



## **MEETING NOTICE**

### **RULES OVERSIGHT COMMITTEE**

Oregon Board of Dentistry  
1500 SW 1st Ave.,  
Portland, Oregon 97201

### **ZOOM MEETING INFORMATION**

<https://us02web.zoom.us/j/88022493705?pwd=vl0rolpbbWUbsKfvKsBA5WihYUUdyC.1>  
Dial-In Phone #: 1-253-215-8782 • Meeting ID: 880 2249 3705 • Passcode: 341314

**July 17, 2025**  
**5:00 p.m. – 6:30 p.m.**

#### **Committee Members:**

Aarati Kalluri, D.D.S., Chair  
Olesya Salathe, D.M.D.  
Kristen Simmons, R.D.H.  
Ginny Jorgensen  
Philip Marucha, D.D.S., ODA Rep.  
Alicia Riedman, R.D.H., ODHA Rep.  
Mary Harrison, ODAA Rep.  
Raelene Cabrera, R.D.H., DT, DT Rep.

## **AGENDA**

Call to Order: Dr. Aarati Kalluri, Chair

1. Public meeting notice.
  - Governing bodies subject to Public Meetings Law – **Attachment #1**
2. Review and approve Minutes of August 6, 2024, Committee Meeting.
  - August 6, 2024 Draft Minutes – **Attachment #2**
3. Review, discuss and make possible recommendations to the Board regarding Division 1 – Procedures and Division 42 – Dental Assisting: TEMPORARY RULES – enacted July 1, 2025 - these need to be permanent within 180 days of effective date.
  - SOS Filing – **Attachment #3**
  - OAR 818-001-0087 – Fees – **Attachment #4**
  - OAR 818-042-0080 – Certification — Expanded Function Dental Assistant (EFDA) – **Attachment #5**
  - OAR 818-042-0110 – Certification — Expanded Function Orthodontic Dental Assistant (EFODA) – **Attachment #6**
  - OAR 818-042-0113 – Certification — Expanded Function Preventive Dental Assistants (EFPDA) – **Attachment #7**

This meeting is being held remotely via Zoom. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

4. Review, discuss and make possible recommendations to the Board regarding Division 12 – Standards of Practice:
  - OAR 818-012-0010 – **Attachment #8**
5. Review, discuss and make possible recommendations to the Board regarding Division 35 – Dental Hygiene:
  - OAR 818-035-0025 - **Attachment #9**
  - OAR 818-035-0030 (extraoral adj.) - **Attachment #10**
  - OAR 818-035-0030 (Botox) - **Attachment #11**
6. Review, discuss and make possible recommendations to the Board regarding Division 42 – Dental Assisting:
  - OAR 818-042-0040 (intraoral adjustment) - **Attachment #12**
  - OAR 818-042-0040 (assistant scaling) - **Attachment #13**
    - Letter from ODHA - **Attachment #14**
    - Letter from ODA - **Attachment #15**
  - OAR 818-042-0096 - **Attachment #16**
  - OAR 818-042-0115 - **Attachment #17**
7. Review, discuss and make possible recommendations to the Board regarding ODAA Letter and Vermont Dental Assistant Registry.
  - Letter from ODAA – **Attachment #18**
  - Vermont Dental Assistant Registry Rules (See pages 80-83) – **Attachment #19**
  - Letter from ODA – **Attachment #20**

Any Other Business

Adjourn

# This Committee is subject to Public Meeting Law

## Governing Bodies Subject to Public Meetings Law

### What governing bodies are subject to Public Meetings Law?

A governing body, per ORS 192.610(5), is:



Two or more  
members of a  
public body



With authority to make  
decisions for or  
recommendations to a  
public body on policy or  
administration

The governing bodies subject to Public Meetings Law, per OAR 199-050-0010(1), are:



#### Decision-Making Bodies

- Make decisions on policy or administration
- Including exercising governmental power and acting on behalf of the public body



#### Advisory Bodies

- Formed by public body
- To make recommendations to public body on policy or administration

**Rules Oversight Committee Meeting  
Minutes  
August 6, 2024**

**MEMBERS PRESENT:** Reza Sharifi, D.M.D., Chair  
Aarati Kalluri, D.D.S.  
Olesya Salathe, D.M.D.  
Kristen Simmons, R.D.H.  
Ginny Jorgensen  
Philip Marucha, D.D.S., ODA Rep.  
Alicia Riedman, R.D.H., ODHA Rep.  
Mary Harrison, ODAA Rep.

**STAFF PRESENT:** Stephen Prisby, Executive Director  
Angela Smorra, D.M.D., Dental Director/Chief Investigator  
Dawn Dreasher, Office Specialist

**ALSO PRESENT:** Joanna Tucker Davis, Assistant Attorney General

**VISITORS PRESENT:** Dr. Sheena Kansal, Katherine Landsberg DANB, Brett Hamilton,  
ODA, Lisa Rowley, RDH, ODHA

\*This list is not exhaustive, as it was not possible to verify all participants on the teleconference.

**Call to Order:** The Zoom meeting was called to order by the Chair at 6:05 p.m.

**MINUTES**

Ms. Simmons moved and Ms. Harrison seconded that the minutes of the October 3, 2023 Rules Oversight Committee meeting be approved as amended. The motion passed unanimously.

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

**OAR 818-001-0002**

**Definitions**

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
- (5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.
- (6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.

(7) "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.

(8) "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.

(9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

(10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.

(11) "Licensee" means a dentist, hygienist or dental therapist.

(12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.

(13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.

(14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.

(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

- (g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
- (h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.
- (i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
- (j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.
- (k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.
- (l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.
- (15) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.
- (16) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).
- (17) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021- 0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.
- (18) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.
- (19) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.
- (20) "BLS for Healthcare Providers or its Equivalent" the BLS certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS course must be a hands-on course; online BLS

courses will not be approved by the Board for initial BLS certification: After the initial BLS certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS certification card with an expiration date must be received from the BLS provider as documentation of BLS certification. The Board considers the BLS expiration date to be the last day of the month that the BLS instructor indicates that the certification expires.

(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is distinguished from a "working model," which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient's teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.

Ms. Harrison moved and Dr. Marucha seconded that the Committee recommend the Board send OAR 818-012-0010 to a public rulemaking hearing as presented. The motion passed unanimously.

#### **OAR 818-012-0010**

##### **Unacceptable Patient Care**

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographs and other imaging are of diagnostic quality.
- ~~(5)~~ (6) Render services which the licensee is not licensed to provide.
- ~~(6)~~ (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- ~~(7)~~ (8) Fail to maintain patient records in accordance with OAR 818-012-0070.
- ~~(8)~~ (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- ~~(9)~~ (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- ~~(10)~~ (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.



- (~~11~~**12**) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (~~12~~**13**) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (~~13~~**14**) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
- (~~14~~**15**) Fail to advise a patient of any recognized treatment complications.

Dr. Salathe moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0018 to a public rulemaking hearing as presented. The motion passed unanimously.

### **OAR 818-021-0018**

#### **Temporary Dental License for Active-Duty Members of the Uniformed Services and their Spouses or Domestic Partners ~~of Active-Duty Armed Forces of the United States Stationed in Oregon~~**

- (1) A ~~temporary~~ license to practice dentistry, dental hygiene, or dental therapy shall be issued to Active-Duty Members of the Uniformed Services or their ~~the spouse or domestic partner of active-duty armed forces personnel~~ when the following requirements are met:
- (a) A completed application and payment of fee is received by the Board; and
  - (b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (c) ~~Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~
  - (~~d~~**b**) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
  - (~~e~~**c**) The spouse holds a current license in another state to practice dentistry, dental hygiene, or dental therapy at the level of application; and
  - (~~f~~**d**) The license is ~~unencumbered~~ in good standing and verified as active and current through processes defined by the Board; and
  - (~~g~~) ~~Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~
- (2) The ~~temporary~~ license shall ~~expire on the following date, whichever occurs first:~~ remain active for the duration of the above-mentioned military orders.
- (a) ~~Oregon is no longer the duty station of the active armed forces member; or~~
  - (b) ~~The license in the state used to obtain a temporary license expires; or~~
  - (c) ~~Two years after the issuance of the temporary license.~~
- (3) This temporary license is not renewable. ~~If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~ Each biennium, the licensee shall submit to the Board a Biennial Military Status Confirmation Form. The confirmation form shall include the following:
- (a) Licensee's full name;
  - (b) Licensee's mailing address;



- (c) Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;
- (d) Licensee's business telephone number. If the licensee has no business telephone number, licensee's home telephone number;
- (e) Licensee's employer or person with whom the licensee is on contract;
- (f) Licensee's assumed business name;
- (g) Licensee's type of practice or employment;
- (h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021- 0070 or OAR 818-021-0076;
- (i) Identity of all jurisdictions in which the licensee has practiced during the two past years; and
- j) A statement that the licensee has not been disciplined by any licensing board of any other jurisdiction or convicted of a crime.
- (k) Confirmation of current active-duty status of service member.

Ms. Simmons moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0019 to a public rulemaking hearing as presented. The motion passed unanimously.

#### **OAR 818-021-0019**

#### **~~Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon~~**

- ~~(1) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:~~
  - ~~(a) A completed application and payment of fee is received by the Board; and~~
  - ~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or~~
  - ~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and~~
  - ~~(d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and~~
  - ~~(e) The spouse holds a current license in another state to practice dentistry at the level of application; and~~
  - ~~(f) The license is unencumbered and verified as active and current through processes defined by the Board; and~~
  - ~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.~~
- ~~(2) The temporary license shall expire on the following date, whichever occurs first:~~
  - ~~(a) Oregon is no longer the duty station of the active armed forces member; or~~
  - ~~(b) The license in the state used to obtain a temporary license expires; or~~
  - ~~(c) Two years after the issuance of the temporary license.~~
- ~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~

Dr. Marucha moved and Ms. Jorgensen seconded that the Committee recommend the Board send five OAR 818-026-0040, 0050, 0060, 0065 and 0070 to a public rulemaking hearing as presented. The motion passed unanimously. The proposed language change is the same in all five anesthesia rules.

**OAR 818-026-0040**

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

Nitrous Oxide Sedation.

- (1) The Board shall issue a Nitrous Oxide Permit to an applicant who:
  - (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
  - (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
  - (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure 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 delivery of appropriate care in an emergency situation;
  - (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, 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 face masks 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; and
  - (g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.
- (3) Before inducing nitrous oxide sedation, a permit holder 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 nitrous oxide sedation;
  - (b) Give instruction 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 nitrous oxide sedation; and
  - (d) Obtain 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) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

- (5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.
- (6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.
- (7) Persons serving as anesthesia monitors 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 person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.
- (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.
- (11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, 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 and 818-021-0070.

**OAR 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 at the same time.
- (5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.
- (6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
- (7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS) ~~Cardio-Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)
- (8) The patient shall be monitored as follows:
- (a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood

pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

(11) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

#### **OAR 818-026-0060**

##### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and

(c) Satisfies one of the following criteria:

(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.

(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.

(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.

(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.



(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate 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 face mask 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) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and

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

(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing moderate sedation, a dentist permit holder who induces moderate 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 moderate 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; and

(c) 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.

(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for moderate 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) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) 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.

(11) 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.

(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 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 ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

#### **OAR 818-026-0065**

### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(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 face mask 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) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

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

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep 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 deep 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; and

(c) 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.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) Persons serving as anesthesia monitors for deep 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) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(10) 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.

(11) 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.

(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.

(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 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 ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

**OAR 818-026-0070**

**General Anesthesia Permit**

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and
- (c) Satisfies one of the following criteria:
  - (A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.
  - (B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.
  - (C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure 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 three 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 face mask 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) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
- (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and
- (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

- (3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.
- (4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.
- (5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia 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 general anesthesia or deep 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; and
  - (c) 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.
- (6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.
- (7) Persons serving as anesthesia monitors for general anesthesia 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) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;
  - (b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.
  - (c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.
- (9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.
- (10) 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 nausea or vomiting and has minimal dizziness.
- (11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.
- (12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.
- (13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 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 ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

Dr. Marucha moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-035-0072 to a public rulemaking hearing as presented. The motion passed unanimously. The OBD Staff and attorney were asked to wordsmith the rule regarding how best to reference the testing entity since its name may change and that would require future language change in rule.

#### **OAR 818-035-0072**

##### **Restorative Functions of Dental Hygienists**

- (1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:
  - (a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene](#) Restorative Examination or other equivalent examinations approved by the Board within the last five years; or
  - (b) If successful passage of the ~~Western Regional Examining Board's~~ [CDCA-WREB-CITA's Dental Hygiene](#) Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.
- (2) A dental hygienist may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):
  - (a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;
  - (b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.



Ms. Harrison moved and Ms. Jorgensen seconded that the Committee recommend the Board send OAR 818-042-0010 to a public rulemaking hearing as presented. The motion passed unanimously.

### **OAR 818-042-0010**

#### **Definitions**

- (1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental therapist or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental 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.
- (7) "Dental Assisting National Board (DANB)" is recognized by the Board as an acceptable testing agency for administering dental assistant examinations for certifications.**

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

### **OAR 818-042-0040**

#### **Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.

- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (22) Perform periodontal assessment.
- (23) Place or remove healing caps or healing abutments, except under [in](#)direct supervision.
- (24) Place implant impression copings, except under [in](#)direct supervision.
- (25) Any act in violation of Board statute or rules.

Dr. Sharifi moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-042-0080 to a public rulemaking hearing as presented. The motion passed unanimously.

