



## PRESIDENT'S MESSAGE

YADIRA MARTINEZ, R.D.H.



We have had an unprecedented year to say the least: the Covid pandemic, wildfires, social and political unrest, and the list goes on. Many have referred to 2020 as a write-off year, but there have also been achievements and much growth that should not be forgotten. As I reflect back to this year, I try not to focus on how challenging it has been, but rather the things I'm grateful for.

I'm grateful that I can be of service. That I'm able to work with people that are dedicated, passionate and inspiring. I'm grateful for the trust placed in me to ensure high quality oral health for Oregonians. I'm grateful that this year has made obvious the things I once took for granted. With that grateful mindset, I look forward to a new year.

With newly passed legislation that allows dentists to administer vaccines, I see the potential of dentists helping with vaccination efforts as we try to overcome this pandemic. The Board will begin strategic planning for the coming years (please take the survey when available), welcome a new dental director, and possibly a new type of dental professional, the dental therapist. I am grateful the Board has a staff of professionals that are supportive, committed, and focused on the tasks at hand.

I want to acknowledge how difficult this year has been, and welcome the possibilities that the New Year will bring. I wish you and your families a healthy holiday season. ■

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## VICE PRESIDENT'S MESSAGE

ALICIA RIEDMAN, R.D.H.



As I approach the end of my 6th year as an Oregon Board of Dentistry member, I reflect on what this work has meant to me. The phrase that comes to mind is one of Lane County's core values- "Passion to Serve".

The Board members and Board staff that I work with are the embodiment of passion to serve. I am inspired to witness the dedication

and tireless work of our entire team. I see a true drive as the Board volunteers and staff strive to uphold our mission statement "to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals." Our team does not stop working at the end of the day. We carry this statement close to our hearts, every day, as we consider how to best serve the citizens of Oregon.

This year of pandemic has truly been one of our biggest challenges. As dental professionals it has been extremely difficult in both work and home. Our dentists, dental hygienists, dental assistants and support staff are all committed to serving Oregon's citizens. I saw our profession step up their commitment at personal cost to donate PPE's, close their businesses when asked to protect Oregonians, as well as to stay open for emergency patients while knowing the serious personal risk this brought. And then, to reopen and put more extreme safety measures in place to further protect their staff and the public. Our professional associations ODHA and ODA, as well as OHA, OBD and our dental and dental hygiene schools from the state to national levels have dedicated countless hours due to COVID-19 pandemic to put policies in place to protect providers and the public. We have much work ahead of us as COVID-19, social injustice and healthcare inequities continue to ask us to dig deeper, to understand how to make the lives of every one of us better.

I am an Expanded Practice Dental Hygienist employed at a Federally Qualified Health Center. Our outreach program provides prevention services to the children of Lane County through Head Start, schools, Relief Nursery, Preschool Promise, WIC, and summer Migrant Program, and has case managed thousands of children into dental homes for over a decade. We also provide prevention services to both adults and children in our Integrated Oral Health Program located in our Community Health Centers. Although we have seen countless success stories after clients have received treatment, we still see numerous people in pain every day. Many of them have been living in pain for not only days, but months, years, some their entire life, as they have not had access to care. The number of infants, toddlers and school age children who are in pain, their teeth riddled with caries and infection, and thus unable to take in proper nutrition, concentrate, learn and socialize is heartbreaking. This is made more difficult as our schools and daycares shut down for distance learning. Many of our services have been cut short. We know that we are losing ground on providing care that is so desperately needed.

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Now more than ever, the need for solutions to create access to care is one of our most urgent charges.

