

~~hygiene services.~~

- (2) “Expanded Function Dental Assistant” means a dental assistant certified by the Board to perform expanded function duties.
- (3) “Expanded Function Orthodontic Assistant” means a dental assistant certified by the Board to perform expanded orthodontic function duties.
- (4) “Direct Supervision” means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- (5) “Indirect Supervision” means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises 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.

Ms. Coplen moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0020 – Dentist, Dental Therapist and Dental Hygienist Responsibility as amended. The motion passed unanimously.

818-042-0020

Dentist, Dental Therapist and Dental Hygienist Responsibility

- (1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.
- (2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.
- (3) A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services.** ~~and a dentist has authorized it.~~
- (4) The supervising dentist, dental therapist or dental hygienist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.
- ~~(4)~~ **(5)** Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

Dr. Schwindt moved and Ms. Jorgensen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0050 – Taking of X-Rays – Exposing Radiographic Images as presented. The motion passed unanimously.

818-042-0050

Taking of X-Rays — Exposing Radiographic Images

- (1) A ~~dentist~~ Dentist Licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:
 - (a) A dental assistant certified by the Board in radiologic proficiency; or
 - (b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board

approved dental radiology course.

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

(3) A dental therapist may not order a computerized tomography scan

Dr. Rafia moved and Ms. Coplen seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0060 – Certification – Radiologic Proficiency as presented. The motion passed unanimously.

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 licensed dentist, [dental therapist](#) or dental hygienist that the assistant is proficient to take radiographs.

Ms. Coplen moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0090 – Certification – Additional Functions of EFDAs as amended. The motion passed unanimously.

818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist, [dental therapist](#) or dental hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental hygienist prior to the patient being dismissed:

(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist, [dental therapist](#) or dental hygienist.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place retraction material subgingivally.

Ms. Coplen moved and Ms. Kuntzelman seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-042-0114 – Certification – Additional Functions of EFPDAs as amended. The motion passed unanimously.

818-042-0114

Additional Functions of EFPDAs

(1) Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant may perform the following functions under the indirect supervision of a dentist, [dental therapist](#) or dental hygienist providing that the procedure is checked by the dentist, [dental therapist](#) or dental hygienist prior to the patient being dismissed:

(2) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist, [dental therapist](#) or dental hygienist.

The DTRO Committee discussed that dental therapist do not need a separate rule for infection control because they are encompassed as a Licensee under OAR 818-012-0040.

Ms. Coplen moved and Mr. Mecum seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-001-0082 – Access to Public Records as presented. The motion passed unanimously.

818-001-0082

Access to Public Records

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

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

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

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

(b) Data files submitted electronically or on a device:

(A) All Licensed Dentists — \$50;

(B) All Licensed Dental Hygienists [and Dental Therapists](#) — \$50;

(C) All Licensees — \$100.

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

(d) Certificate of Standing — \$20.

Dr. Schwindt moved and Dr. Rafia seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-021-0088 – Volunteer License as presented. The motion passed unanimously.

818-021-0088

Volunteer License

(1) An Oregon licensed dentist, [dental therapist](#) or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a

volunteer license provided licensee completes the following:

- (a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.
- (b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.
- (c) Licensee must provide the health care service without compensation.
- (d) Licensee shall not practice dentistry, [dental therapy](#) or dental hygiene for remuneration in any capacity under the volunteer license.
- (e) Licensee must comply with all continuing education requirements for active licensed dentist, [dental therapist](#), or dental hygienist.
- (f) Licensee must agree to volunteer for a minimum of 80 hours in Oregon per renewal cycle.
- (2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

Dr. Schwindt moved and Mr. Mecum seconded that the Dental Therapy Rules Oversight (DTRO) Committee approve OAR 818-038-0020 –Scope of Practice as amended. The motion passed unanimously.