#### **OAR 818-042-0080**

##### **Certification — Expanded Function Dental Assistant (EFDA)**

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by [an Oregon](#) licensed dentist that the applicant has successfully polished six (6) amalgam or composite surfaces, ~~polished six (6) amalgam or composite surfaces~~, removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final

cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

Ms. Jorgensen moved and Dr. Marucha seconded that the Committee recommend the Board send OAR 818-042-0095 to a public rulemaking hearing as presented. The motion passed unanimously. The OBD Staff and attorney were asked to wordsmith the rule regarding how best to reference the testing entity since its name may change and that would require future language change in rule.

#### **OAR 818-042-0095**

##### **Restorative Functions of Dental Assistants**

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the ~~Western Regional Examining Board's~~ CDCA-WREB-CITA's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Dr. Marucha moved and Ms. Riedman seconded that the Committee recommend the Board send OAR 818-042-0110 to a public rulemaking hearing as presented. The motion passed unanimously.

#### **OAR 818-042-0110**

##### **Certification— Expanded Function Orthodontic Dental Assistant (EFODA)**

The Board may certify a dental assistant as an expanded function orthodontic assistant:

(1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function orthodontic duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function orthodontic duties until EFODA certification is achieved.

Ms. Jorgensen moved and Ms. Simmons seconded that the Committee recommend the Board send OAR 818-042-0113 to a public rulemaking hearing as presented. The motion passed unanimously.

#### **OAR 818-042-0113**

**Certification — Expanded Function Preventive Dental Assistants (EFPDA)** The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Dr. Salathe moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-042-0116 to a public rulemaking hearing as presented. The motion passed unanimously.

#### **OAR 818-042-0116**

##### **Certification — Anesthesia Dental Assistant**

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

- (1) Successful completion of:
  - (a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or

- (b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or
- (c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or
- (d) The Resuscitation Group – Anesthesia Dental Assistant course; or
- (e) Other course approved by the Board; and
- (2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS/~~CPR~~ course, or its equivalent.

Ms. Riedman moved and Ms. Jorgensen seconded that the Committee recommend the Board send OAR 818-042-0130 to a public rulemaking hearing as presented. The motion passed unanimously.

### **OAR 818-042-0130**

#### **Application for Certification by Credential**

An applicant for certification by credential shall submit to the Board:

- (1) An application form approved by the Board, with the appropriate fee;
- (2) Proof of certification by another state and any other recognized certifications (such as CDA or COA certification) and a description of the examination and training required by the state in which the assistant is certified ~~submitted from the state directly to the Board~~; or
- (3) Certification that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant performing the functions for which certification is being sought ~~and~~, if
- ~~(4) If~~ applying for certification by credential as an EFDA, EFODA or EFPDA, certification by a licensed dentist that the applicant is competent to perform the functions for which certification is sought; ~~and~~.
- ~~(5)~~ If applying for certification by credential in Radiologic Proficiency, certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, or the Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.

Ms. Harrison moved and Ms. Jorgensen seconded that the Committee recommend the Board send OAR 818-042-XXXX to a public rulemaking hearing as presented. Dr. Salathe, Ms. Simmons, Ms. Riedman, Dr. Kalluri, Dr. Sharifi, Ms. Harrison and Ms. Jorgensen voted yes. Dr. Marucha voted no. The motion passed.

### **OAR 818-042-XXXX**

#### **Local Anesthesia Functions of Dental Assistants**

**(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.**

**(2) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.**

**ANY OTHER BUSINESS**

Chair Sharifi thanked everyone for their attendance and contributions.

The meeting adjourned at 6:47 p.m.

DRAFT





**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**OBD 1-2025**

**CHAPTER 818**

**OREGON BOARD OF DENTISTRY**

**FILED**

06/16/2025 9:33 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Temporary Rules to amend fees and dental assistant rules to be in compliance with legislation.

EFFECTIVE DATE: 07/01/2025 THROUGH 12/27/2025

AGENCY APPROVED DATE: 06/13/2025

CONTACT: Stephen Prisby

971-673-3200

stephen.prisby@obd.oregon.gov

1500 SW 1st Ave Suite

#770 PORTLAND, OR

97201

Filed By: Stephen

Prisby Rules

Coordinator

**NEED FOR THE RULE(S):**

Legislation was passed that requires rules to align and comply with them.

**JUSTIFICATION OF TEMPORARY FILING:**

The OBD Budget Bill (SB 5512) 2025 and HB 3223 (2023) require the OBD amend rules to align with legislation. The OBD relies on fees to sustain its operations and fee increases will provide needed income to do that. Three dental assistant rules need to be amended so that they comply with HB 3223 requirements regarding test criteria for dental assistant certifications. The OBD strives to ensure rules are in alignment with Oregon Law. The OBD would not be in compliance with law if these temporary rules are not in effect on July 1, 2025.

**DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:**

Legislation can be accessed easily on the OLIS website, and the Board has information in multiple board meeting public packets. Staff can provide information as requested too.

**RULES:**

818-001-0087, 818-042-0080, 818-042-0110, 818-042-0113

AMEND: 818-001-0087

**RULE SUMMARY:** The fee increases are being implemented to align the rule with the Board's legislatively approved 2025-2027 budget, which includes fee increases to dentists, dental therapists and dental hygienist's biennial license fees. Sedation permit fees are also increasing for the moderate sedation, deep sedation and general anesthesia permits.

**CHANGES TO RULE:**

818-001-0087

Fees ¶¶

(1) The Board adopts the following fees:¶¶

(a) Biennial License Fees:¶¶

(A) Dental - \$4490;¶  
 (B) Dental - retired - \$0;¶  
 (C) Dental Faculty - \$4385;¶  
 (D) Volunteer Dentist - \$0;¶  
 (E) Dental Hygiene - \$25579;¶  
 (F) Dental Hygiene - retired - \$0;¶  
 (G) Volunteer Dental Hygienist - \$0;¶  
 (H) Dental Therapy - \$25579;¶  
 (I) Dental Therapy - retired - \$0;¶  
 (b) Biennial Permits, Endorsements or Certificates:¶  
 (A) Nitrous Oxide Permit - \$40;¶  
 (B) Minimal Sedation Permit - \$75;¶  
 (C) Moderate Sedation Permit - \$75200;¶  
 (D) Deep Sedation Permit - \$75400;¶  
 (E) General Anesthesia Permit - \$1400;¶  
 (F) Radiology - \$75;¶  
 (G) Expanded Function Dental Assistant - \$50;¶  
 (H) Expanded Function Orthodontic Assistant - \$50;¶  
 (I) Instructor Permits - \$40;¶  
 (J) Dental Hygiene Restorative Functions Endorsement - \$50;¶  
 (K) Restorative Functions Dental Assistant - \$50;¶  
 (L) Anesthesia Dental Assistant - \$50;¶  
 (M) Dental Hygiene, Expanded Practice Permit - \$75;¶  
 (N) Non-Resident Dental Background Check - \$100.00;¶  
 (c) Applications for Licensure:¶  
 (A) Dental - General and Specialty - \$445;¶  
 (B) Dental Faculty - \$405;¶  
 (C) Dental Hygiene - \$210;¶  
 (D) Dental Therapy - \$210;¶  
 (E) Licensure Without Further Examination - Dental - \$890.¶  
 (F) Licensure Without Further Examination - Dental Hygiene and Dental Therapy - \$820¶  
 (d) Examinations:¶  
 (e) Jurisprudence - \$0;¶  
 (f) Duplicate Wall Certificates - \$50.¶  
 (2) Fees must be paid at the time of application and are not refundable.¶  
 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.  
 Statutory/Other Authority: ORS 679, 680  
 Statutes/Other Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200, 680.205, 679.615

AMEND: 818-042-0080

RULE SUMMARY: This rule is being amended so that it complies with HB 3223 (2024) requirements.

CHANGES TO RULE:

818-042-0080

Certification - Expanded Function Dental Assistant (EFDA) ¶

The Board may certify a dental assistant as an expanded function assistant:¶

(1) By credential in accordance with OAR 818-042-0120, or¶

(2) If the assistant submits a completed application, pays the fee and provides evidence of:¶

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon ~~Basic Infection Control or Certified Dental Assisting (CDA) examination, and the~~ Expanded Functions with Infection Control examination, or equivalent successor examination, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; or prior passage of the Certified Dental Assistant examination or Infection Control Examination and¶

passage of the Oregon Expanded Functions General Dental Assistanting examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations.The dental assistant must submit within six months certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0110

RULE SUMMARY: This rule is being amended so that it complies with HB 3223 (2024) requirements.

CHANGES TO RULE:

818-042-0110

Certification - Expanded Function Orthodontic Dental Assistant (EFODA) ¶

The Board may certify a dental assistant as an expanded function orthodontic assistant:¶

(1) By credential in accordance with OAR 818-042-0120, or¶

(2) Completion of an application, payment of fee and satisfactory evidence of;¶

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or¶

(b) Passage of the Oregon ~~Basic, Infection Control, Certified Dental Assistant~~ Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examination, administered by the Dental Assisting National Board, Inc. (CDA) or Certified Orthodontic Assistant (COA) examination, and (NB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assistanting examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0113

RULE SUMMARY: This rule is being amended so that it complies with HB 3223 (2024) requirements.

CHANGES TO RULE:

818-042-0113

Certification - Expanded Function Preventive Dental Assistants (EFPDA) ¶¶

The Board may certify a dental assistant as an expanded function preventive dental assistant:¶¶

(1) By credential in accordance with OAR 818-042-0120, or¶¶

(2) If the assistant submits a completed application, pays the fee and provides evidence of;¶¶

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶¶

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon ~~Basic or Expanded Functions with Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination;~~ or passage of the Coronal Polishing with Infection Control examination, or equivalent successor¶¶ examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examinationing exam or Coronal Polishing exam, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

**818-001-0087**

**Fees**

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — \$4490;

(B) Dental — retired — \$0;

(C) Dental Faculty — \$4385;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — \$25579;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0;

(H) Dental Therapy - \$25579;

(I) Dental Therapy - retired - \$0;

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — \$40;

(B) Minimal Sedation Permit — \$75;

(C) Moderate Sedation Permit — \$75200;

(D) Deep Sedation Permit — \$75400;

(E) General Anesthesia Permit — \$1400;

(F) Radiology — \$75;

(G) Expanded Function Dental Assistant — \$50;

(H) Expanded Function Orthodontic Assistant — \$50;

(I) Instructor Permits — \$40;

(J) Dental Hygiene Restorative Functions Endorsement — \$50;

(K) Restorative Functions Dental Assistant — \$50;

(L) Anesthesia Dental Assistant — \$50;

(M) Dental Hygiene, Expanded Practice Permit — \$75;

(N) Non-Resident Dental Background Check - \$100.00;

(c) Applications for Licensure:

(A) Dental — General and Specialty — \$445;



- (B) Dental Faculty — \$405;
- (C) Dental Hygiene — \$210;
- (D) Dental Therapy - \$210;
- (E) Licensure Without Further Examination — Dental — \$890.
- (F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820
- (d) Examinations:
  - (e) Jurisprudence — \$0;
  - (f) Duplicate Wall Certificates — \$50.
- (2) Fees must be paid at the time of application and are not refundable.
- (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

Dr. Clark moved and Dr. Kansal seconded that the Board refer OAR 818-042-0080, OAR 818-042-0110, and OAR 818-042-0113 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

#### **818-042-0080**

##### **Certification – Expanded Function Dental Assistant (EFDA)**

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation; or
  - (b) ~~Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination,~~ Oregon Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

Dr. Clark moved and Dr. Kansal seconded that the Board refer OAR 818-042-0080, OAR 818-042-0110, and OAR 818-042-0113 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

#### **818-042-0110**

##### **Certification - Expanded Function Orthodontic Dental Assistant (EFODA)**

The Board may certify a dental assistant as an expanded function orthodontic assistant: (1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the ~~Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination,~~ Oregon Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients.

Dr. Clark moved and Dr. Kansal seconded that the Board refer OAR 818-042-0080, OAR 818-042-0110, and OAR 818-042-0113 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **818-042-0113**

#### **Certification — Expanded Function Preventive Dental Assistants (EFPDA)**

The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant examination, or the Coronal Polishing (CP) examination,~~ Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board refer 818-012-0010 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **818-012-0010**

#### **Unacceptable Patient Care**

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographic and other imaging are of diagnostic quality.
- (6) Render services which the licensee is not licensed to provide.
- (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (8) Fail to maintain patient records in accordance with OAR 818-012-0070.
- (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
- (12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
- (15) Fail to advise a patient of any recognized treatment complications.
- (16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.
- (17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

Dr. Kansal moved and Dr. Clark seconded that the Board refer OAR 818-042-0040, OAR 818-035-0025, and OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **818-035-0025**

#### **Prohibited Acts**

A dental hygienist may not:

- (1) Diagnose and treatment plan other than for dental hygiene services;
- (2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;
- (3) Extract any tooth;
- ~~(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);~~
- (4) Intraoral adjustment of fixed and removable prosthesis or appliances.
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (9) Place or remove healing caps or healing abutments, except under indirect supervision.
- (10) Place implant impression copings, except under indirect supervision.
- (11) Any act in violation of Board statute or rules.

Dr. Kansal moved and Dr. Clark seconded that the Board refer OAR 818-042-0040, OAR 818-035-0025, and OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **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 [after manufacturer required denture preparation](#) 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.

[\(4\) Extraoral adjustment of fixed and removable prosthesis or appliances.](#)



Dr. Salathe moved and Dr. Kalluri seconded that the Board refer OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **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.