Our profession holds great responsibility. As healthcare workers, we have the opportunity to make sure each patient that comes before us leaves with hope and encouragement. What we do and say has enormous power and impact on those with whom we interact. Knowing that we are here to compassionately provide the highest quality of care provides a bridge of trust to those with limited access. When a patient steps through our doors we partner with them by truly listening to their needs. We can be a part of the answers and assist everyone toward healing and living their best lives. The Board members and staff continuously search for solutions to better serve Oregon's residents. As we all struggle with increased stress and grief due to the unfolding circumstances we face today, I am reminded that this helps increase my empathy and desire to serve. I am hopeful that through this pandemic we will grow, continue to listen to each other, and collaborate to find truly effective solutions. I am confident we are on the correct path and this will strengthen our passion to serve. It is a truly an honor to serve on the Oregon Board of Dentistry and work towards increasing access to the highest quality of care for every one of our citizens. There is certainly no lack of work to be done but the job becomes easier when surrounded by such a committed group. I look forward to the positive work ahead, and I especially look forward to the time when we can gather again! ■

## BOARD OPENINGS IN SPRING OF 2021



The Oregon Board of Dentistry consists of ten board members. Six must be Oregon licensed dentists, one of which must be a dental specialist, two dental hygienists, and two public members.

Alicia Riedman's second term of service will conclude in April 2021. She was appointed when a Board Member stepped

down before their term of service concluded in 2015, to serve out the remainder of that term, and then her full 4-year term of service ends in 2021.

An Oregon licensed dental hygienist, who resides in Oregon, may apply for the upcoming opening for a dental hygienist position on the Board. The Governor appoints the Board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor.

The OBD also has an opening for the Dental Director/Chief Investigator position. At the August 2020 Board Meeting Dr. Daniel Blickenstaff announced his intention to retire by the end of March 2021. This position will require a dentist to have or acquire an Oregon dental license and a willingness to work full time at our downtown Portland office.

Please go to the OBD website for more information. At the bottom of the OBD home page under Board/Staff Openings, there are links providing an overview of desired requirements of a board member and other important information on how to apply. Please contact Executive Director Stephen Prisby if you have any questions about service at the OBD. ■

## A WORD FROM THE EXECUTIVE DIRECTOR

STEPHEN PRISBY



**B**revity, Courtesy, Equity, Fairness & Focus - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). As this challenging year winds down with continued uncertainty and ambiguity, I reflect on how the challenges the state's dental community and the citizens have faced with keeping up with their oral healthcare will reverberate for years to come. Even as PPE becomes more available and safety protocols evolve this will not make up for lost ground. It is a sobering thought and should motivate our Licensees and the state to shape policies and actions to support all Oregonians' access to oral health care.

I am grateful and impressed that the OBD Staff have been able to continue to show up at our downtown Portland Office and get our work done. I sincerely thank all of them as they had struggles in dealing with the pandemic, wildfires, child birth, loss of family members, construction noise and social unrest in downtown Portland. The OBD Board Members have been up to the task as well. They have met for all the regular Board Meetings throughout the year and have fulfilled their duties and responsibilities while navigating these unprecedented times. Adaptability, perseverance and resilience were the themes for 2020. I will highlight some changes we have been through and plan to manage during the next 12 months as we embrace 2021 and forge ahead.

OBD Dental Director/Chief Investigator, Dr. Daniel Blickenstaff, is planning to retire in the spring of 2021. Dr. Blickenstaff has been with the Board since 2015 and took over the Dental Director/Chief Investigator position in the fall of 2018. He has been incredibly productive in closing cases and a resource for consumers and licensees in dealing with the difficult issues, opinions, emotions and feelings expressed in most investigations. I appreciate the early notice on his plans to retire and it is well-deserved after a lengthy career in private practice and all his contributions to the OBD. He has some parting words to share in his article in this newsletter. We have information on our website under Board/Staff openings regarding this unique job opportunity to serve Oregonians as the OBD's next Dental Director/Chief Investigator.

In the summer of 2020 we said thank-you and farewell to Dr. Todd Beck after serving from 2013 - 2020 as a Board Member. He served as OBD President, chaired various OBD Committees and helped shape the OBD's 2017 - 2020 Strategic Plan. Oregon is fortunate that the OBD attracts people with a passion for the profession, level of engagement and professional courtesy that Dr. Beck exhibited while in service at the OBD. The OBD has created a survey to gather information as we begin the first steps in shaping and developing the OBD's next strategic plan. We intend to collect results from now through the end of the year. Thank you for taking the survey and sharing your feedback with the OBD. We also have ongoing work implementing our new database, IT security protocols and soon we will be onboarding a new Board Member and Dental Director/Chief Investigator in the spring as well.