[818-038-0020](#)

[Scope of Practice](#)

- [\(1\) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the general supervision of the dentist:](#)
 - [\(a\) 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 or other licensed health care provider;](#)
 - [\(b\) Comprehensive charting of the oral cavity;](#)
 - [\(c\) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;](#)
 - [\(d\) Exposing and evaluation of radiographic images;](#)
 - [\(e\) Dental prophylaxis, including subgingival scaling and polishing procedures;](#)
 - [\(f\) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;](#)
 - [\(g\) Administering local anesthetic, except intra osseous and intrapulpal delivery.](#)
 - [\(h\) Pulp vitality testing;](#)
 - [\(i\) Application of desensitizing medication or resin;](#)
 - [\(j\) Fabrication of athletic mouth guards;](#)
 - [\(k\) Changing of periodontal dressings;](#)
 - [\(L\) Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth;](#)
 - [\(m\) Emergency palliative treatment of dental pain;](#)
 - [\(n\) Preparation and placement of direct restoration in primary and permanent teeth;](#)
 - [\(o\) Fabrication and placement of single-tooth temporary crowns;](#)
 - [\(p\) Preparation and placement of preformed crowns on primary teeth;](#)
 - [\(q\) Indirect pulp capping on permanent teeth;](#)
 - [\(r\) Indirect pulp capping on primary teeth;](#)
 - [\(s\) Suture removal;](#)
 - [\(t\) Minor adjustments and repairs of removable prosthetic devices;](#)
 - [\(u\) Atraumatic restorative therapy and interim restorative therapy;](#)

- (v) Oral examination, evaluation and diagnosis of conditions within the scope of practice of the dental therapist and with the supervising dentist's authorization;
- (w) Removal of space maintainers;
- (x) The dispensation and oral or topical administration of:
 - (A) Nonnarcotic analgesics;
 - (B) Anti-inflammatories; and
 - (C) Antibiotics; and
- (y) Other services as specified by the Oregon Board of Dentistry by rule;
- (2) A dental therapist may perform, pursuant to the dental therapist's collaborative agreement, the following procedures under the indirect supervision of the dentist:
 - (a) Placement of temporary restorations;
 - (b) Fabrication of soft occlusal guards;
 - (c) Tissue reconditioning and soft relines;
 - (d) Tooth reimplantation and stabilization;
 - (e) Recementing of permanent crowns;
 - (f) Pulpotomies on primary teeth;
 - (g) Simple extractions of:
 - (A) Erupted posterior primary teeth; and
 - (B) Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss;
 - (h) Brush biopsies; and
 - (i) Direct pulp capping on permanent teeth.
- (3) The supervising dentist described in subsection (2) of this rule shall review a procedure described in subsection (2) of this rule that is performed by the dental therapist and the patient chart that contains information regarding the procedure.

The DTRO committee provided guidance and feedback that was incorporated into the document below:

DRAFT
Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name) _____, an Oregon licensed Dentist, license number D_____, 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				
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: <ul style="list-style-type: none"> o Non-narcotic analgesics o Anti-inflammatories o Antibiotics 				

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:					
Tooth reimplantation and stabilization Additional comments:					
Recementing of permanent crowns Additional comments:					
Pulpotomies on primary teeth Additional comments:					
Simple extractions of: <ul style="list-style-type: none"> ○ Erupted posterior primary teeth; and 					

<ul style="list-style-type: none"> ○ Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss <p>Additional comments:</p>					
<p>Brush biopsies</p> <p>Additional comments:</p>					
<p>Direct pulp capping on permanent teeth</p> <p>Additional comments:</p>					

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.

Dentist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

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.

Dental Therapist's Signature: _____ Date: _____

Address: _____

Cell phone # _____ Email _____

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?

From HB 2528 (2021) Sections 8 - 10

SECTION 8. (1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a practice agreement with the dentist. The practice agreement must include at least the following information:

(a) The level of supervision required;
(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- 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 section 10 of this 2021 Act, 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) A dentist who enters into a practice 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.