**(4) A dental hygienist with a local anesthesia endorsement 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 dental hygienist with a local anesthesia endorsement may meet the requirements of subsection (4) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.**

Dr. Kansal moved and Dr. Clark seconded that the Board refer OAR 818-042-0040, OAR 818-035-0025, and OAR 818-035-0030 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **818-042-0040**

#### **Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095) or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (22) Perform periodontal assessment.
- (23) Place or remove healing caps or healing abutments, except under indirect supervision.
- (24) Place implant impression copings, except under indirect supervision.
- (25) Intraoral adjustment of fixed and removable prosthesis or appliances.
- (26) Any act in violation of Board statute or rules.

Ms. Ludwig moved and Ms. Jorgensen seconded that the Board refer OAR 818-042-0040 as presented to the Rules Oversight Committee for further investigation and discussion. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

### **818-042-0040**

#### **Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095) or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.
- (123) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (134) Use lasers, except laser-curing lights.
- (145) Use air abrasion or air polishing.
- (156) Remove teeth or parts of tooth structure.
- (167) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (178) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (189) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (1220) Apply denture relines except as provided in OAR 818-042-0090(2).
- (201) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (242) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (223) Perform periodontal assessment and periodontal probing.
- (234) Place or remove healing caps or healing abutments, except under indirect supervision.

- (24~~5~~) Place implant impression copings, except under indirect supervision.
- (2~~5~~6) Any act in violation of Board statute or rules.

**From:** Lisa Rowley <[lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com)>

**Sent:** Tuesday, November 26, 2024 4:00 PM

**To:** PRISBY Stephen \* OBD <[Stephen.PRISBY@obd.oregon.gov](mailto:Stephen.PRISBY@obd.oregon.gov)>

**Cc:** Karan Bershaw <[karanrdh@gmail.com](mailto:karanrdh@gmail.com)>; Kimberly Perlot <[perlotk@interdent.com](mailto:perlotk@interdent.com)>; Barry Taylor, DMD <[btaylor@oregondental.org](mailto:btaylor@oregondental.org)>; Brett Hamilton <[bhamilton@oregondental.org](mailto:bhamilton@oregondental.org)>; Ginny Jorgensen <[ginjorge53@gmail.com](mailto:ginjorge53@gmail.com)>; Mary Harrison <[Mary2805@aol.com](mailto:Mary2805@aol.com)>

**Subject:** "Scaling Assistant" Training

I have an unsubstantiated report that a representative from Willamette Dental Group has contacted the dental programs director for Portland Community College to ask if they would train "scaling assistants."

The ODHA is strongly opposed to the training and use of "scaling assistants" in Oregon. I have attached the ODHA's "Overview of Scaling Assistant Legislation" document for your review.

I have also attached suggested revisions to OAR 818-042-0040 that are intended to clarify that the training and use of "scaling assistants" is not legal in Oregon.

The ODHA values the positive relationship that we have with the Oregon Board of Dentistry, the Oregon Dental Association and the Oregon Dental Assistants Association, and we are committed to working together to pursue positive strategies to address the dental workforce shortage.

Thank you for considering this issue.

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**Lisa J. Rowley, MSDH, RDH, CDA, FADHA**

ODHA Advocacy Director

State Liaison to ADHA Institute for Oral Health Foundation

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## **Overview of Scaling Assistant Legislation November 2024**

### **What is a scaling assistant?**

Although the definition varies from state to state, in most cases a “scaling assistant” is a dental assistant who, after completing on-the-job training or a short course of study, can perform coronal (above the gumline) scaling under the supervision of a dentist. In some states a scaling assistant may be called a “preventive dental assistant.”

### **When & where did this start?**

In 1998 Kansas became the first state to allow dental assistants to perform coronal scaling. For many years prior to 1995, Kansas dentists particularly in rural areas had been delegating coronal scaling and polishing to their dental assistants. In 1995 the Kansas Attorney General ruled that dental assistants could not legally scale or polish above or below the gumline. The Kansas Dental Association believed that there was a shortage of dental hygienists and sought help from their state legislature. This resulted in passage of HB 2724 in 1998. This bill amended the Kansas dental law to allow a “non-licensed person” (dental assistant), who has completed a board approved course of study consistent with CODA standards, to scale and polish above the gumline under the direct supervision of a dentist except for patients who have undergone local or general anesthesia at the time of the procedure. Their definition of direct supervision is that “the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and before dismissal of the patient evaluates the performance.”

### **What’s happened in other states?**

- In 2015 Illinois became the second state in the U.S. to allow dental assistants to scale teeth above the gumline on children 12 years of age and younger after attending a weekend course.
- In 2021 the Wisconsin Dental Association initiated legislation for an expanded duty dental assistant that included scaling. This section of the bill was removed after strong opposition by the Wisconsin Dental Hygienists’ Association.
- In 2022 the Illinois Dental Society passed legislation that allows dental assistants with 32 hours of instruction to provide coronal scaling on Medicaid children 17 years of age and younger.
- In 2023 a House representative who was a dentist from the Bozeman area of Montana introduced HB 411 that if passed would have allow dental assistants to provide an oral prophylaxis on children aged 12 and under. This bill did not pass after strong opposition from the Montana Dental Hygienists’ Association.
- In 2023 the Colorado Dental Association (CDA) adopted a resolution to develop and submit a Sunrise Review application to the Colorado Department of Regulatory Agencies that will address the expansion of dental assistant scope of practice to include periodontal probing and calculus removal under direct supervision of a dentist.



The Colorado Dental Hygienists' Association has been meeting with the CDA and other stakeholders to address workforce issues in Colorado.

- In 2024 the Washington state legislature considered House Bill 2176 that if passed would have created a licensed preventive dental assistant who, with no formal education, would be able to perform oral prophylaxis for healthy patients and periodontal probing after initial probing by a dentist or dental hygienist, both under the supervision of a dentist. This bill did not pass after strong opposition from the Washington Dental Hygienists' Association.

### **Why are some dentists supporting this?**

- They think that a scaling assistant will help alleviate the current shortage of dental hygienists and improve access to dental care for their patients.
- They think that they can train their dental assistants to perform scaling and polishing above the gumline on-the-job in just a few months.
- They think that their dental assistant can be trained to perform scaling above the gumline because dental assistants already perform a variety of dental procedures.
- They think that child prophys are relatively easy compared to adult prophys.
- They think that they can pay a scaling assistant a wage lower than they would need to pay a dental hygienist.

### **Why is the ODHA opposed to this?**

- An oral prophylaxis includes scaling both above and below the gumline to ensure that all calculus is removed. In most cases, scaling assistants may only perform scaling above the gumline, so they are not performing an oral prophylaxis and it cannot be billed to the patient's insurance company as such.
- Calculus that is present along the gumline usually extends below the gumline so scaling only above the gumline will not remove this calculus. If the gingival tissue heals over this remaining calculus below the gumline, the patient is at risk for developing periodontal abscesses.
- Scaling assistants have not completed a formal education program that is comparable to the 2-3 years of college-level accredited education that is required to become a licensed dental hygienist. During their formal education dental hygienists complete more than 500 hours providing dental hygiene care to a wide variety of patients under the supervision of licensed dentists and dental hygienists.
- If each dentist provides on-the-job training with no standard curriculum, each scaling assistant will likely receive different training from each dentist.
- Dentists are currently having a more difficult time finding dental assistants than dental hygienists, so it seems unreasonable that a dentist would give up a chairside assistant so that the dental assistant can become a scaling assistant.
- If a dentist can pay a scaling assistant a lower wage than they would pay a dental hygienist, the dentist might not pass this savings along to their patients.
- We value our dental assistants and do not want to see them put in a situation where they are asked to provide coronal scaling at a lower wage than what they would receive if they became a licensed dental hygienist.
- In most cases scaling assistants are not licensed and they do not need to report address changes to their state board of dentistry. This means that the board is not

able to track them, communicate with them or provide oversight for them. Scaling assistants who are not licensed cannot be disciplined by their state board of dentistry.

- In most cases patients do not know that their scaling is not being performed by a licensed dental hygienist and they are not given the opportunity to refuse treatment from an unlicensed provider.
- There are better ways to address the workforce shortage than having unlicensed providers with less education perform coronal scaling for patients especially children. Surveys show that dental assistants and dental hygienists are leaving the field due to negative workplace culture, low wages and feeling overworked. Dentists should consider creating a positive work culture, increasing wages and reducing stress for their staff.

## Resources

- [What happened in Kansas could happen in your state. Are you ready? RDH Magazine October 1998.](#)
- [Ethical Moment: Dental Assistants Performing Prophylaxes. JADA 2009](#)
- [The Montana Experience: Fighting House Bill 411 to Protect Children. RDH Magazine March 2023](#)
- [Dental Assistant Scope Expansion Explored, CDAonline 2023](#)
- [The Scaling Assistant Part I - Dental Products Report September 2023](#)
- [The Scaling Assistant Part II - Dental Products Report January 2024](#)
- [Dental Hygienist Shortage: Proposed Solutions and Why Assistants Scaling is not the Answer - Today's RDH May 2024](#)

If you have any questions or need more information, please contact ODHA Advocacy Director Lisa J. Rowley at [lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com).

## **OAR 818-042-0040**

### **Suggested Revisions**

#### **818-042-0040**

##### **Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042- 0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026- 0050(5), OAR 818-026-0060(12), OAR 818- 026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042- 0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (??) Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.**
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intraorally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042- 0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).

(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818- 042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.

(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(22) Perform periodontal assessment **and periodontal probing**.

(23) Place or remove healing caps or healing abutments, except under direct supervision.

(24) Place implant impression copings, except under direct supervision.

(25) Any act in violation of Board statute or rules.

### **818-042-0070**

#### **Expanded Function Dental Assistants (EFDA)**

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

(1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;

(2) Remove temporary crowns for final cementation and clean teeth for final cementation;

(3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;

(4) Place temporary restorative material in teeth providing that the patient is checked by a dentist before and after the procedure is performed;

(5) Place and remove matrix retainers for any type of direct restorations;

### **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.

(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.

June 4, 2025

Members of the Board of Dentistry,

Oregon Dental Association strongly discourages the Oregon Board of Dentistry from pursuing revisions to OAR 818-042-0040, which would prohibit training and the use of "scaling assistants". These proposed changes will reduce the Board of Dentistry's flexibility to address the significant dental workforce challenges facing Oregon.

Recruitment of new dental assistants into the workforce, and retention of our existing dental assistants are massive challenges for our state. Every member of the dental care team should be able to utilize their skills, expanded functions, and work within the full scope of practice. Although ODA is not currently pursuing "scaling assistants" legislation, we are requesting that the Board remain open to exploring and educating itself in this area, as well as other opportunities to address workforce shortages.

As a participant on the Dental Assistant Workforce Shortage Committee (DAWSAC), we have supported the efforts of dental assistants having expanded functions, which we have learned are important for retention. We have demonstrated this by supporting 818-042-0096 local anesthesia functions of dental assistants. To be consistent, we believe that if dental assistants can administer local anesthesia, then dental assistants are capable of being trained in dental scaling and would find this expanded function desirable.

Finally, ODA is committed to addressing workforce challenges that affect dentists' ability to deliver critical oral health care to Oregonians. We will continue to partner with other members of the dental team to collaboratively seek solutions. It is critical that we don't limit ourselves to future possibilities. We urge you not to pursue revisions to OAR 818-042-0040.

Sincerely,



Caroline Zeller, DDS, MPH  
President, Oregon Dental Association



Dr. Kansal moved and Dr. Kalluri seconded that the Board refer OAR 818-042-0096 as presented to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

#### **818-042-0096**

##### **Local Anesthesia Functions of Dental Assistants**

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(2) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

(23) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Ms. Ludwig moved and Dr. Salathe seconded that the Board refer OAR 818-042-0115 to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, OS, SL, GJ, and KL voting Aye.

#### **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 [in accordance with OAR 818-042-](#)

[0117.](#)

(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.

To the Members of the Oregon Board of Dentistry, Rules Oversight Committee,

This letter is in response to the recent letter submitted by the Oregon Dental Association (ODA) regarding the proposed Dental Assistant Registry and Dental Assistant Professional Model. We appreciate the ODA's active participation in the Dental Assistant Workforce Shortage Advisory Committee (DAWSAC) and the Licensing, Standards, and Competency Committee, and we value their commitment to improving the dental workforce in Oregon.

While we understand the concerns raised in their letter, we respectfully offer the following perspectives to clarify intent, address misconceptions, and highlight the broader purpose and value of these initiatives.

### **1. Addressing Workforce Shortages: Building Long-Term Infrastructure**

We agree that Oregon faces an urgent shortage of dental assistants, and we recognize the need for both immediate and long-term solutions. While a registry and professional model may not provide an instant remedy, they lay critical groundwork for sustainable workforce development. These tools will support strategic planning, targeted communication, and retention efforts—all of which are essential to reversing current trends.

Professional recognition, access to continuing education, and a sense of belonging are key to retaining talent. Without a registry, we lack the ability to communicate directly with the workforce, measure trends, or understand the unique needs and challenges that dental assistants face.

### **2. Financial and Administrative Considerations**

Concerns about added financial and administrative burdens are understandable, but we believe they may stem from a misunderstanding of the proposed intent. The registry is not a licensure requirement and does not alter the current EFDA certification structure. Rather, it is intended to serve as a foundational system to track, support, and engage with Oregon's dental assistant workforce—enabling better communication, workforce data collection, and professional development.

Should a nominal registration fee be introduced it would be thoughtfully structured to ensure it is equitable and not a barrier to participation. The goal is to support—not hinder—entry into the profession, while also creating infrastructure that strengthens recruitment, retention, and recognition of dental assistants in Oregon.

### **3. Understanding the Shortage: A Need for Data**

ODA's letter poses an essential question: is the current workforce issue a shortage or a retention problem? The reality is, we simply don't have sufficient data to say. That is precisely why a

registry—and updated surveys for both dental assistants and dentists—are crucial next steps. Without a way to reach and understand the workforce directly, we are left relying on anecdotal information.