I am ready to put 2020 behind me and turn my focus to 2021. The OBD will be very busy and engaged on many issues and work ahead. I wish everyone a positive start to 2021 and to better times ahead. If you have any questions or comments, I look forward to hearing from you. ■

Stephen.Prisby@oregondentistry.org  
971-673-3200

## BOARD STAFF

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## FROM THE DESK OF THE OFFICE MANAGER

HALEY ROBINSON



HARPER ROBINSON, 6 MONTHS

In a little over four years, I got married, I bought and sold my first home, had a child, and purchased my childhood farm. In the same timeframe, I have held four different positions with the Oregon Board of Dentistry. I am very excited at the opportunity to serve as the Office Manager for the Board. I believe that this position will allow me to best serve the Board and the public with the cumulative knowledge I have gained and continue to learn. Forward momentum is important to personal growth, despite any setbacks we face. This year, while it presented many challenges to all of us, has ultimately been the best year of my life. Becoming a parent is an amazing (and lifechanging) experience.

I am grateful that my childhood home is still standing after the wildfires that erupted in September. My daughter and I were the only members of my family who evacuated. Without my family and the local community, myself and many others would not have a home to go back to.



I look forward to many more years with the Board, and welcome all of life's challenges and blessings with open arms. ■

## BOARD MEMBERS



**YADIRA MARTINEZ, R.D.H.**  
 PRESIDENT  
 HILLSBORO  
 SECOND TERM EXPIRES 2022

**ALICIA RIEDMAN, R.D.H.**  
 VICE PRESIDENT  
 EUGENE  
 SECOND TERM EXPIRES 2021



**CHARLES "CHIP" DUNN**  
 HAPPY VALLEY  
 FIRST TERM EXPIRES 2021

**AMY B. FINE, D.M.D.**  
 MEDFORD  
 SECOND TERM EXPIRES 2022



**JOSE JAVIER, D.D.S.**  
 PORTLAND  
 SECOND TERM EXPIRES 2024

**GARY UNDERHILL, D.M.D.**  
 ENTERPRISE  
 SECOND TERM EXPIRES 2022



**JENNIFER BRIXEY**  
 PORTLAND  
 SECOND TERM EXPIRES 2024

**HAI PHAM, D.M.D.**  
 HILLSBORO  
 FIRST TERM EXPIRES 2021

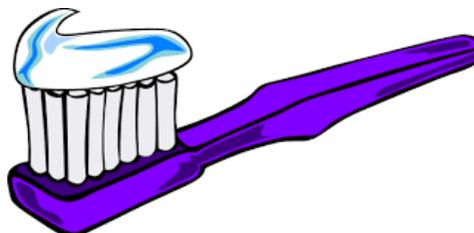


**REZA SHARIFI, D.M.D.**  
 PORTLAND  
 FIRST TERM EXPIRES 2023

## SCHEDULED BOARD MEETINGS

2021

- February 19, 2021
- August 20, 2021
- April 16, 2021
- October 22, 2021
- June 18, 2021
- December 17, 2021



## PARTING THOUGHTS

DANIEL E. BLICKENSTAFF, D.D.S., M.Sc.  
DENTAL DIRECTOR & CHIEF INVESTIGATOR



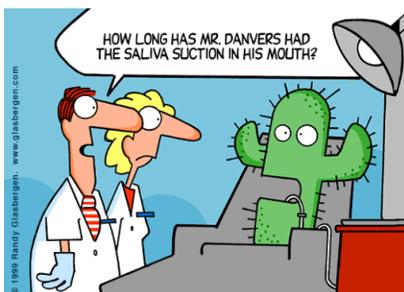
In the five years that I have been an investigator and the Chief Investigator for the Board, I have investigated close to six hundred cases. One might think that after investigating that many cases, I would have a very callous view of licensees and dentistry. But no, my experience has been that most dentists and dental hygienists are trying to do the very best that they can for their patients, and are upset with themselves when it is apparent that the quality

of their treatment might not be the best. Most of the licensees I have interviewed care about the welfare of their patient, but sometimes, even when the accepted protocols are followed, the outcome of the dentistry may be less than optimal. I am proud of our professionals. They are trying to increase the quality of life for their patients.

