rule;
 - (c) Issue a written warning with a timeline for corrective action; or
 - (d) Issue a letter of non-compliance with ~~the~~ notification of a suspension or decertification status. The Program will notify the CCO operating in the community and Local SDSP schools that a Local SDSP has been suspended or decertified. Dental sealants may not be provided in the school until the Local SDSP is certified.
- (5) A Local SDSP that had been decertified may be reinstated after reapplying for certification [and receiving approval by the Program](#).
- (6) A Local SDSP with suspended certification status may have its suspension lifted once the Program determines that compliance with certification requirements has been satisfactorily achieved. The Program will notify the CCOs operating in the community and schools that the Local SDSP's suspension has been lifted and that dental sealants may now be provided in the school.
- (7) If there are updates to the current rules that require a Local SDSP to make any operational changes, the Program will allow the Local SDSP until the beginning of the next certification year or a minimum of 90 days to come into compliance. This does not apply to rules amended during a declared state of emergency or public health emergency, or where the rule explicitly states a Local SDSP must comply immediately.

Statutory/Other Authority: ORS 431A.725

Statutes/Other Implemented: ORS 431A.725

History: [PH 8-2022, amend filed 01/28/2022, effective 01/28/2022](#)

[PH 3-2018, amend filed 01/16/2018, effective 01/16/2018](#)

PH 2-2016, f. & cert. ef. 1-29-16

333-028-0395

Local School Dental Sealant Programs: COVID-19 Certification Requirements

~~To be certified, or to continue certification, a Local SDSP must immediately comply and meet the requirements in this rule to address COVID-19:~~

~~(1) A Local SDSP must implement and comply with Oregon OSHA's OAR 437-001-0744 titled "Rule Addressing COVID-19 Workplace Risks" as long as it is in effect.~~

~~(2) A Local SDSP must implement and comply with the CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic."~~

~~(3) A Local SDSP must have a written policy to comply with OAR 333-019-1010 titled "COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings."~~

~~**Note:** The Program's temporary rule addressing COVID-19 is only effective for 180 days. To extend these protections regarding COVID-19, the Program adopted this rule using normal permanent rulemaking processes. However, the Program will reevaluate the needs for this rule as the COVID-19 pandemic develops and may take action to repeal part or all of the rule as appropriate as new information and developments occur in the pandemic. In addition, a Local SDSP is not required to comply with the Oregon OSHA rule if Oregon OSHA repeals the rule.~~

~~**Note:** The CDC guidance document referenced in section (2) of this rule is located at the CDC website at <https://www.cdc.gov/OralHealth/index.html> or is available upon request from the Program.~~

~~**Statutory/Other Authority:** ORS 431A.725~~

~~**Statutes/Other Implemented:** ORS 431A.725~~

~~**History:** PH 8 2022, adopt filed 01/28/2022, effective 01/28/2022~~

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority- Public Health Division

333

Agency and Division

Administrative Rules Chapter Number

Amend Certification Rules for Local School Dental Sealant Programs

Rule Caption

In the Matter of: Permanently amending OAR 333-028-0310 – 333-028-0395 of the Certification for Local School Dental Sealant Programs rules in chapter 333, division 28.

Statutory Authority: ORS 431A.725

Other Authority:

Stats. Implemented: ORS 431A.725

Need for the Rule(s):

In this rulemaking, the Oregon Health Authority (OHA) Public Health Division, Oral Health Program is proposing to permanently amend administrative rules 333-028-0300 through 333-028-0395 in chapter 333, division 28 "Certification for Local School Dental Sealant Programs". In response to the end of the federal COVID-19 public health emergency, the certification rules for school dental sealant programs must be modified to remove any COVID-19 certification requirements. Additionally, OHA is proposing to update quality assurance measures and clarify the verification process for certified school dental sealant programs.

Documents Relied Upon, and where they are available:

- ORS chapter 431A: https://www.oregonlegislature.gov/bills_laws/ors/ors431A.html
- Senate Bill 660 (Oregon Laws 2015, chapter 791): <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/SB660/Enrolled>

Statement Identifying How Adoption of Rule(s) Will Affect Racial Equity in This State:

Refer to Racial Equity Impact Statement tool.

Senate Bill 660, passed by the Oregon State Legislature in 2015, requires local school dental sealant programs to be certified by the Oregon Health Authority before dental sealants can be provided in a school setting. Oregon Administrative Rules (OARs) 333-028-0300 through 333-028-0395 establish the procedure and criteria OHA uses to certify, train, recertify, and monitor and collect data from local school dental sealant programs. The intent of the certification program is to provide schools and families/caregivers with assurance that a minimum set of standards will be met while delivering dental sealant services in the school environment.

Dental sealants are thin liquid coatings applied to the chewing surfaces of the back molar teeth to prevent tooth decay (cavities). The coating flows into the deep pits and grooves of the tooth “sealing out” bacteria and food debris that cause cavities. Throughout Oregon, certified local school dental sealant programs serve many elementary and middle school-aged students by screening students for cavities and placing sealants on teeth, as needed.