A registry would support more accurate data collection, evaluation of retention patterns, and the ability to conduct timely, targeted surveys—tools we need to make informed, evidence-based decisions.

#### **4. Learning from Other States**

We appreciate the comparisons made to states like Vermont and Iowa. While each has chosen different regulatory approaches, it is clear that no single model fits all. Oregon must chart a course that reflects its unique needs and values. We believe Vermont's clearly delineated pathways offer a more structured framework that supports both workforce development and public protection. In contrast, Iowa's recent move to eliminate registration may address hiring challenges in the short term but risks undermining the long-term professionalization and recognition of dental assistants.

#### *Conclusion*

The proposed Dental Assistant Registry and Professional Model are not meant to complicate access to the profession, but to support its growth, elevate its standing, and provide the data and tools needed to ensure a strong, connected workforce. These efforts are designed to benefit dental assistants, dental practices, and ultimately, the patients we all serve.

We welcome continued collaboration with ODA and the Board to ensure any steps taken are practical, inclusive, and grounded in the best interest of Oregon's oral healthcare community. Thank you for your leadership and dedication to advancing the dental workforce.

Respectfully,

#### *ODAA Executive Board:*

Ginny Jorgensen, President

Past President, Bonnie Marshall

Mary Harrison, Vice President

Alex Case, Co-Vice President - Alyssa Kobylinsky, Co-Vice President

Kari Hiatt, Secretary

Lynn Murray, Treasurer

Linda Kihs, Historian/Radiation Advising

Christina Becker, Student Involvement/Website Manager

**Vermont Board of Dental Examiners  
Administrative Rules  
Effective: January 15, 2010**

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**Vermont Board of Dental Examiners  
Administrative Rules  
Effective: January 15, 2010  
(Cite as BDE Rules x.y)**

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### **PART 1. GENERAL INFORMATION**

**1.1 Introduction** These rules are divided into general information for all professions regulated herein and individual sections for each of the professions governed: dentists, dental hygienists, and dental assistants. These rules also contain rules governing the practice areas of sedation, analgesia, anesthesia, and general supervision of dental hygienists in public or private schools or public or private institutions.

**1.2 Duty to Inform** It is the responsibility of each supervising dentist to inform each person hired to work in an office subject to these rules of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered and trained. A copy of these rules shall be readily available to all persons subject to these rules. All persons subject to these rules are reminded that 3 Vermont Statutes Annotated (V.S.A.) § 129a(6) includes within the definition of "unprofessional conduct" "[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them."

**1.3 The Board's Purpose** The State Board of Dental Examiners ("the Board") has been created and given powers by Vermont law. The Board's purpose is to protect the public health, safety, and welfare. The Board does this by setting standards for issuing licenses and registrations, by licensing

and registering only qualified applicants, and regulating license and registration holders and their practices.

**1.4 Business Address** The Board's mailing address is the Office of the Secretary of State, Office of Professional Regulation, Board of Dental Examiners, National Life Bldg., North, FL2, Montpelier, VT 05620-3402 ("the Office"). Copies of these rules and more information about the Board and its requirements and procedures can be obtained by contacting the Office at 1-802-828-2363. This information may also be obtained from the Board's Web site at <http://vtprofessionals.org/>.

**1.5 Board Members and Officers** The Board is composed of five dentists, two dental hygienists, and two public members all of whom reside in Vermont. The dentists are in active practice and have practiced in Vermont for at least five years. The dental hygienists are in active practice and have practiced in Vermont for at least three years. All members may serve two consecutive five year terms. Members are appointed by the Governor.

**1.6 Terms of Office** A chair, vice chair, and secretary are elected annually, usually in September or the Board's first meeting after September. Their duties are:

(a) The Chair calls Board meetings, presides at meetings and signs all certificates, vouchers and other official Board papers.

(b) The Vice Chair is authorized to act when the chair is not present or is unable to attend to the duties of office.

(c) The Secretary may, unless delegated to the OPR administrative staff, handle the Board's correspondence, take the minutes of meetings, certify transcripts of proceedings, sign all certificates, and inform the public and all members of Board meetings.

**1.7 Contacting the Board** Names of the Board members and officers may be obtained from the Office or the Board's Web site at <http://vtprofessionals.org/>. Members may be contacted through the Office.

### **1.8 Regular, Special, and Emergency Meetings**

(a) The Board holds at least one regular meeting a year, but usually meets monthly. The chair or two other Board members may call a special or emergency meeting when it is necessary.

(b) A majority of the Board constitutes a quorum for all meetings. No formal action at any meeting may be taken unless a majority of the quorum votes in favor of the action. The Office can provide meeting dates and locations. Notice of meetings may usually be found online at <http://vtprofessionals.org/>.

### **1.9 Laws Governing the Board**

(a) The Board is created by law, Title 26, V.S.A., Chapter 13, which establishes its responsibilities for setting standards, issuing licenses and regulating the profession. The statutes are online at <http://www.leg.state.vt.us/statutes/statutes2.htm>. In addition, the Board is subject to several other state laws such as the Administrative Procedure Act (Title 3, V.S.A., Chapter 25), the "Law of Professional Regulation" (Title 3, V.S.A., Sections 121-131), the "Right to Know Law" (Title 1, V.S.A., Sections 311-314), and the "Access to Public Records Law" (Title 1, V.S.A., Sections 315-320). These laws spell out the rights of applicants, license holders or members of the public.

(b) The Vermont Statutes Annotated contain the complete text of these laws. They can usually be found in any Town Clerk's office or public library. "Vermont Statutes Online" are also available at <http://www.leg.state.vt.us>. The Board's statutes and rules may be accessed through the Board's website at <http://vtprofessionals.org/>.

### 1.10 Effect of Rules

(a) The Board is authorized to make these rules under Title 26, V.S.A., Sections 767 and 804. These rules are approved by the Vermont Legislative Committee on Administrative Rules and have the effect of law and govern the Board's proceedings. Rules are made following the Administrative Procedure Act ("APA"). The Office of Professional Regulation ("Office") helps the Board to comply with the Act. Rules are reviewed and revised periodically. Rules regulating supervised practice of dental hygienists in public or private schools or public or private institutions will become effective only upon passage of an authorizing amendment to 26 V.S.A. § 854.

(b) Legislative changes from time to time may create inconsistencies between statutes and administrative rules. When rules and statutes conflict, the statutes govern.

### 1.11 Permitted Practices

(a) **Dentists: The following tasks may be performed by licensed dentists only:**

(1) Practices permitted by Chapter 13 of Title 26 including diagnosis, treatment planning and prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances; or

(2) Surgical procedures on hard and soft tissues within or ancillary to them related to the treatment of the maxillofacial complex and any other intraoral procedure that contributes to and results in an irreversible alteration to the oral anatomy.

(3) Dentists are responsible for general supervision of dental hygienists and "direct supervision" of dental hygienists where specifically required elsewhere in these rules.

(4) Dentists are responsible for the direct supervision of dental assistants.

(b) **Clarifications, Limitations on Scope of Practice, Dentists or Dental Hygienists:**

Oral prophylaxis, oral debridement, periodontal descriptions and charting, including periodontal probing and placement of subgingival chemotherapeutic agents shall be performed only by a licensed dentist or dental hygienist.

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## PART 2. DEFINITIONS

### 2.1 Definitions As used in these rules:

(a) "Active practice" -

1. "active practice" for dentists: means maintaining a valid license in good standing in this or another U.S. or Canadian jurisdiction and providing dental services to patients for at least 800 hours, or accumulating 100 continuing education credits (1 hour = 1 credit) approved by the Board in patient care related subjects during the previous five years. A combination of practice hours and continuing education hours in that ratio may be accepted in the discretion of the Board.

2. "active practice" for dental hygienists means practicing under a valid license in this or another U.S. or Canadian jurisdiction for no fewer than 50 hours in five years.

(A) Active practice for dental hygienists includes activities which the Board determines to be reasonably related to the retention of competency skills. These may include, but are

not limited to traditional clinical practice or volunteer work at dental clinics, public health practice, teaching undergraduate or graduate education, teaching patient education or dental health education at schools, fairs, or meetings of dental professionals.

3. for dental assistants: there is no active practice requirement.

- (b) "ACLS" - means Advanced Cardiac Life Support.
- (c) "ADA" - means American Dental Association.
- (d) "Board" - means State of Vermont Board of Dental Examiners.
- (e) "CODA" - means Commission on Dental Accreditation of the American Dental Association.
- (f) "CITA" means Council of Interstate Testing Agencies.
- (g) "CPR" - means Cardio-Pulmonary Resuscitation.
- (h) "CRDTS" - means Central Regional Dental Testing Service.
- (i) "CSE" - means Conscious Sedation Endorsement.
- (j) "DANB" - means Dental Assisting National Board.
- (k) "Direct Supervision" - means a dentist agreeing to procedures or treatment performed by appropriate personnel by being readily available at the dental facility for consultation or intervention.
- (l) "Director" - means the Director of the Office of Professional Regulation.
- (m) "Emergency Office Procedures" - means courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross, or courses which include a review of health conditions and factors which might produce emergencies. Acceptable courses will be consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.
- (n) "General Supervision" - (1) in the office of a licensed dentist means a dentist with the responsibility to periodically examine patients, agreeing to procedures or treatment performed by appropriate personnel. The dentist must be available for consultation, but does not necessarily have to be physically present at the dental facility when providing general supervision.  
 "General supervision" (2) in a public or private school or public or private institution means supervision by a dentist with no less than three years experience in accordance with a general supervision agreement as set forth in Part 10 of these rules. When providing general supervision the dentist must be available for consultation but does not have to be physically present at the site where dental hygiene services are provided.
- (o) "GAE" -means General Anesthesia Endorsement.
- (p) "Good standing" means that the professional holds a current, unrestricted license and has not been subject to disciplinary action resulting in a finding of unprofessional conduct within the previous five years.
- (q) "OPR" - means the Office of Professional Regulation.
- (r) "Office" - means the Office of Professional Regulation.
- (s) "PALS" - means Pediatric Advanced Life Support.
- (t) "PGY1" -means Post Graduate Year.
- (u) "NERB" - means Northeast Regional Board of Dental Examiners.
- (v) "SRTA" - means Southern Regional Testing Agency.
- (w) "Supervising dentist" - means that dentist in a practice who is designated to ensure compliance with the licensing and registration requirements of these rules. The designation need not be formal and is not required to be reported to the Board. Each dentist in a practice is charged with ensuring that there is a designated supervising dentist. If no dentist has been designated as the supervising dentist, every dentist in the practice is responsible for ensuring compliance with the licensing and registration requirements of these rules.
- (x) "Unrestricted license" - means that the licensed or registered professional is not subject to a sanction following a completed disciplinary action which resulted in a finding of unprofessional conduct.
- (y) "V.S.A." - means Vermont Statutes Annotated.

(z) "WREB" - means Western Regional Examining Board.

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## **PART 3. GENERAL LICENSING and REGISTRATION INFORMATION**

**3.1 Need for a License or Registration** No person may practice in Vermont as a dentist, dental hygienist or dental assistant unless licensed or registered by the Board as specified by these rules and the statutes governing these professions.

### **3.2 Where to Obtain Applications**

(a) License or registration applications may be obtained by writing the Office at:

Vermont Secretary of State  
Office of Professional Regulation  
National Life Bldg., North, FL2  
Montpelier, VT 05620-3402

(b) License or registration applications may also be obtained online at <http://vtprofessionals.org/> in the section dedicated to The Board of Dental Examiners.

(c) Submitted applications for licensure or registration must show that the applicant meets the prerequisites listed below for each profession.

### **3.3 Responsibility for Compliance with the Licensing Requirements**

(a) Each supervising dentist must inform each person hired to work in a dental office of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered. If there is no designated supervising dentist, every dentist in the practice shares this duty.

(b) A copy of these rules shall be readily available to all persons subject to these rules.

(c) All persons subject to these rules are reminded that 3 V.S.A. § 129a(6) includes within the definition of "unprofessional conduct" "[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them."

### **3.4 Decisions on Licensure and Renewal: Applicant's Right to a Written Decision**

(a) The Board will notify applicants in writing of all decisions concerning the granting or denial of a license or registration or renewal of either. If a license or registration or renewal of either is denied, the applicant will be given specific reasons and will also be informed of the right to appeal the Board's decision.

(b) In some instances the Board, or the Office on behalf of the Board, will issue a preliminary denial of licensure or renewal. This most often occurs when it appears from the application and accompanying documents that the applicant does not meet the qualifications for licensure. When this occurs, the applicant is notified of the right to file an appeal which is heard in a formal hearing by the Board. If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final. At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error, and

that he or she is entitled under the statutes and rules to licensure. After that hearing the Board issues a written final decision. The decision will advise the applicant of how to file an appeal.

**3.5 Applicant's Right to Appeal a Final Licensing Decision** If the applicant is not satisfied with the Board's final decision denying a license or registration or renewal, after a formal hearing the applicant may appeal within 30 days of the date of the decision as provided by law. Further information about the appeal process may be obtained from the Office or at <http://vtprofessionals.org>.

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## **PART 4. INFORMATION FOR DENTISTS**

### **4.1 How to Obtain a License as a Dentist**

(a) Qualifications for licensure as a dentist are set forth by 26 V.S.A. Chapter 13 §§ 801 through 805. 26 V.S.A. § 804 gives the Board authority to promulgate rules relating to 1) the qualifications of applicants; 2) conducting the examinations; and 3) granting licenses.

(b) Applications for a dental license may be obtained from the Office or online at <http://vtprofessionals.org/>. An applicant shall submit a fully completed application form with all supporting documentation and the fee to the Office.