Now, like in any profession, there is the 80/20 rule... 80% of the problems come from 20% of the population, and we at the Board also have our “frequent fliers”. We see many of the same licensees’ names on complaints over and over. I know that you have heard it before, but it remains true: most complaints arise from a communications breakdown between the licensee and the patient. Please take the time to talk with your patients, especially when the patient isn’t happy. You don’t have to agree with them, but just the fact that you have taken the time to listen to them can prevent a Board complaint. In 80% of the cases that the Board investigates, no discipline of the Licensee is warranted. In 65% of the cases, there are minor violations of the dental practice act that do not warrant discipline. In those cases, the Board will send the licensee a Letter of Concern pointing out the violations, and to remind them to follow the dental practice act in the future. This is confidential, not considered discipline and not reported to the National Practitioners’ Data Bank (NPDB). In those 20% of cases where the Board decides that discipline is appropriate, one of the most common forms of discipline is to have the Licensee take specific additional continuing education classes so that they don’t have the same issues in the future. The Board’s mission is to protect the public, and one of the best ways to protect the public is for the Licensee to take additional appropriate continuing education.

Oregon is one of the few states where there are licensed dentists investigating clinical complaints. The dental investigators have to be licensed in Oregon, and have practiced for a number of years. They know what it is like to be in practice treating patients, and can empathize with the licensee while at the same time knowing what is clinically acceptable.

I have enjoyed my time working for the Board, and will miss it. Please remember that you can always use the Board as a resource, the staff would much rather answer a question and “head the problem off at the pass” than have to investigate the problem later down the road. ■



## REALD DATA

COLLECTING & REPORTING REQUIREMENTS FOR  
HEALTH CARE PROVIDERS

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

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

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

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

### Starting October 1, 2020:

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

### Starting March 1, 2021:

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

### Starting October 1, 2021:

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

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

# TIDBITS

*From the Board*

Below are some "bits" of information you may find helpful as you go about your daily professional careers practicing Dentistry and Dental Hygiene.  
Cited rules in black, "tidbits" in blue.

**Regarding Nitrous Oxide Sedation and Minimal Sedation:**

Division 26 ANESTHESIA  
818-026-0010

Definitions: As used in these rules:

- .....  
(6) "Minimal Sedation"  
(7) "Nitrous Oxide Sedation"

Note: By definition only one non-intravenous pharmacological method + nitrous oxide = "Minimal Sedation" requiring you to be approved and possess a Minimal Sedation Permit.

If you are approved and have a permit for only "Nitrous Oxide Sedation," and are performing "Nitrous Oxide Sedation," dosing of one or more non-intravenous pharmacological methods, whether prescribed or not prescribed (over the counter), is prohibited. If you are performing only "Nitrous Oxide Sedation," you should never be prescribing a non-intravenous pharmacological method.

Dentists and Hygienists, be sure to review ALL of your patient's current medications and recreational drugs prior to administering nitrous oxide sedation to insure any one or more of those medications or recreational drugs will not produce a minimally depressed level of consciousness for your patient. If one or more of the patient's medications or recreational drugs, whether prescribed or over the counter, depresses the patient's level of consciousness, you are performing "Minimal Sedation," not "Nitrous Oxide Sedation."

Dentists, if you do not have a "Nitrous Oxide Sedation" or a "Minimal Sedation" permit, and are not administering nitrous oxide, it is permissible for you to prescribe a non-intravenous pharmacological method producing a minimally depressed level of consciousness, and provide treatment for the patient. If the Hygienist is providing the treatment during sedation and has the appropriate permit, the dentist who prescribed the medication is required to, at the minimal, provide Indirect Supervision.