Oral health is essential to overall health, but oral health inequities exist for school-age children and adolescents based on race, ethnicity, geographic residence, household income, etc. Based on the [2017 Oregon Smile Survey](#) for children in first, second and third grades (6-9 years old), children belonging to racially and ethnically diverse communities are more likely to have decay experience, untreated decay and rampant decay compared to white children. Hispanic and Native Hawaiian/Pacific Islander students had the highest cavity rates overall and also had the highest rates of untreated cavities¹. These disparities persist because there is inequitable access to oral health services. Some of the barriers include lack of dental insurance, scarcity of dental providers in rural and frontier communities, and transportation difficulties.

¹ Oregon Health Authority, Oregon Smile Survey Data Brief: Oral Health Among Oregon’s Children. Accessed March 28, 2024 at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/ORALHEALTH/Documents/2017%20Smile%20Survey%20Data%20Brief.pdf>

School-based dental sealant programs are highly effective since they can reach children from low-income families who are less likely to receive private dental care². [Oregon Administrative Rules 333-028](#) require school dental sealant programs to provide services first to elementary and middle schools where at least 40% of the students are eligible for the National School Lunch Program; or the school has been approved for the Community Eligibility Program (CEP); or the school is located in a dental care health professional shortage area (HPSA). The rules also require programs to offer dental sealant services to all students regardless of insurance status or ability to pay. Any child that has parent/guardian permission receives dental sealants.

These proposed amendments maintain the health equity requirements noted above but do eliminate the COVID-19 certification requirements. COVID-19 has a continued presence in our communities and disproportionately impacts older adults, those living in multigenerational homes, people with disabilities, and those without an updated COVID-19 vaccine. While removing COVID-19 protections may have a disproportionate negative impact on marginalized communities, OHA anticipates a minimal impact since the eliminated rule language specifically refers to COVID-19 infection prevention and control practices for school dental sealant programs. While these extra protections will be removed, school dental sealant programs must still comply with infection prevention control guidelines established in [OAR 818-012-0040](#) and by Oregon OSHA and the CDC.

Fiscal and Economic Impact:

There is a minimal fiscal and economic impact for currently certified local school dental sealant programs or those that want to operate a school dental sealant program. See below for further explanation.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

There is no cost of compliance impact to state agencies, units of local government or the public as a result of the proposed rule amendments.

2. Cost of compliance effect on small business (ORS 183.336): **ORS 183.310(10) defines small business as "a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated from all other businesses and which has 50 or fewer employees."**

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: A small number of small businesses would be subject to the proposed rule amendments. Most local school dental sealant programs are operated by larger organizations such as dental care organizations, federally qualified health centers, and non-profits. Private practice dentists or dental hygienists that operate a local school dental sealant program would be considered a small business. We are currently only aware of one private practice dental hygienist operating a local school dental sealant program. We cannot estimate exactly how many there are, but there is the potential for more private practice dentists and dental hygienists to operate a local school dental sealant program and therefore need to comply with the certification requirements and proposed rule amendments.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

There is minimal impact on small businesses if they currently operate or want to operate a school dental sealant program. Local school dental sealant programs may incur minimal costs to meet the proposed certification requirement OAR 333-028-0320(17). While the proposed language eliminates the need for local school dental sealant programs to conduct retention checks, it would require them to submit an annual self-monitoring evaluation plan and bi-annually QI/QA assessment. There may be increased staff time to complete the new quality assurance reporting requirements.

c. Equipment, supplies, labor and increased administration required for compliance:

There is minimal impact on small businesses if they currently operate or want to operate a school dental sealant program. Local school dental sealant programs may incur minimal costs to meet the new quality assurance reporting requirements in the proposed amended certification requirement OAR 333-028-0320(17). Local school dental sealant programs may see cost savings with the proposed elimination of OAR 333-028-0395 "COVID-19 Certification Requirements". Programs will no longer need to incur costs of personal protective equipment (PPE) and modifications to portable dental equipment to follow COVID-19 infection prevention and control guidelines.

How were small businesses involved in the development of this rule?

Small businesses were not involved in the development of the rules because no small business representatives applied to participate on the Rules Advisory Committee (RAC). An invitation to apply for the RAC was sent to over 150 people and over eight listservs with a reach of over 7,000 health partners and community organizations such as the Oregon Dental Association, Healthy Teeth Bright Future Coalition, Oregon Department of Education, and Oral Health Forum.

² Centers for Disease Control and Prevention. Vital signs: dental sealant use and untreated tooth decay among U.S. school-aged children. *MMWR*. 2016;65(41):1141–1145. Accessed March 28, 2024 at https://www.cdc.gov/mmwr/volumes/65/wr/mm6541e1.htm?s_cid=mm6541e1_w

Administrative Rule Advisory Committee consulted?:

Yes, a Rules Advisory Committee (RAC) was established. The committee included seven representatives from various organizations that would be impacted including: Advantage Dental Everybody Brush; Arrow Dental; Capitol Dental Care; Community Health Centers of Benton and Linn Counties; Mercy Foundation Healthy Kids Outreach Program; One Community Health; and Oregon Board of Dentistry.

If not, why?:

Signature

Printed name

Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310. ARC 925-2007