(c) An applicant may obtain a license as a dentist through one of the following three paths: examination, credentials (also referred to as "endorsement"), or licensed practice experience.

d) Regardless of route to licensure, each applicant shall:

- 1) have graduated from a school of dentistry or dental college accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) or, if the applicant has completed a program of dental education in an unregistered and unaccredited foreign dental school, evidence of successful completion of a minimum of one year of study in a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association, resulting in the awarding of a dental degree (D.D.S. or D.M.D.) by that institution;
- 2) be at least 18 years of age and not in violation of these rules or statutes governing the profession;

**4.2 Licensure by Examination** The application and accompanying documents must show that the applicant:

(a) Is at least 18 years of age and not in violation of these rules or statutes governing the profession.

(b) Has graduated from a school of dentistry or dental college accredited by the Commission on Dental Accreditation of the American Dental Association or, if the applicant has completed a program of dental education in an unregistered and unaccredited foreign dental school, evidence of successful completion of a minimum of one year of study in a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association, resulting in the awarding of a dental degree (D.D.S. or D.M.D.) by that institution;

(c) Presents a certificate of the National Board of Dental Examiners; and

(d) Has passed every part of one of the following examinations:



- (1) the American Dental Licensing Exam (ADLEX) administered by the Northeast Regional Board (NERB);
- (2) the Central Regional Dental Testing Service Examination (CRDTS);
- (3) the Council of Interstate Testing Agencies (CITA);
- (4) the Southern Regional Testing Agency Examination (SRTA);
- (5) the Western Regional Examining Board Examination (WREB);
- (6) another regional or national clinical examination approved by the Board before the examination is taken, or;
- (7) has passed the board certifying examinations of the American Dental Association's recognized specialty boards.

(e) Has completed training in emergency office procedures required in Rule 2.1(m), and;

(f) Has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>.

#### **4.3 Testing Information**

(a) Information on the NERB may be obtained by writing to:

Office of the Secretary  
Northeast Regional Board of  
Dental Examiners  
8484 Georgia Avenue, Suite 900  
Silver Spring, MD 20910

(b) Information on the CRDTS may be obtained by writing to:

Central Regional Dental Testing Service  
5200 Huntoon Street  
Topeka, Kansas 66604

(c) Information on the SRTA may be obtained by writing to:

Southern Regional Testing Agency  
1072 Laskin Road  
Suite 203  
Virginia Beach, Virginia 23451

(d) Information on the WREB may be obtained by writing to:

Western Regional Examining Board  
10040 North 25th Avenue  
No. 116  
Phoenix, Arizona 85021

(e) Should changes occur after adoption of these rules, the Office should be able to provide up-dated contact information.

(f) If other regional board or national testing organizations are formed, the Board, at its discretion, may accept passage of their examinations as fulfilling the requirements of this rule.

(g) The Board will compare additional regional or national examinations and examination services to the ones listed before deciding whether other examinations should be approved.

(h) Applicants should check with the Board before taking an examination other than one specifically named herein to verify whether the examination has been approved by the Board.

**4.4 Previously Licensed, but Who Do Not Meet Active Practice Requirements** If the applicant meets all the requirements for licensure but has not actively practiced dentistry for five years or more, the applicant must:

- a) successfully complete a clinical course approved by the Board which will assure competence to reenter dental practice. A course taken to satisfy this rule must be one offered by a CODA accredited dental school, or;
- b) successfully complete the NERB, or the written portion of NERB and CRDTS, SRTA, WREB, or other examination as in Rule 4.3 immediately preceding the filing of the application.
- c) successfully complete the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>.

#### **4.5 Licensure by Endorsement**

- (a) The Board may issue a license to an applicant who meets the requirements of Rule 4.1(d) and:
  - (1) is currently licensed to practice dentistry in any jurisdiction of the United States or Canada whose licensing requirements are deemed by the Board to be substantially equivalent to those of this state and;
  - (2) is in good standing as verified to the Board by the licensing authority of that jurisdiction, and;
  - (3) has been in active practice and;
  - (4) has passed an examination administered by the Board testing the applicant's knowledge of Vermont laws and rules of the profession; and
  - (5) has completed the emergency office procedure training as described in Rule 2.1(m).
- (b) For purposes of determining active practice the Board may include periods of
  - (1) dental practice within the military service,
  - (2) teaching in an accredited dental school,
  - (3) accredited dental residency programs, and
  - (4) residency programs in American Dental Association recognized board specialties may be considered.

#### **4.6 PGY Licensed Experience: Endorsement, 5 Year Rule**

The Board may grant a license to a person licensed in a jurisdiction of the United States or Canada who obtained licensure through a CODA approved PGY1 residency program, rather than passing the examination required in Rule 4.3, if the Board in its discretion, determines:

- (a) that the applicant has been in practice full time of at least 1,200 hours per year for a minimum of five years, and is in good standing in all jurisdictions in which licensed;
- (b) that the applicant's practice experience or education overcomes any lesser licensing requirement of that other jurisdiction; ~~and~~
- (c) that the applicant has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org/>, and;
- (d) met the requirements of 4.1(d).

#### **4.7 Licensure by Licensed Experience, 5 Year Rule**

- (a) The Board may issue a license to an applicant who is currently licensed to practice dentistry in any jurisdiction of the United States or Canada whose licensing requirements are deemed by the Board to be not substantially equivalent to those of this state if:

- (1) the applicant meets the requirements of Rule 4.1(d);
- (2) the applicant is in good standing as verified to the Board by the licensing authorities of all jurisdictions in which licensed;
- (3) the applicant has been in practice full time of at least 1,200 hours per year for a minimum of five years before the application, and;
- (4) the Board in its discretion determines that the applicant's practice experience or education overcomes any lesser licensing requirement(s) of that other jurisdiction, and;
- (5) the applicant has successfully completed the Vermont dental statutes and rules examination. The examination questions are available from the Office or online at <http://vtprofessionals.org>.

(b) For purposes of determining active practice the Board may include periods of:

- (1) dental practice within the military service,
- (2) teaching in an accredited dental school,
- (3) accredited dental residency programs, and
- (4) residency programs in American Dental Association recognized board specialties may be considered.

**4.8 Transient Practice Permit** A person who is not licensed in Vermont may obtain, without payment of a licensing fee, a transient practice permit from the Board to perform acts constituting the practice of dentistry, provided that:

- (a) The practice in Vermont does not exceed 10 days in any calendar year;
- (b) The person is licensed as a dentist in another jurisdiction of the United States or Canada which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and
- (c) The practice is for educational or volunteer purposes only.

**4.9 Display of Dentist License** The dental license or certificate, or a photo copy if the licensee practices at more than one location, must be conspicuously displayed in the licensee's place(s) of practice. Licensees may black out or cover their residence address if it appears on the license.

**4.10 Maintaining a Dentist License** The Board will renew a license when the dentist shows the active practice, continuing education, and emergency office procedures requirements set forth below have been met.

**4.11 Active Practice Requirement** In order to renew a license each dentist must maintain a license in good standing and engage in active practice, for at least 800 hours, or accumulate 100 continuing education credits approved by the Board in practice related subjects during the previous five years. A combination of practice hours and continuing education hours in that ratio may be accepted in the discretion of the Board.

**4.12 Continuing Education Requirement** In addition to meeting the active practice requirement in subsection (a) above, a dentist must also document completion of 30 hours professional education which shall include emergency office procedures courses during the two-year licensing period preceding renewal. Except for emergency office procedures, this provision shall apply only to renewals after an applicant's initial two years of practice in Vermont.

#### **4.13 Approval of Continuing Education Programs**

(a) Standards - A program meets Board qualifications if it is a formal course of learning which contributes to the growth of professional knowledge and competence in providing patient care.

(b) The board will consider a continuing education course to be a "formal course of learning" if it meets the following criteria: The course is conducted by a qualified instructor who will be able to instruct and

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interact in any of the following formats:

- (1) Classroom Instruction - Traditional in-classroom, with instructor and student interaction and written materials;
- (2) Interactive Television which permits continuous mutual communication between the instructor and all students, continuous observation of the instructor by all students, and continuous observation of all students by the instructor;
- (3) Distance Courses /Online Delivery Distance education courses are defined as programs whereby instruction does not take place in a traditional classroom setting but rather through other media where teacher and student are apart but exchange between instructor and student by electronic means.
- (4) Self-study courses which conclude with an examination may be accepted.

(c) Case-by-case approval - Individual courses may be approved upon submitting to the Board a course outline, instructor qualifications, sponsoring organization, and dates of presentation. Advance approval is not required. The Board will not approve a course or program for continuing education credit if, in its discretion, the Board determines that the program does not contain sufficient educational content.

(d) Approved sponsors may include the ADA, ADHA, ADAA, and their constituent and component dental societies and associations, CODA accredited schools or programs, and home study programs sponsored by any of the above groups. Approved sponsors will also include any sponsor that has ADA, CERP, or AGD, PACE certification.

(e) Courses in practice management and financial management will be accepted if they contribute to the growth of professional knowledge and competence in providing patient care. Examples include, but are not limited to the following:

- (1) courses that promote communication among members of the dental team and between members of the dental team and patients;
- (2) ethics;
- (3) insurance billing and coding; and
- (4) proper patient record keeping.

(f) The Board considers that the following are among the subjects that do not contribute to the growth of professional knowledge and competence in providing patient care, and will not be approved by the Board for continuing education credit:

- (1) accounting and similar topics;
- (2) business administration or management;
- (3) cultural matters;
- (4) general office and computer skills;
- (5) memory training;
- (6) personal business and financial planning matters;
- (7) personal development;
- (8) personal health and recreation;
- (9) personal money management;
- (10) politics;
- (11) software for office use;
- (12) speed reading;
- (13) success training;
- (14) time management; and
- (15) web site development.

**4.14 Verification Audits** The Board may conduct random audits to verify completion of continuing education up to seven years after a license is renewed. Upon request by the Board, the licensee shall submit certificates of completion for all programs listed in the licensee's renewal application.

**4.15 Failure to Meet Active Practice/Continuing Education Requirement** A dentist who fails to meet the active practice/continuing education requirement will be refused renewal and must file an application and must successfully complete the examinations required by Rule 4.4.

**4.16 Emergency Office Procedures** Completion of a course in emergency office procedures as defined in Rule 2.1(m) is required for license renewal.

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## **PART 5. SEDATION, ANALGESIA, ANESTHESIA: SPECIAL ENDORSEMENTS, INCIDENT REPORTS**

**5.1 Preamble** The Board seeks to protect the public health, safety and welfare by adopting specific rules in the area of anesthesia and pain reduction. The Board recognizes the value of making comfortable dental services available to those who might otherwise postpone or avoid necessary dental care. It recognizes that there can be some risk in the use of certain medications. By these rules the Board seeks to ensure that practitioners are adequately prepared to use such medications in their practice.

### **5.2 Incident Reports**

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any incident which occurs in the dentist's office or outpatient facility during, or as a direct result of the administration of any anesthetic, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation, or sedation regardless of the route of administration, which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

### **5.3 Anesthesia Definitions and Guidelines**

(a) **"Administering nitrous oxide analgesia"** means: the dispensing, applying, or offering of nitrous oxide analgesia to a dental patient.

(b) **"Anxiolysis"** means: the reduction of anxiety through the administration of pharmacological agent or agents. The administered dose should be within the guidelines for dosage on the manufacturer's package insert, or using techniques taught by CODA approved programs. When anxiolysis is achieved, the patient

- (1) is conscious;
- (2) can and does respond to conversation appropriately without extra stimulation; and
- (3) is fully able to independently and continuously maintain an unimpeded airway.

(c) **“Conscious Sedation”** means a depressed level of consciousness achieved through the administration of a pharmaceutical/pharmacological agent or agents in which:

- (1) the patient retains the ability to independently and continuously maintain an airway;
- (2) the patient’s ability to comprehend questions and conversation and react appropriately is suppressed;
- (3) protective reflexes remain active; and
- (4) the patient is easily aroused.

(d) Techniques and pharmaceutical or pharmacological agents used to achieve conscious sedation must render unintended consequences unlikely. Doses shall be within the guidelines on the manufacture’s package insert or used according to techniques taught by CODA approved programs. Intravenous pharmaceutical or pharmacological agents used to achieve conscious sedation are limited to those for which there is a reversal agent.

(e) Dentists who administer a pharmaceutical/pharmacological agent or agents with the intent to achieve conscious sedation in a patient and who do not possess a General Anesthesia Endorsement must obtain a Conscious Sedation Endorsement from the Board.

(f) **“Deep Sedation”** - Deep sedation is a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof. **Deep sedation may not be employed without a General Anesthesia Endorsement issued by the board.**

(g) **“General Anesthesia”** - General anesthesia is a controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof.

(h) **“Monitoring”** - For purposes of these rules, monitoring patients who have received analgesic or anesthetizing drugs or otherwise mind altering drugs means observing the patient and evaluating through clinical evaluation, electronic and mechanical means, recognizing adverse reactions or complications, and reporting any adverse reaction or complication to the supervising dentist, where applicable, immediately. The degree of monitoring necessary depends on the level of sedation or anesthesia achieved.

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#### **5.4 Subsection Regarding: Authorization to Administer Anesthesia or Certain Pharmaceuticals or Pharmacological Agents**

**5.5 When No Endorsement Required** A dentist needs no special endorsement to employ the following:

(a) **Nitrous Oxide:** Use of nitrous oxide in a dental office does not require a special license or endorsement.