Prior to administering any non-intravenous pharmacological method to your patient, which is considered to depress the level of consciousness for your patient, all Licensees are required to PARQ (review Procedures, Alternatives, Risks, and answer all patient Questions) the patient, and have your patient complete an Informed Consent. Remember "inform before you perform." If you do not PARQ your patient and you have your patient complete an Informed Consent after administering the non-intravenous pharmacological method, the patient's level of consciousness is considered to be depressed so that the patient cannot make a rational decision. Informed Consent cannot be completed by your patient. Please remember to PARQ and receive a completed Informed Consent from your patient for the sedation planned and for the dental procedures planned.

**(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".

Please be sure to recognize and document which one of these Classifications of patients you are treating, and if it is appropriate for you to be treating your patient with their specific Physical Status Classification.

818-026-0020

**Presumption of Degree of Central Nervous System Depression**

.....  
(4) A licensee that does not hold a Moderate, Deep Sedation or General Anesthesia Permit may not administer, for purposes of anxiolysis or sedation, Benzodiazepines or narcotics in children under 6 years of age.

For all licensees who do not hold a Moderate, Deep Sedation or General Anesthesia Permit please be aware that children under 6 years of age, as well as some over 6 years of age, may react with a physiological response which is unexpected than if the patient was an adult. Also remember that typically, the dose for a child is based on weight and stature probably more, than if your patient is an adult.

(5) A licensee must ensure a written emergency response protocol is in place for all patients undergoing nitrous oxide, minimal sedation, moderate sedation, deep sedation or general anesthesia.

The written emergency response protocol wherever sedation is being performed is REQUIRED by all licensees.

818-026-0040

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

- .....  
(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:  
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;  
(b) The patient can talk and respond coherently to verbal questioning;  
(c) The patient can sit up unaided or without assistance;  
(d) The patient can ambulate with minimal assistance; and  
(e) The patient does not have nausea, vomiting or dizziness.  
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

All Licensees are required to comply with these discharge criteria with a discharge entry (documented) for nitrous oxide sedation prior to release of the patient. Note: documented pre-treatment are required and post-treatment vital signs are strongly recommended

818-026-0050

**Minimal Sedation Permit  
Minimal sedation and nitrous oxide sedation.**

- .....  
(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.

All Licensees are required to comply with these discharge criteria with a discharge entry (documented) for minimal sedation prior to release of the patient. Note: documented vital signs are required discharge criteria. A responsible escort is required before release.

# NEW CE REQUIREMENT

## *Cultural Competency*

### HERE'S THE SCOOP:

In our December 2019 Newsletter, in our June 2020 Newsletter and throughout the year, we have been reminding you that Cultural Competency Continuing Education is a requirement effective January 1, 2021.

So for those dentists and dental hygienists scheduled to renew in 2021, this is another friendly reminder to complete it. It is also a requirement for new applicants as well.

All Licensees must incorporate two (2) hours of Cultural Competency CE into your existing continuing education requirements. These two hours are not in addition to the 24, 36 or 40 hours of CE required for the renewal of a license, but are calculated within those hours.

The Oregon Board of Dentistry defines cultural competency continuing education as:

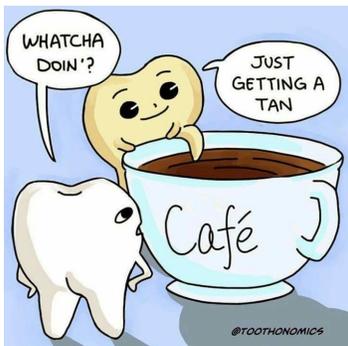
“Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups and communities.”

The 2019 Legislative session yielded HB 2011, which directs most health regulatory licensing boards to require their licensees to complete this type of CE. The OBD supports the legislation, and is here to help you meet this requirement. The OHA is regularly updating their website to assist you in taking classes on this subject. You also may fulfill the CE requirement outside of the OHA. No one is bound to using the OHA for this type of CE.

