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ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

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

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818
OREGON BOARD OF DENTISTRY

FILED

11/09/2023 10:27 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The Board intends to amend 10 rules and adopt one new rule.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/19/2024 4:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

CONTACT: Stephen Prisby
971-673-3200
stephen.prisby@obd.oregon.gov

1500 SW 1st Ave
Portland, OR 97201

Filed By:
Stephen Prisby
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 12/15/2023

TIME: 1:00 PM - 1:30 PM

OFFICER: Stephen Prisby

HEARING LOCATION

ADDRESS: OBD via Zoom, 1500 SW 1st Ave, Portland, OR 97201

SPECIAL INSTRUCTIONS:

Zoom info on hearings notice and other board documents

NEED FOR THE RULE(S)

The Board's Committees have reviewed the updated rule changes and then the Board agreed to move these OAR to the public rulemaking process for more feedback before considering them at the February 2024 Board meeting.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Board and Committee meeting agendas, minutes and correspondence.

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

This is an unknown and difficult for the Board to measure or quantify. Board and Committee members represent diversity in Oregon and were integral in the discussions leading to the proposed rule changes.

FISCAL AND ECONOMIC IMPACT:

The Board anticipates little or no meaningful impact on our Licensees with these proposed rule changes.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The Board anticipates little or no meaningful impact on our Licensees with the these proposed rule changes.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Board and Committee members represent diversity in Oregon in practice size, facility type and ownership as well. Small and large business interests are involved in Board rulemaking activities.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

818-012-0005, 818-021-0060, 818-026-0010, 818-026-0050, 818-035-0030, 818-038-0022, 818-042-0020, 818-042-0100, 818-042-0114, 818-042-0115, 818-042-0117

AMEND: 818-012-0005

RULE SUMMARY: The reference to dental implant training requirements are being refined for clarity.

CHANGES TO RULE:

818-012-0005

Scope of Practice ¶¶

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

(a) Rhinoplasty;¶¶

(b) Blepharoplasty;¶¶

(c) Rhytidectomy;¶¶

(d) Submental liposuction;¶¶

(e) Laser resurfacing;¶¶

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

(g) Platysmal muscle plication;¶¶

(h) Otoplasty;¶¶

(i) Dermabrasion;¶¶

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

(k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.¶¶

(2) Unless the dentist:¶¶

(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or¶¶

(b) Holds privileges either:¶¶

(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or¶¶

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).¶¶

(3) A dentist may utilize Botulinum Toxin Type A 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 Botulinum Toxin Type A, 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~~dental implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical dental implant 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 a Commission on Dental Accreditation (CODA) accredited ~~graduate~~postdoctoral dental education program, or a provider that has been 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~~dental 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 January 1, 2024).

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.010(2), 679.140(1)(c), 679.140(2), 679.170(6), 680.100

AMEND: 818-021-0060

RULE SUMMARY: The reference to dental implant training requirements are being refined for clarity.

CHANGES TO RULE:

818-021-0060

Continuing Education - Dentists ¶¶

- (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.¶¶
- (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.¶¶
- (3) Continuing education includes:¶¶
 - (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.¶¶
 - (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)¶¶
 - (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course 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 dental 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 January 1, 2024).

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(9)

AMEND: 818-026-0010

RULE SUMMARY: Minimal sedation will now include reference to non-intramuscular methods and recovery is defined in the rule as well.

CHANGES TO RULE:

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". ¶¶

(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.

Statutory/Other Authority: ORS 679

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

AMEND: 818-026-0050

RULE SUMMARY: The rule is clarifying that no permit holder shall have more than one person under nitrous oxide sedation at the same time.

CHANGES TO RULE:

818-026-0050

Minimal Sedation Permit ¶

Minimal sedation and nitrous oxide sedation.¶

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

(a) Is a licensed dentist in Oregon;¶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) No permit holder shall have more than one person under minimal sedation 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.

Statutory/Other Authority: ORS 679

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

AMEND: 818-035-0030

RULE SUMMARY: The rule is adding optional additional functions including intravenous access, phlebotomy and blood draw with successful completion of a Board approved course.

CHANGES TO RULE:

818-035-0030

Additional Functions of Dental Hygienists ¶

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:¶

(a) Make preliminary intra-oral and extra-oral examinations and record findings;¶

(b) Place periodontal dressings;¶

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;¶

(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;¶

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.¶

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.¶

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.¶

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

(i) Perform all aspects of teeth whitening procedures.¶

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:¶

(a) Determine the need for and appropriateness of sealants or fluoride; and¶

(b) Apply sealants or fluoride.¶

(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist: ¶

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit. ¶

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.025(2)(j)

ADOPT: 818-038-0022

RULE SUMMARY: The new rule is adding optional additional functions including intravenous access, phlebotomy and blood draw with successful completion of a Board approved course.

CHANGES TO RULE:

818-038-0022

Additional Functions of Dental Therapists

In addition to functions set forth in ORS 679.010, a dental therapist may perform the following functions under the indirect supervision of a licensed dentist:¶

(1) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.¶

(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental therapist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

AMEND: 818-042-0020

RULE SUMMARY: The rule clarifies that dental assistants may take physical impressions and digital scans.

CHANGES TO RULE:

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. ¶¶

(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.¶¶

(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.¶¶

(6) Dental assistants may take physical impressions and digital scans.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0100

RULE SUMMARY: The rule is deleting reference to taking impressions and other orthodontics.

CHANGES TO RULE:

818-042-0100

Expanded Functions - Orthodontic Assistant (EFODA) ¶¶

(1) An EFODA may perform the following duties while under the indirect supervision of a licensed dentist:¶¶

(a) Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used. Use of a high speed handpiece is prohibited;¶¶

(b) Select or try for the fit of orthodontic bands;¶¶

(c) Recement loose orthodontic bands;¶¶

(d) Place and remove orthodontic separators;¶¶

(e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/or retainers after their position has been approved by the supervising licensed dentist;¶¶

(f) Fit and adjust headgear;¶¶

(g) Remove fixed orthodontic appliances;¶¶

(h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or chains as directed; and¶¶

(i) Cut arch wires; and¶¶

~~(j) Take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards.¶¶~~

(2) An EFODA may perform the following duties while under the general supervision of a licensed dentist:¶¶

(a) An expanded function orthodontic assistant may remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.¶¶

(b) An EFODA may recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7)

AMEND: 818-042-0114

RULE SUMMARY: A number is being removed, no change to language or intent of rule.

CHANGES TO RULE:

818-042-0114

Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

(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 licensee providing that the procedure is checked by the licensee 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 licensee.

Statutory/Other Authority: ORS 676

Statutes/Other Implemented: ORS 676, ORS 679.600

AMEND: 818-042-0115

RULE SUMMARY: The rule is adding that the certified dental assistant can perform phlebotomy for dental procedures.

CHANGES TO RULE:

818-042-0115

Expanded Functions - Certified Anesthesia Dental Assistant ¶¶

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:¶¶

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.¶¶

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.¶¶

(c) Perform phlebotomy for dental procedures.¶¶

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.020(1), 679.025(1), 679.250(7)

AMEND: 818-042-0117

RULE SUMMARY: The rule is adding that the certified dental assistant may perform phlebotomy procedures after completing a Board approved course.

CHANGES TO RULE:

818-042-0117

Initiation of IV Line and Phlebotomy Blood Draw ¶

(1) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the Indirect Supervision of a dentist holding the appropriate anesthesia permit.¶

(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant may perform a phlebotomy blood draw under the Indirect Supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.020(1), 679.025(1), 679.250(7)