- (1) Under direct supervision of a licensed dentist, registered dental assistants and licensed dental hygienists instructed and trained by the dentist may monitor nitrous oxide analgesia during a dental procedure. Administration of nitrous oxide analgesia, as well as prescription, initiation, and determination of nitrous oxide analgesia levels and release and discharge of the patient after administration of nitrous oxide analgesia, shall be performed by and shall be the responsibility of the supervising dentist.

(2) All individuals administering and monitoring nitrous oxide analgesia must, in addition to required emergency office procedures, have annual CPR training.

(b) **Local Anesthesia:** Administration of local anesthesia by dentists does not require a special endorsement from the Board.

(c) **Anxiolysis:** Dentists who administer a pharmaceutical/pharmacological agent or agents with intent to achieve a state of “anxiolysis” as defined in these rules do not require a specific Board endorsement of authority. This includes the prescription of orally-administered, rectally-administered, or nasally-administered sedatives by dentists for anxiolysis before treatment which may be supplemented by nitrous oxide.

**5.6 Duty for Use of Pharmaceuticals** As licensed professionals, dentists employing the above, or any pharmaceuticals, are responsible to assure that they possess sufficient knowledge of the proper use of medications to achieve analgesia, anxiolysis, sedation, or anesthesia. They must be able to respond if pharmaceuticals intended to achieve anxiolysis have unintended effects. If patients given anxiolysis medications go to the next level beyond anxiolysis, dentists must have the knowledge and resources to manage the effects of the medication.

**5.7 Endorsements Required** A Special Endorsement from the Board is required before use of Conscious Sedation or General Anesthesia.

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## **5.8 Conscious Sedation: Special Endorsement Required**

**Dentists Who Do Not Have a General Anesthesia Endorsement and Who Wish to Employ Conscious Sedation as Defined by These Rules must Obtain a Conscious Sedation Privilege Endorsement from the Board.**

**5.9 Introduction To Conscious Sedation** The administration of conscious sedation carries with it inherent risks and added responsibility for care of the patient. Titration of oral medication for the purposes of sedation is unpredictable. Improper or repeated dosing of orally administered sedative agents can result in an alteration in the state of consciousness beyond the intent of the practitioner. The administration of conscious sedation on an out-patient basis by dentists is, with appropriate safeguards, an accepted patient care modality.

## **5.10 Need for Conscious Sedation Endorsement**

(a) Dentists who do not possess a general anesthesia endorsement under rules 5.24 - 5.26 herein and who wish to use pharmaceutical/pharmacological agents to achieve conscious sedation may do so only in compliance with the requirements of these rules.

(b) No Dentist may employ a pharmacological agent or agents with the intent of achieving conscious sedation without first obtaining from the Board an endorsement of authority to employ conscious sedation. The endorsement shall be maintained with the dentist's license.

**5.11 Application for Conscious Sedation Endorsement** A licensed dentist seeking conscious sedation administration privileges shall file an application with the Board, on the form provided by the Office. Applicants must submit:

(a) Documentation of satisfactory completion of a conscious sedation training program provided under the auspices of a dental school or program accredited by the Commission on Dental Accreditation of the ADA. The program must:



- (1) include a minimum of 60 hours of didactic and clinical study including training in conscious sedation, physical evaluation, venipuncture, technical administration;
- (2) include training in recognition and management of complications and emergencies;
- (3) include documented clinical experience in managing compromised airways and certification of competency in airway management from the program director;
- (4) include training in monitoring patient vital signs to assure expertise in interpretation of those signs and appropriate reaction to them;
- (5) contain additionally supervised experience in providing conscious sedation including successful management of parenteral conscious sedation for no fewer than 20 patients;
- (6) be given in an organized sequence of study administered by one entity; and
- (7) be completed in less than two calendar years or as part of a CODA accredited dental specialty training program; or

(b) Certification by an CODA accredited school showing that the applicant has completed a course of training in conscious sedation while a student in an accredited school of dentistry or through postgraduate training which meets the requirements of the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry; or

(c) Conscious Sedation Endorsement Based on Endorsement from Another Jurisdiction: documentation showing that he or she is a licensed dentist in good standing in a jurisdiction of the United States or Canada having conscious sedation standards substantially equivalent to those of this state; or

(d) **for those treating children under 12 years of age**, documentation of appropriate training, in pediatric sedation techniques according to the guidelines of the American Academy of Pediatric Dentistry and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems; and

(e) A signed affidavit certifying that the dentist:

- 1) understands the requirements of these rules; and
- 2) will use a properly staffed and equipped facility as defined in rule 5.13 of this Section for the administration of conscious sedation.

## **5.12 Issuance of Endorsement**

(a) When the applicant has shown compliance with the rules, the Board will issue a conscious sedation endorsement. The endorsement, unless renewed with the biennial renewal, will expire at the end of the licensing period.

(b) The Board, in its discretion, may waive some or all of the Rule 5.11(a) training requirement upon the applicant's showing adequate initial training in conscious sedation in a CODA approved program, and treatment of a minimum of 10 patients in the preceding two years before the application (Rule 5.19(a)(2)), which assures the Board that the applicant has the current ability to employ conscious sedation with safety.

## **5.13 Facility and Personnel Requirements**

(a) **Facility Requirements:** A dentist employing conscious sedation may do so only in a properly equipped facility which shall include at a minimum:

- 1) Sphygmomanometer, stethoscope, and pulse oximeter,
- 2) A positive pressure oxygen delivery system with full face masks and connectors capable of delivering to the sedated patient oxygen under positive pressure, plus a back up system;
- 3) emergency drugs and equipment appropriate to the medications administered including drugs appropriate to address emergencies and drugs appropriate for ACLS or PALS;
- 4) suction equipment;

- 5) an emergency back up light source system that will permit safe termination of any procedure under way; and
- 6) a defibrillator.

**(b) Staffing Requirements:**

- (1) In addition to the dentist or other professional permitted under these rules to administer pharmaceuticals to achieve conscious sedation, there must be a minimum of one assistant licensed or registered under Chapter 13 of Title 26 who possesses a current certification in cardio pulmonary resuscitation and is capable of assisting with procedures, problems and emergencies incident to the administration of such sedation.
- (2) A licensed or registered dental assistant or dental hygienist trained in airway management must remain with the patient until the patient's escort arrives, and the patient is able to maintain a patent airway unassisted.

**5.14 Patient Risk Criteria**

- (a) Conscious sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA).
- (b) Conscious sedation shall not be provided in a dental office for patients in ASA risk category V.
- (c) Patients in ASA risk categories Class III and Class IV shall only be provided conscious sedation:
  - (1) by an oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category and any special monitoring requirements that may be necessary; or
  - (2) by a dentist with a conscious sedation endorsement after consultation with the patient's primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary.

**5.15 Monitoring Requirements**

To minimize risks to patients, a dentist who uses conscious sedation shall:

- (a) Ensure that monitoring of a patient under conscious sedation begins prior to the administration of sedation, and takes place continuously during the procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer conscious sedation shall remain on the premises until the patient is responsive and discharged;
- (b) Ensure that monitoring includes:
  - (1) continuous direct clinical observation of the patient;
  - (2) interval recording of blood pressure and pulse;
  - (3) continuous evaluation of oxygen saturation; and
  - (4) additional devices such as EKG for monitoring when dictated by the medical needs of the patient;
- (c) Ensure that alarms on devices used for monitoring are enabled.

**5.16 Conscious Sedation Protocols**

The dental office shall develop written protocols for sedation of dental patients addressing the following:

- (a) preoperative patient evaluation and selection prior to conscious sedation,
- (b) informed consent,
- (c) sedation monitoring procedures,
- (d) sedation record keeping procedures, and

(e) patient discharge assessment.

### **5.17 Emergency Protocols**

(a) The dental office shall develop written protocols for sedation-related emergencies addressing the following:

- (1) Laryngospasm,
- (2) Bronchospasm,
- (3) Aspiration of emesis,
- (4) Angina Pectoris,
- (5) Myocardial infarction,
- (6) Hypotension,
- (7) Hypertension,
- (8) Cardiac arrest,
- (9) Hyperventilation,
- (10) Hypoventilation,
- (11) Convulsions,
- (12) Allergic and toxic reaction, and
- (13) Airway occlusion by foreign body.

(b) Training to educate assistants with respect to these protocols must be provided to all sedation team assistants and updated periodically.

**5.18 Records of Conscious Sedation Administration** The following records shall be made for each administration of conscious sedation:

- (a) relevant medical history of the patient;
- (b) consent for administration of conscious sedation prior to the performance of any procedure and administration of any drugs;
- (c) preoperative, intra operative and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation where the level of patient cooperation and/or medical/physical limitations of the patient allows; and
- (d) drugs and dosages of drugs used during the operative procedure, and times of their administration over the course of the procedure.

**5.19 Renewal of Conscious Sedation Endorsement: Continued Competence** At the time of license renewal, a dentist who wishes to renew the conscious sedation endorsement shall:

- (a) provide documentation of:
  - (1) 6 hours of continuing education in conscious sedation during the licensing period; and
  - (2) treatment of a minimum of ten patients in the preceding two years. In cases where the renewal occurs less than two years after the conscious sedation endorsement was initially issued, the Board may waive all or part of this requirement.
- (b) provide documentation of current, successful completion of an Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) training as appropriate. This training may be applied toward the continuing education requirement in this rule.

### **5.20 Others Permitted to Administer Conscious Sedation: Certified Registered Nurse Anesthetists**

(a) A dentist who holds a valid conscious sedation endorsement from the board may permit a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation. Use of a Certified Registered Nurse Anesthetist does not relieve the dentist of responsibility for the patient.

(b) A dentist who does not hold a conscious sedation endorsement may not have a CRNA administer conscious sedation.

**5.21 Exemptions from Conscious Sedation Endorsement Requirement** A dentist does not need to hold a conscious sedation endorsement when conscious sedation is administered by:

(a) another assisting dentist, who possesses one; or

(b) a physician anesthesiologist.

(c) "Physician" for purposes of this section means a physician who is licensed to practice medicine and all of its branches under the laws of Vermont and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center, or is an anesthesiologist.

(d) Administration of conscious sedation under the exemption sections above is permitted only in facilities which meet the equipment and staffing requirements of these rules.

## **5.22 Incident Reports**

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any mortality, or other incident which occurs in the dentist's office or outpatient facility during, or as a direct result of, the administration of any anesthesia, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation or sedation regardless of the route of administration, and which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

**5.23 Conscious Sedation Provisions: Effective Date** Effective January 1, 2007 no dentist shall administer a pharmaceutical agent or agents to induce conscious sedation without first obtaining a conscious sedation endorsement or general anesthesia endorsement from the Board.

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**5.24 General Anesthesia: Endorsement Required** Dentists who employ general anesthesia must obtain a Special Endorsement from the Board.

**5.25 Obtaining a General Anesthesia Endorsement** The Board will issue a General Anesthesia Endorsement to authorize qualified dentists to administer general anesthesia, parenteral deep sedation, and parenteral sedation, and parenteral conscious sedation in dental offices.

**5.26 Prerequisites to Approval** An applicant must demonstrate that he or she:

(a) has a properly staffed and equipped facility, as set forth in the current edition of the Office Anesthesia Evaluation Manual of the American Association of Oral and Maxillofacial Surgeons; and

(b) has either completed a minimum of 12 months of advanced clinical training in anesthesiology and related academic subjects (or the equivalent) beyond the undergraduate dental school level in a training program, as set forth in Part II of the current edition of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association; or

(c) is a diplomate of the American Board of Oral and Maxillofacial Surgery, is a fellow or member of the American Association of Oral and Maxillofacial Surgeons, or is a fellow of the American Dental Society of Anesthesiology or has successfully completed a CODA accredited oral and maxillofacial surgery residency program.

### **5.27 Incident Reports**

(a) Each dentist, whether or not holding a special endorsement provided under these rules, must submit a complete report to the Board within 30 days of any mortality, or other incident which occurs in the dentist's office or outpatient facility during, or as a direct result of the administration of any anesthesia, local or general, anxiolysis, parenteral deep sedation, or parenteral conscious sedation, or sedation regardless of the route of administration, which results in a patient being transported to a hospital, hospitalization, or death.

(b) The incident report shall be submitted whether or not the patient is admitted, and whether or not the incident has the potential for life-threatening consequences. A report of an incident shall include a statement setting forth the names and credentials of those present or participating during the anesthesia, anxiolysis, or sedation. Failure to comply with this reporting requirement may result in disciplinary action including loss of a special endorsement.

**5.28 Exemption from General Anesthesia Endorsement Requirement** The General Anesthesia Endorsement requirement does not apply to dentists administering general anesthesia, parenteral deep sedation, or parenteral conscious sedation in a hospital setting with supervision by a physician or dentist credentialed by the hospital to provide anesthesia services.

**5.29 Renewal of Special Endorsements** A special endorsement must be renewed every two years at the same time as license renewal. A special endorsement which is not renewed lapses on the expiration date. In cases where the renewal occurs less than two years after the general anesthesia endorsement was initially issued, the Board may waive all or part of the renewal requirement.

**5.30 Inspection of Dentist Offices** The Board may as it deems appropriate inspect a licensee's facility, equipment, and staff. Such inspection shall be conducted by a person or team appointed by the Board or office.

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## **PART 6. INFORMATION FOR DENTAL HYGIENISTS**

**6.1 Dental Hygienist License** This license allows a person to practice dental hygiene in Vermont. It includes the dental hygienist who is practicing expanded function dental assisting duties or administering local anesthesia by endorsement.

**6.2 How to Become Licensed as a Dental Hygienist** There are two ways to qualify for a license as a dental hygienist, licensure by examination, licensure by endorsement.