The OBD has generally given its licensees wide latitude to complete any and all continuing education requirements. You may take classes online (except initial Healthcare Provider BLS/CPR Certification - renewals can be completed online), use free providers and can always check with us before taking the class to see if it meets our criteria and rules.

We audit approximately 15% of all licensees each renewal cycle, and those involved in disciplinary matters are checked for continuing education compliance as well. Even if you live out of state or do not see patients, you are still responsible in adhering to all licensure requirements.

For more information, please see the OHA's website: [www.oregon.gov/oha](http://www.oregon.gov/oha)



## SERV - OR

### VOLUNTEER TODAY TO SAVE LIVES DURING COVID

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

What is SERV-OR?

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

How can you help?

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

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

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

## MEMO:

**During the past few years, the OBD has dealt with unhappy and frustrated consumers trying to track down their patient records. We anticipate retirements of licenses will accelerate over the foreseeable future, and practice locations are sometimes in transition as well. Please do your best to ensure patient records are transferred appropriately if retiring, relocating or closing a practice.**

### 818-012-0070 Patient Records

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

**OBD RULE CHANGES**

**CHANGES IMPLEMENTED IN 2020**

The Oregon Board of Dentistry and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be adopted, amended or repealed. OARs are written within the agency’s statutory authority granted by the Legislature. The Board held two public rulemaking hearings on September 17 and October 11, along with accepting public comment on the proposed rule changes from late August until October 11, 2019.

At the October 25, 2019 Board meeting, the Board adopted two (2) new vaccine rules, two (2) temporary rules and amended 30 other rules. These 34 rule changes were effective January 1, 2020.

Official Notice of rulemaking is provided in the Oregon Secretary of State’s Bulletin. Due to space constraints in this newsletter, a brief summary of the 34 rule changes is provided. The full text of the OARs and all rules can be found at our website <http://www.oregon.gov/dentistry> (Look under the Hot Topics Tab)

**ADOPT Two New Rules:**

ADOPT: 818-012-0006

RULE TITLE: Qualifications - Administration of Vaccines

RULE SUMMARY: Due to the passage of HB 2220 (2019), dentists are allowed to prescribe and administer vaccines after meeting certain training requirements and criteria.

ADOPT: 818-012-0007

RULE TITLE: Procedures, Record Keeping and Reporting

RULE SUMMARY: Due to the passage of HB 2220 (2019), dentists are allowed to prescribe and administer vaccines after meeting certain training requirements and criteria.

**ADOPT Two Temporary Rules (which became permanent):**

ADOPT: 818-021-0018

RULE TITLE: Temporary Dental License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

RULE SUMMARY: The passage of SB 688 and HB 3030 (2019) require the Board to create new rules for temporary licenses.

ADOPT: 818-021-0019

RULE TITLE: Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

RULE SUMMARY: The passage of SB 688 and HB 3030 (2019) require the Board to create new rules for temporary licenses.

**AMEND 30 Rules:**

AMEND: 818-001-0002

RULE TITLE: Definitions

RULE SUMMARY: Dental anesthesia is being added as a new dental specialty area, and standard for BLS for Healthcare Provider is clarified.

AMEND: 818-012-0005

RULE TITLE: Scope of Practice

RULE SUMMARY: A word was misspelled and is being corrected.

AMEND: 818-012-0030

RULE TITLE: Unprofessional Conduct

RULE SUMMARY: The rule change specifies that certain dentists are required to register with the Prescription Drug Monitoring Program (PDMP).

AMEND: 818-012-0070

RULE TITLE: Patient Records

RULE SUMMARY: The rule change requires that the patient records be legible, and adds requirements for documentation when placing implants.

AMEND: 818-015-0007

RULE TITLE: Specialty Advertising

RULE SUMMARY: Dental Anesthesiology has been added as a Board recognized dental specialty.