(3) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the practice agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(4) A dental therapist and a dentist who enter into a practice agreement together shall each maintain a physical copy of the practice agreement.

(5)(a) A dental therapist may enter into a practice agreement that allows for supervision by more than one dentist.

(b) A dentist may supervise and enter into practice agreements with up to five dental therapists at any one time.

(6)(a) A practice agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall submit the signed practice agreement to the Oregon Board of Dentistry. A practice agreement is not valid until approved by the board. The board may require changes to the practice agreement submitted under this paragraph prior to approval.

(c) A dental therapist shall submit a copy of the signed practice agreement with each application for license renewal. Any changes to the practice agreement require renewed approval by the board.

SECTION 9. (1) A dental therapist may provide, pursuant to the dental therapist's practice agreement, the following services:

- (a) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
 - (b) Comprehensive charting of the oral cavity;
 - (c) Exposure and evaluation of radiographic images;
 - (d) Mechanical polishing;
 - (e) Prophylaxis;
 - (f) Periodontal scaling;
 - (g) Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
 - (h) Pulp vitality testing;
 - (i) Application of desensitizing medication or resin;
 - (j) Fabrication of athletic mouth guards;
 - (k) Placement of temporary restorations;
 - (L) Fabrication of soft occlusal guards;
 - (m) Tissue conditioning and soft relines;
 - (n) Atraumatic restorative therapy and interim restorative therapy;
 - (o) Dressing changes;
 - (p) Tooth reimplantation and stabilization;
 - (q) Administration of local anesthetic;
 - (r) Administration of nitrous oxide with a valid permit issued by the Oregon Board of Dentistry;
 - (s) Emergency palliative treatment of dental pain;
 - (t) Placement and removal of space maintainers;
 - (u) Cavity preparation;
 - (v) Restoration of primary and permanent teeth;
 - (w) Fabrication and placement of temporary crowns;
 - (x) Preparation and placement of preformed crowns;
 - (y) Pulpotomies on primary teeth;
 - (z) Indirect and direct pulp capping on primary and permanent teeth;
 - (aa) Recementing of permanent crowns;
 - (bb) Extractions of primary teeth;
 - (cc) Simple extractions of periodontally diseased permanent teeth with advanced mobility;
 - (dd) Suture placement and removal;
 - (ee) Brush biopsies;
 - (ff) Minor adjustments and repair of defective prosthetic devices;
 - (gg) 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 or other licensed health care provider;
 - (hh) Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization; and
 - (ii) Other services as specified by the board by rule.
- (2) A dental therapist may provide a service listed in subsection (1) of this section that is outside the dental therapist's scope of practice if the dental therapist has received:
- (a) Instruction in the service through the dental therapist's dental therapy education program; or
 - (b) Additional training approved by the board.
- (3)(a) A dental therapist may supervise a dental assistant and an expanded function dental assistant, as defined by the board by rule, if the dental therapist is authorized to

perform the services provided by the dental assistant or expanded function dental assistant.

(b) A dental therapist may supervise up to four individuals under this subsection.

SECTION 10. (1) A dental therapist may, pursuant to the practice agreement, dispense and orally administer the following drugs:

(a) Nonnarcotic analgesics;

(b) Anti-inflammatories;

(c) Preventive agents; and

(d) Antibiotics.

(2) A dental therapist may, pursuant to the practice agreement, dispense samples of the drugs described in subsection (1) of this section.

(3) A practice agreement may impose greater restrictions on the dispensation and administration of drugs by a dental therapist than specified under this section

Chair Martinez asked if anyone representing the Tribes or Denta Pilot Projects wanted to offer any public comment. None was provided. She also asked if anyone else wanted to address the Committee.

Chair Martinez announced that the next DTRO Committee Meeting would be held February 23, 2022 from 5 p.m.-7 p.m.

Chair Martinez thanked everyone for their attendance and contributions.

The meeting adjourned at 7:00 p.m.