**6.3 Licensure by Examination** To qualify by examination, the applicant must file a written application (obtained from the Office or online), showing that the applicant:

- (a) Is at least 18 years old; and
- (b) Has graduated from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association;
- (c) Presents a certificate of the National Board of Dental Examiners;
- (d) Has completed the emergency office procedure training required in Rule 6.21; and
- (e) Has passed the Northeast Regional Board Examination ("NERB") or the Central Regional Dental Testing Service Examination ("CRDTS") or a successor regional or national examination approved by the board before the examination is taken.

**6.4 Testing Information**

(a) Information on the NERB may be obtained by writing:

Office of the Secretary  
Northeast Regional Board of Dental Examiners  
8484 Georgia Avenue, Suite 900  
Silver Spring, MD 20910

(b) Information of the CRDTS may be obtained by writing:

Central Regional Dental Testing Service, Inc.  
1725 SW Gage Blvd.  
Topeka, KS 66604-3333

(c) Should changes occur after adoption of these rules, the Office should be able to provide up-dated contact information.

**6.5 Vermont Rules and Statutes Examination** The applicant must successfully complete the Vermont dental statutes and rules examination which is available from the office or on line and submit it with the application.

**6.6 Licensure by Endorsement** To qualify by endorsement, the applicant must file an application (obtained from the Office or online), showing that the applicant:

- (a) Is currently licensed in a jurisdiction of the United States or Canada with requirements of education and examination which are substantially equivalent to those currently in effect in Vermont;
- (b) Is currently in good standing and has not been disciplined in any jurisdiction where the applicant has been licensed, or has been fully reinstated after having been disciplined;
- (c) Has completed the emergency office procedure training required in Rule 6.21.
- (d) The applicant must successfully complete the Vermont dental statutes and rules examination which is available from the office or on line and submit it with the application.

**6.7 Reserved**

**6.8 Transient Practice Permit** A person who is not licensed in Vermont may obtain a transient practice permit from the Board to perform acts constituting the practice of dental hygiene, provided that:

- (a) The practice in Vermont does not exceed 10 days in any calendar year;

(b) The person is licensed as a dental hygienist in a jurisdiction of the United States or Canada which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and

(c) The practice is for educational or volunteer purposes only.

**6.9 Local Anesthesia Privileges for Dental Hygienists** A licensed dental hygienist may qualify for a special endorsement and may undertake the administration of local anesthesia upon:

(a) satisfactorily completing a course of study of at least 24 hours of instruction or three eight-hour days of instruction in a formal program in expanded function dental hygiene sponsored by an institution accredited by the Commission on Dental Accreditation of the American Dental Association. The course must include didactic and clinical studies in the administration of block and infiltration anesthesia. The curriculum must include:

- (1) Medical history evaluation procedures,
- (2) Understanding pharmacology of local anesthesia and vasoconstrictors,
- (3) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents,
- (4) Indications and contraindications for administration of local anesthesia,
- (5) Selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents,
- (6) Medical and legal management of complication,
- (7) Recognition and management of post-injection complications and management of reactions to injections,
- (8) Proper infection control techniques with regard to local anesthesia and proper disposal of sharps,
- (9) Methods of administering local anesthetic agents, with emphasis on:
  - (A) Technique,
  - (B) Minimal effective dosage,
- (10) A certificate of course completion and a copy of the syllabus must be provided to the Board.

(b) Successfully completing the written examination in the administration of local anesthesia authorized by the Board.

(c) Administration of local anesthesia may occur as provided by statutes and these rules.

**6.10 Anesthesia Endorsement** A dental hygienist in good standing and who has been licensed and trained to administer local anesthesia in any jurisdiction of the U.S. or Canada having substantially equivalent standards may qualify for a special endorsement to perform that function by presenting written documentation of such licensure and training to the Board.

**6.11 Maintaining Anesthesia Privileges** A dental hygienist may maintain local anesthesia privileges by administering at least 50 local anesthetic injections during the previous five years. Otherwise, a dental hygienist must satisfy the Board of competence to administer local anesthesia by successfully completing a course of three or more eight-hour days of instruction. The course must include didactic and clinical studies in the administration of block and infiltration anesthesia and must meet the curriculum requirements of Rule 6.9(a) above.

## **6.12 Dental Hygienists, Expanded Function Duties**

(a) A licensed dental hygienist may qualify for registration as an expanded function dental assistant and may perform the expanded function dental assisting duties for which the dental hygienist has been trained in a formal program in expanded function dental assisting accredited by the Commission on Dental Accreditation of the American Dental Association.



(b) A dental hygienist trained as an expanded function dental assistant may be registered by substantiating the adequacy of training.

**6.13 Dental Hygienists, Expanded Functions Duties, Scope of Practice** Dental hygienists performing expanded function duties must limit the expanded duties to those for which the dental hygienist is trained within the limits of Vermont rules.

**6.14 Maintaining a Dental Hygienist License** To maintain a license as a dental hygienist, the licensee must meet the active practice, continuing education (Rule 6.16), and emergency office procedures requirements.

**6.15 Active Practice** If the applicant has not met the dental hygiene active practice requirement immediately preceding application or renewal, the applicant must successfully complete the NERB or CRDTS or other examination approved by the Board.

**6.16 Mandatory Continuing Education for Dental Hygienists**

(a) During each full licensing period, licensed dental hygienists must satisfactorily complete 12 hours continuing education as prescribed below. Effective after the 2009 renewal: dental hygienists must satisfactorily complete 18 hours of continuing education as provided below.

(b) **Exception:** New licensees will not be required to submit evidence of continuing education, except emergency office procedures required by Rule 6.21, until the first full two-year renewal period following initial licensure.

(c) Documentation of continuing education shall be presented to the Board upon request.

(d) **Types of Education:** Nine credits or hours must be taken in clinical or didactic dental or dental hygiene subject areas. Effective after the 2009 renewal: 15 credits or hours must be taken in clinical or didactic dental or dental hygiene subject areas. The remaining three credits or hours may be taken in non-scientific areas appropriate to the practice of dental hygiene.

(e) One hour of continuing education credit shall be given for each hour of attendance at lectures, seminars, or other similar programs. Home study course credit will be determined by the course sponsor based upon the reasonable amount of time necessary to cover course material.

(f) Credit hours obtained during a renewal period shall not be applied to any succeeding renewal period.

(g) Approved course sponsors shall include:

- (1) American Dental Hygienist's Association (ADHA),
- (2) American Dental Association (ADA),
- (3) Constituent and component state dental hygiene associations and constituent and component state dental societies,
- (4) Academy of General Dentistry,
- (5) Dental or dental hygiene teaching institutions accredited by the Commission on Dental Accreditation (CODA) of the ADA,
- (6) Home study courses sponsored by any of the organizations or institutions listed in subparagraphs 1 through 5 above.

**6.17 Documentation** Licensees must obtain an authenticated document of attendance from the course sponsor. The document of attendance shall include:

- (a) Participant's name,
- (b) Title or subject area of course,

- (c) Course sponsor,
- (d) Date and location of course,
- (e) Number of lecture and clinical or laboratory participation hours.

**6.18 Retention of Continuing Education Records** Documents pertaining to continuing education programs attended shall be retained by the licensee for seven years.

**6.19 Verification of Compliance** Compliance with continuing education requirement shall be verified by the licensee's signature on the license renewal form.

**6.20 Audits** The Board may audit licensees for compliance with the continuing education requirement. The auditing procedure shall be as follows:

- (a) A letter will be sent by the Board requesting the licensee to provide within 30 days photocopies of authenticated documents of attendance obtained from course sponsors.
- (b) Documentation submitted will be examined by the Board.
- (c) If the documentation submitted fulfills all of the requirements of this section, the Board will send a letter confirming compliance to the licensee.
- (d) If the documentation submitted does not fulfill all of the requirements of this section, the discrepancy must be justified or corrected within 90 days.

#### **6.21 Emergency Office Procedures**

- (a) All dental hygienists licensed or registered in the State of Vermont shall as a condition of every biennial license or registration renewal show evidence of having completed a course in emergency office procedures defined in Rule 2.1(m).
- (b) Only one emergency office procedure course may count toward continuing education requirements for any licensing period.

**6.22 Dental Hygienist Licenses: Display** Once licensed or registered, the dental hygienist license or a photo copy if the licensee practices at more than one location, must be conspicuously displayed in the licensee's place(s) of practice. Licensees may black out or cover their residence address if it appears on the license.

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## **PART 7 INFORMATION FOR DENTAL ASSISTANTS**

**7.1 Dental Assistant Registration.** This registration allows a person to practice as a dental assistant in Vermont. A dental assistant assists the dentist in providing care directly to the patient.

**7.2 Limitation on Practice** A dental assistant may perform duties in the office of any licensed dentist consistent with these rules, and in public or private schools or public or private institutions under the supervision of a licensed dentist. The performance of any intraoral tasks by a dental assistant shall be under the direct supervision of a dentist.

**7.3 Duties of Dental Assistants** The specific duties dental assistants may perform are based upon:

- (a) Their education;
- (b) Their experience; and
- (c) An agreement with the employing dentist whose goal as a team is to promote the efficiency and reduce the cost of dental services in the state consistent with the highest possible standards of dental care.

**7.4 Three categories of dental assistants** There are three categories of dental assistants:

- (a) Traditional Dental Assistants
- (b) Certified Dental Assistants
- (c) Expanded Function Dental Assistants

**7.5 How to Become Registered as a Traditional Dental Assistant** All persons employed as traditional dental assistants in a dental office must register with the Board. A person who has not previously registered with the Board and who is hired to be a dental assistant must register within 30 days of the first day of employment. Any person employed as a traditional dental assistant in a dental office in this state is subject to these rules immediately upon commencing such employment.

**7.6 Traditional Dental Assistants, Scope of Practice** A traditional dental assistant who is not a graduate of a CODA accredited program may perform all extraoral duties in the dental office or dental clinic which are assigned by the dentist. During intraoral procedures, the traditional dental assistant may assist the dentist or clinical staff as assigned by the dentist. The traditional dental assistant may take radiographs under a special endorsement of the registration.

**7.7 Traditional Dental Assistants, Limitations** A traditional dental assistant not a graduate of a CODA accredited dental assisting program may not perform coronal polishing or apply dental sealants until the traditional dental assistant has worked as a traditional dental assistant for at least six consecutive months.

**7.8 How to Become Registered as a Certified Dental Assistant**

(a) A person may become registered as a certified dental assistant if the person is certified by the Dental Assisting National Board. A traditional dental assistant who has already obtained radiology privileges may register as a certified dental assistant upon successfully completing the Dental Assisting National Board (DANB) examination.

(b) Certification must be renewed in accordance with DANB requirements. Certified Dental Assistants whose certification status has changed, for any reason, must notify the Board of the change in status within 30 days of the change.

**7.9 Certified Dental Assistants, Scope of Practice** Except as limited by statute, for example 26 V.S.A. § 864, a certified dental assistant may perform all the duties for which the certified dental assistant has received training.

**7.10 How to Become Registered as an Expanded Function Dental Assistant** A certified dental assistant or a licensed dental hygienist who has successfully completed a formal program in expanded function duties at a program accredited by the Commission on Dental Accreditation of the American Dental Association may be registered as an expanded function dental assistant.

**7.11 Expanded Function Dental Assistants, Training** The training program shall have the minimal requirements of 50 hours of didactic training and five weeks of clinical training, followed by six weeks of field training in dental offices, all under supervision of the faculty of the accredited school or its designates.

**7.12 Expanded Function Dental Assistants, Scope of Practice**

(a) An expanded function dental assistant may perform those functions for which the certified dental assistant or licensed dental hygienist has been trained upon becoming employed by a licensed dentist.

(b) As permitted by statute and these rules an expanded function dental assistant may perform the dental duties for which he or she is trained.

**7.13 Dental Assistants, Radiographic Endorsement** The Board will issue a radiographic endorsement to an applicant who:

(a) is at least 18 years of age; and

(b) has within the previous ten years, successfully completed a didactic and clinical or practical radiology course provided by a school accredited by the Commission on Dental Accreditation of the American Dental Association. A student enrolled in a radiology course may take radiographs necessary to course completion, in the office of the employing or supervising dentist, but in no event more than 100 radiographs; and

(c) has documented six months lawful employment as a dental assistant, or,

(d) has a radiography endorsement from another U.S. or Canadian jurisdiction having substantially equivalent standards to those of this state.

**7.14 Radiology Courses, Advisory** Potential applicants, especially those new to Vermont, should be aware that acceptable radiology courses are not frequently offered in Vermont. Finding and taking an acceptable radiology course in another jurisdiction may shorten or eliminate any delay before a radiologic endorsement can be issued.

**7.15 Dental Assistants, Certificate Display** Dental assistant registration certificates or a photo copy if the dental assistant practices at more than one location, must be conspicuously displayed in the registrant's place(s) of practice. Dental Assistants may black out or cover their residence address if it appears on the certificate.

**7.16 Emergency Office Procedures** All dental assistants, shall complete emergency office procedures training required in Rule 7.17 within six months of their date of hire.

**7.17 Renewal of Dental Assistant Registration** All dental assistants shall as a condition of every registration renewal complete a course in emergency office procedures. The Board will accept the following types of courses as satisfying this requirement:

(a) courses in external cardiopulmonary resuscitation which are approved by the Vermont Heart Association or the American Red Cross; or

(b) courses which include a review of health conditions and factors which might produce emergencies. Acceptable courses will be consistent with current educational curricula in schools of dentistry and dental hygiene accredited by the Commission on Accreditation of the American Dental Association.