AMEND: 818-021-0010

RULE TITLE: Application for License to Practice Dentistry

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting requirements of licensure.

AMEND: 818-021-0011

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

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting licensure requirements.

AMEND: 818-021-0012

RULE TITLE: Specialties Recognized

RULE SUMMARY: Dental Anesthesiology is being added to the dental specialties that may advertise as a specialist.

AMEND: 818-021-0017

RULE TITLE: Application to Practice as a Specialist

RULE SUMMARY: The Board is allowing clinical practice hours spent teaching to be recognized as part of the criteria to be licensed as a specialist.

AMEND: 818-021-0020

RULE TITLE: Application for License to Practice Dental Hygiene

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting licensure requirements.

AMEND: 818-021-0025

RULE TITLE: Application for License to Practice Dental Hygiene Without Further Examination

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting requirements of licensure.

AMEND: 818-021-0060

RULE TITLE: Continuing Education — Dentists

RULE SUMMARY: Due to the passage of HB 2011 (2019), the Board will require two hours of continuing education on the topic of cultural competency effective January 1, 2021.

AMEND: 818-021-0070

RULE TITLE: Continuing Education — Dental Hygienists

RULE SUMMARY: Due to the passage of HB 2011 (2019), the Board will require two hours of continuing education on the topic of cultural competency effective January 1, 2021.

AMEND: 818-021-0088

RULE TITLE: Volunteer License

RULE SUMMARY: The rule change revises hourly volunteer requirements to coincide with a two-year licensure period.

AMEND: 818-026-0030

RULE TITLE: Requirements for Anesthesia Permits

RULE SUMMARY: The rule change removes some duplicative language, and moved the reference to anesthesia monitors to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0040

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

RULE SUMMARY: The reference to anesthesia monitors is being moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0050

RULE TITLE: Minimal Sedation Permit

RULE SUMMARY: The rule change clarifies what records and medications must be documented and also adds the anesthesia monitor criteria.

AMEND: 818-026-0055

RULE TITLE: Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

RULE SUMMARY: The rule change clarifies that indirect supervision is acceptable for dental assistants completing duties referenced in rule.

AMEND: 818-026-0060

RULE TITLE: Moderate Sedation Permit

RULE SUMMARY: The reference to anesthesia monitors has been moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0065

RULE TITLE: Deep Sedation Permit

RULE SUMMARY: The reference to anesthesia monitors has been moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0070

RULE TITLE: General Anesthesia Permit

RULE SUMMARY: The reference to anesthesia monitors has been moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0080

RULE TITLE: Standards Applicable When a Dentist Performs Dental Procedures, and a Qualified Provider Induces Anesthesia

RULE SUMMARY: The rule change has clarified the criteria for monitoring, sedating and discharging patients, and the records required.

AMEND: 818-042-0040

RULE TITLE: Prohibited Acts

RULE SUMMARY: The rule change has added other dental assistant certifications referenced and renumbered it.

AMEND: 818-042-0050

RULE TITLE: Taking of X-Rays — Exposing of Radiographic Images

RULE SUMMARY: The rule change updates language regarding radiographs.

AMEND: 818-042-0070

RULE TITLE: Expanded Function Dental Assistants (EFDA)

RULE SUMMARY: The rule change updates language in reference to dentures and deletes reference to teeth whitening procedures.

AMEND: 818-042-0080

RULE TITLE: Certification — Expanded Function Dental Assistant (EFDA)

RULE SUMMARY: The number of procedures has been reduced throughout the rule making it easier to certify dental assistants as EFDA's.

AMEND: 818-042-0095

RULE TITLE: Restorative Functions of Dental Assistants

RULE SUMMARY: Duplicative language has been removed in the title, with no change to the rule itself.

AMEND: 818-042-0110

RULE TITLE: Certification — Expanded Function Orthodontic Assistant (EFODA)

RULE SUMMARY: The rule change expands the options for the criteria for the EFODA certification.

AMEND: 818-042-0113

RULE TITLE: Certification — Expanded Function Preventive Dental Assistants (EFPDA)

RULE SUMMARY: The rule change expands the options for the criteria for the EFPDA certification.

AMEND: 818-042-0116

RULE TITLE: Certification — Anesthesia Dental Assistant

RULE SUMMARY: The rule change recognizes other options to be certified as an anesthesia dental assistant.



# COVID-19 FAQs

**Q: Due to Covid there is a shortage of hygienists. Can I do a “working interview” with a prospective employee, even though they don’t have their license yet?**

**A: NO, you may not allow a prospective hire to practice dental hygiene (or dentistry) without an active Oregon license.**

**Q: What if my BLS, and/or ACLS/PALS lapsed/expired between March 1, 2020 – October 31, 2020?**

A: On 4/24/20 (extended on 6/19/20), pursuant to the discretion held by the Board in ORS 679.140(1) due to the COVID-19 outbreak and Oregon’s current state of emergency, all licensees and applicants required to maintain a BLS for Healthcare Providers certificate or its equivalent, ACLS and/or PALS certificates which expired starting March 1, 2020, were allowed an extension to October 31, 2020 to come into compliance. Please note that a current Healthcare Provider BLS certification is required to renew a sedation permit, and all licensees should insure they are maintaining these certifications at all times.

**Q: Can I complete the continuing education (CE) required for my license after the deadline since I am unable to attend in-person CE courses?**

A: You are still required to complete your CE within the licensure period. The Board has no restriction on the amount of CE completed online, provided each online course includes an exam, which you must pass. The only CE that cannot be completed online is your initial Healthcare Provider BLS and/or ACLS/PALS certification. Recertification can be completed online.

**Q: Can I do consultations with patients via phone/teleconference?**

A: Yes, however, these appointments are required to follow ORS 679.543 – “Use of telehealth by dental care providers”, and will be held to the same standard as an in-person consultation/exam in a Board investigation.

**Q: Am I required to test heat sterilizing devices weekly if I am only seeing emergency patients? What if the testing agency stops accepting/testing the monitoring strips?**

A: The Oregon Board of Dentistry does not have the authority to suspend the enforcement of state statutes. That being said, pursuant to OAR 818-012-0040, if in any week you only see unscheduled emergency patients, you do not need to test your autoclaves. If an office is open regular hours to treat emergency patients, they would be expected to test their autoclaves. The exception to the testing requirement is if the office is closed and the doctor sees one or two unscheduled emergency patients. In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines, such as those of the Centers for Disease Control and Prevention and the American Dental Association. There are in-office testing kits that you can obtain and it is perfectly legal to do your own in house biological monitoring of your autoclaves.

**Q: Can I prescribe and administer Chloroquine/Hydroxychloroquine to a family member or patient?**

A: NO, there is no dental justification for any dentist to prescribe or administer Chloroquine/Hydroxychloroquine (or related drugs).

**Q: How do I notify the state’s PPE Coordinator of surplus PPE supplies, and arrange for delivery of those surplus supplies? What if I am unable to reach the PPE Coordinator?**

A: Please notify the state’s PPE Coordinator by calling (971) 900-9952. If you are unable to reach the PPE Coordinator, please contact the Board office at (971) 673-3200.

**Q: Could I volunteer to collect oral samples to test for COVID-19?**

A: The Board of Dentistry statutes and rules would not prohibit collection of oral samples, nasopharyngeal swab or serological sampling as long as the licensee has adequate training in the collection technique. The Board supports all safe efforts to combat this pandemic.

**Q: How can I help?**

A: The Board supports dentists, dental hygienists, and dental assistants signing up on the state’s SERV-OR volunteer registry to be a resource for the current pandemic and future events. ■

**Have you moved recently?**

ORS. 679.120(4) and 680.074(4) requires that licensees notify the Board within 30 days of any change of address.

To update your contact info, please go to [www.oregon.gov/dentistry](http://www.oregon.gov/dentistry) and click "update contact info".

**It's the law!**

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