**7.18 Dental Assistant Transient Practice Permit** A person who is not registered in Vermont may obtain a transient practice permit from the Board to perform acts constituting the practice of dental assisting, provided that:

(a) The practice in Vermont does not exceed 10 days in any calendar year;

(b) The person is registered or certified as a dental assistant in another state which, in the opinion of the Board, has regulatory standards substantially equivalent to those currently in effect in Vermont; and

(c) The practice is for educational or volunteer purposes only.

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## **PART 8. LICENSE or REGISTRATION RENEWALS, ALL PROFESSIONS**

### **8.1 Renewing a License or Registration**

(a) Licenses and registrations must be renewed before they expire. The expiration date is stated on the license or registration certificate. Before the expiration date, the Office will mail a renewal application and notice of the renewal fee. Evidence of having taken a course in emergency office procedures as required by these rules must accompany the renewal application. A license or registration which is not renewed will be considered as lapsed as of the expiration date.

(b) Dentists and dental hygienists must verify compliance with license renewal requirements before the license will be renewed.

**8.2 Dentists** A dentist who has not engaged in active practice as defined above will be refused renewal and must successfully complete the examinations for licensure specified in 4.4 before the renewal is granted.

**8.3 Dental Hygienists** A dental hygienist who has not fulfilled the continuing education requirement above may be required to complete the continuing education requirements for the immediate preceding licensing period before renewal.

**8.4 Dental Hygienists Expanded Function Scope of Duties, Insufficient Active Practice** A dental hygienist with expanded function duties who has not met continuing education requirements must complete the continuing education requirements for the immediate preceding licensing period before renewal, meet all DANB requirements and re-certify as a certified dental hygienist.

**8.5 Traditional Dental Assistants, No Active Practice** Traditional dental assistants have no active practice requirement.

**8.6 Reinstating an Expired License or Registration** If a license or registration has expired because it was not renewed on time, the licensee may apply for reinstatement, meet all reinstatement requirements, and pay the renewal fee for the current renewal period and late penalty.

**8.7 Lapsed Radiography Endorsement** A registrant applying to reinstate dental radiography privileges after a lapse of ten years must successfully complete an approved radiography course.

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## **PART 9 PROFESSIONAL STANDARDS, UNPROFESSIONAL CONDUCT**

**9.1 Change of Name, Address** Licensees and registrants must notify the Office promptly of any changes in name or address. Failure to comply with this provision can result in unlicensed practice, late fees, and unprofessional conduct charges.

## **9.2 Making and Resolving Complaints**

(a) The Board follows the complaint procedure of the Office of Professional Regulation. Copies of the procedure and more information about the complaint process may be obtained from the Office or online at <http://vtprofessionals.org/>.

(b) Under 3 V.S.A. § 127(c), a person may be imprisoned for up to one year or fined up to \$5,000.00, or both for practicing without a valid license or registration.

## **9.3 Grounds for Discipline**

(a) 3 V.S.A. § 129a defines unprofessional conduct for all professions including those governed by these rules. Whenever its provisions are in conflict or overlap with the statutes specifically governing these professions, or these rules, the provisions which provide greater safety to the public shall apply. Chapter 13 of Title 26 of the Vermont Statutes contains specific definitions of unprofessional conduct for the professions subject to these rules.

(b) 3 V.S.A. § 129a and 26 V.S.A. § 809 specify certain acts which constitute unprofessional conduct. Those statutes are not the only basis of discipline. Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession, 3 V.S.A. § 129a(3), also constitutes unprofessional conduct.

(c) Unprofessional conduct includes failure to practice competently. 3 V.S.A. § 120a(b). Failure to practice competently includes performing treatments or providing services which one is not qualified to perform, or which are beyond the scope of one's education, training, capabilities, experience, or scope of practice. This means that persons subject to these rules, when presented with an unfamiliar or complicated treatment challenge, have a duty to acquire necessary skill or knowledge to treat a patient. This may mean consulting with another professional before treating the patient. If acquiring sufficient skill and knowledge to competently treat the patient is not possible, the professional has a duty to refer the patient to another professional qualified to treat the patient.

**9.4 Ethics Codes** The Ethics Codes of the American Dental Association and the American Dental Hygienists' Association can provide guidance to the Board of Dental Examiners as it is called upon to determine the meaning of the statutes and rules governing the profession, as well as unprofessional conduct. The Board may refer to the Codes for guidance when possible.

**9.5 Unauthorized Practice** The Board also has authority to decide complaints of unauthorized practice as indicated in 3 V.S.A. § 127.

**9.6 Sanctions for Unprofessional Conduct** Among the possible disciplinary actions the Board may impose against the license of a dentist, dental hygienist, or dental assistant after a finding of unprofessional conduct are:

- (a) denial of licensure or registration or renewal;
- (b) warnings or reprimands;
- (c) suspension for a period of time to be determined by the Board;
- (d) revocation;
- (e) limitations on practice;
- (f) setting conditions for practice or resumption of practice;
- (g) denial of reinstatement; or,

(h) imposition of a civil penalty of up to \$1,000 for each instance of unauthorized practice, unprofessional conduct, or violation not related to patient care.

### **9.7 Supervising Dentist: Duty to Inform**

(a) It is the responsibility of each supervising dentist to inform each person hired to work of the responsibilities and licensing and registration requirements imposed by these rules and to ensure that all employees are properly licensed or registered.

(b) A copy of these rules shall be readily available to all persons subject to these rules. All persons subject to these rules are reminded that 3 V.S.A. § 129a(6) includes within the definition of “unprofessional conduct” “[D]elegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education or licensing credentials to perform them.”

**9.8 Public Records** All Board decisions on disciplinary complaints are public records. Unprofessional Conduct decisions are available online or from the office.

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## **Part 10 RULES FOR DENTAL HYGIENISTS PRACTICING UNDER GENERAL SUPERVISION IN PUBLIC OR PRIVATE SCHOOLS OR PUBLIC OR PRIVATE INSTITUTIONS**

The following rules shall apply to dental hygienists practicing under general supervision in public or private schools or public or private institutions as permitted under 26 V.S.A. § 854.

**10.1 Eligibility** Dental hygienists who have a minimum of three years licensed clinical practice experience and have been in good standing for three years before entering the agreement are permitted to provide services as authorized in a General Supervision Agreement between the dental hygienist and dentist licensed and in good standing in Vermont.

### **10.2 General Supervision Agreement**

(a) A general supervision agreement (agreement) is a written document signed by the dental hygienist being supervised and the dentist providing general supervision. Both must be in good standing with the Board of Dental Examiners.

(b) The agreement authorizes the dental hygienist who is providing dental hygiene services in a public or private school or institution under the general supervision of a dentist to provide specific hygiene services agreed to between the dentist and dental hygienist. The agreement sets forth the responsibilities of the dentist and dental hygienist.

(c) The dental hygienist shall practice according to the parameters of the agreement.

(d) The variable terms of the agreement can be modified at any time in writing. Modifications must then be signed by both parties.

(e) A supervision agreement template is available on line at <http://vtprofessionals.org>.

**10.3 Contents of the Agreement** The agreement shall contain the following provisions:

#### **Responsibilities of Supervising Dentist and Dental Hygienist:**

“The parties agree that:



- (1) The dental hygienist will practice according to the parameters set forth in this agreement.
- (2) The dentist providing general supervision must be available for consultation but is not required to be physically present at the site where dental hygiene services are provided.
- (3) The dental hygienist working under this agreement and supervising dentist agree to maintain communication and consultation with each other.
- (4) The dental hygienist will provide the dentist opportunities to review patient records as requested.
- (5) The dentist will review the records of patients treated by the dental hygienist from the beginning of general supervision. Reviews will include records of all patients seen. Reviews must occur no less than once every 6 (six) months at a minimum. The dentist may determine the need for and conduct more frequent reviews. Subsequent reviews of records need only encompass patients seen since the last review.

**(6) Limitation on treatment:**

(A) When the patient's dental condition requires services beyond what the dental hygienist can provide, the dental hygienist will advise or refer the patient to obtain dental or other care.

(B) For patients who have been treated by a dental hygienist under general supervision and who since treatment began have not been seen or examined by a dentist in 24 months, the hygienist should inform the patient or guardian that an examination by a dentist **is strongly recommended**.

(7) The dental hygienist will ensure that patient records are properly maintained and comply with applicable state or federal laws.

(8) Authorized services. The agreement must contain a listing of the dental hygiene services that are authorized. The dental hygienist may provide only the services authorized by the agreement. A list of approved dental hygiene services which may be included in the supervision agreement is contained in Rule 10.6.

**(9) Consent Form**

(a) The dental hygienist will, as appropriate, obtain written consent from the patient, parent or guardian on a form that may include:

"I understand that the records for services provided by the dental hygienist will be reviewed by a Vermont licensed dentist providing the dental hygienist general supervision.

I understand that treatment I receive from the dental hygienist is limited in scope. It does not take the place of a regular dental examination or treatment by a licensed dentist.

I understand that the dental hygienist will refer \_\_\_\_\_ (me, my child [name of patient]) for treatment by a dentist or other medical professional when a dental condition requires treatment beyond what the dental hygienist can provide."

(b) If a school or institution uses its own consent form for medical or dental hygiene services provided at its facilities, the dental hygienist shall then document reasonable efforts to ensure that the consent form used by the school or institution provides an equivalent notice, and that patients, parents or guardians are aware of the information in the consent form above.

**10.4 Duration of Agreement** Unless modified before, this agreement shall expire on \_\_\_\_\_ (not more than one year after effective date.)

**10.5 Agreement Filing and Retention**

(a) A copy of the agreement shall be sent to:

The Board of Dental Examiners  
Vermont Secretary of State  
Office of Professional Regulation  
National Life Bldg., North, FL2  
Montpelier, VT 05620-3402

(b) The dentist and dental hygienist shall retain copies of supervision agreements for seven years.

**10.6 Approved Services**

The following hygiene services are approved by the Board of Dental Examiners for use in public and private schools and institutions and approved for use in the agreement:

The dental hygienist under this agreement is authorized to:

- (a) interview patients and record complete medical and dental histories;
- (b) take and record the vital signs of blood pressure, pulse and respiration;
- (c) perform oral inspection and record all conditions identified;
- (d) perform complete periodontal charting and charting of existing dental restorations;
- (e) provide the patient information so that the patient may be referred for or seek necessary follow up dental care;
- (f) provide dental health education and oral hygiene instructions;
- (g) assess the patient's treatment needs and provide the assessment to the patient;
- (h) after determining their necessity;
  - (1) expose and process radiographs;
  - (2) apply fluoride varnish and/or fluoride to control caries;
  - (3) apply desensitizing agents to teeth;
  - (4) apply sealants;
- (i) regardless of periodontal case type classification, **provide in appropriate circumstances when there are no medical contra-indications:**
  - (1) prophylaxis adult;
  - (2) prophylaxis child;
  - (3) full mouth debridement to enable comprehensive evaluation and diagnosis;
- (j) Provide, for patients with mild periodontitis; (Defined as: gingival edema, bleeding upon probing, and/or suppuration, up to 1/4 loss of supporting periodontal tissues and no more than class 1 (incipient) furcation involvement. Pocket depths of 6 mm. or less.)
  - (1) periodontal maintenance;
  - (2) periodontal scaling and root planing.

**10.7 Additional Information** Practitioners are reminded that the Board's web site <http://vtprofessionals.org> may have additional information regarding general supervision in public and private schools and institutions.

Members of the Board of Dentistry,

Oregon Dental Association (ODA) representatives have participated in discussions around the Dental Assistant Registry and the Dental Assistant Professional Model within the Dental Assistant Workforce Shortage Advisory Committee (DAWSAC), and the Licensing, Standards, and Competency Committee. The concepts, which we have coupled, are intriguing; however, we have some reservations and probing questions. We suggest that more consideration be given before moving forward.

DAWSAC was formed to discuss and develop strategies to address the dental assistant workforce shortage and remove barriers to entering the profession and increase retention. The Dental Assistant Registry and the Dental Assistant Professional Model were presented to DAWSAC as tools to address the shortage of dental assistants in the workforce. The ODA is invested in improving retention rates for dental assistants and making it a more attractive career path. However, we don't believe that a Dental Assistant Registry or the Dental Assistant Professional Model will accomplish this intent of addressing the workforce shortage in the short-term.

In Oregon, we pride ourselves on the many different pathways that are offered to become a dental assistant. We have concerns that a Dental Assistant Registry and a Dental Assistant Professional Model will create more financial barriers and other roadblocks to becoming a basic dental assistant, which is critically needed. We fear that these two concepts will constrict the pipeline of Oregonians entering the profession. We aren't aware of any evidence that indicates that a Dental Assistant Registry will increase the workforce.

We are also concerned about the administration of a Dental Assistant Registry. The Board of Dentistry will be responsible for collecting information from all dental assistants. It will also require additional tracking systems and additional staff. A renewal fee was suggested in a proposal; however, this might become an additional expense for the provider.

As dentists, we know how important dental assistants are to the profession. We desperately need short-term strategies to increase recruitment in the field. The current workforce shortage is limiting access to care, and it is making it hard for dentists to operate practices.

If the Board of Dentistry decides to move forward, we suggest doing research to see what has been effective in other states, as it varies widely. In Vermont, dental assistants must register with the Secretary of State's Office of Professional Regulation (OPR) and adhere to the guidelines established by the Vermont Board of Dental Examiners with well-delineated steps for each certification. In Iowa, by contrast, a law was just passed that removes the registration requirement for assistants to make it easier for dental offices to hire and train them. We think it would be prudent of the Board of Dentistry to investigate whether a registry would achieve its intended goals.

In conclusion, we suggest that more research and analysis be done on both a Dental Assistant Registry and a Dental Assistant Professional Model to ensure it will have its intended impact and not unintended consequences.

Sincerely,



Caroline Zeller, DDS, MPH  
President, Oregon Dental Association