

**OREGON BOARD OF DENTISTRY  
MINUTES  
April 20, 2018**

**MEMBERS PRESENT:** Todd Beck, D.M.D., President  
Gary Underhill, D.M.D., Vice President  
Amy B. Fine, D.M.D.  
Julie Ann Smith, D.D.S., M.D., M.C.R.  
Alton Harvey Sr.  
Jose Javier, D.D.S.  
Alicia Riedman, R.D.H.  
Yadira Martinez, R.D.H.  
Hai Pham, D.M.D.  
Chip Dunn

**STAFF PRESENT:** Stephen Prisby, Executive Director  
Paul Kleinstub, D.D.S., Chief Investigator  
Daniel Blickenstaff, D.D.S., Investigator  
Harvey Wayson, Investigator (portion of meeting)  
Teresa Haynes, Office Manager (portion of meeting)  
Haley Robinson, Investigator (portion of meeting)  
Samantha VandeBerg, Office Specialist (portion of meeting)

**ALSO PRESENT:** Lori Lindley, Sr. Assistant Attorney General

**VISITORS PRESENT:** Jan Landis, EFDA, PCC; Jennifer Lewis-Goff, ODA; Bruce Burton, D.M.D., ODA; Mary Harrison, ODAA; Ginny Jorgensen, EFDA, PCC; Susan Kramer, R.D.H., ODHA; Cassandra Leone, ODA; Christina Peters, NPAlHB; Kenneth Chung D.D.S., ODA; Cassie Button, R.D.H., ODHA; Russell Lieblich, D.M.D., OSMOS, Robert Millard, D.D.S., ODA; Grant Engrav, Engrav Law Office

**Call to Order:** The meeting was called to order by the President at 7:32 a.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

**NEW BUSINESS**

**MINUTES**

Dr. Underhill moved and Dr. Pham seconded that the minutes of the February 23, 2018 Board meeting be approved as presented. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association**

Dr. Burton stated that the Oregon Dental Conference on April 5<sup>th</sup>-7<sup>th</sup> was a success, and thanked Mr. Prisby and Ms. Haynes for their presentation, as well as the rest of the Board staff for their involvement. He singled out Mr. Prisby and thanked him for his presence and enthusiasm during all three days of the conference. Dr. Burton stated that a Tribal Symposium with five representatives from their board was held at this year's ODC in an effort to better serve their community, and that the Dean paid a visit to the dental clinic at Klamath Tribal Health & Family Services. Dr. Burton announced that they are currently developing their legislative agenda for 2018, and that he will keep the OBD abreast of those issues as needed. He stated that the Pilot Project 100 has been active within their advisory committee, and wanted to draw the attention of the OBD to a recent report from OHA as it contains several items that the Board may want to review. He also stated that the Advisory Committee will meet this Monday, April 23, 2018. Mr. Prisby added that Ms. Haynes and Dr. Kleinstub will be attending the meeting on behalf of the OBD.

Ms. Martinez joined the meeting at 7:46 a.m.

### **Oregon Dental Hygienists' Association**

Nothing to report

### **Oregon Dental Assistants Association**

Ms. Harrison commended the ODA on the Oregon Dental Conference this year, and thanked Ms. Haynes for speaking on their panel. She reported that the Dean has expressed concern with the shortage of dental assistants, and stated that they have several things planned to address this concern.

## **COMMITTEE AND LIAISON REPORTS**

### **WREB Liaison Report**

Dr. Fine reported that WREB has made a couple changes to their exam this year, which has caused several states to evaluate their requirements for licensure and to make those requirements more detailed.

### **AADB Liaison Report**

Dr. Beck announced that the implementation of the new National Board Written Exam, will be in 2020, and that it will be combining part one and part two into a single exam.

### **ADEX Liaison Report**

Dr. Beck shared a letter from ADEX announcing their new Executive Director, Kathleen Kelly.

### **Dental Hygiene Committee**

Ms. Martinez requests the OBD's participation in a work group to review and discuss the collaborative agreement for EPDH. The collaborative agreement has become difficult for some hygienists to get dentists to sign due to liability concerns. Ms. Riedman and Dr. Underhill volunteered to participate. Mr. Prisby added that the committee has the support of the OBD staff as well. Ms. Martinez shared a letter of correspondence requesting clarification on whether or not hygienists can use silver nitrate as an antimicrobial agent. The Board directed staff to add the letter for clarification to the next Licensing,

## Standards and Competency Committee's Agenda.

Dr. Pham moved and Mr. Harvey seconded that the Board move the recommendations of proposed rule changes from the Dental Hygiene Committee (February 23, 2018) to the Licensing, Standards and Competency Committee for further review. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **Rules Oversight Committee**

Rules Oversight Committee recommends the Board accept the OSCE examination for licensure.

### **ORS 679.070**

Tabled – no motion.

### **ORS 679.115(2)(D) – Licensing of dental instructors: requirements and**

### **ORS 679.230 Oregon Board of Dentistry: appointment: qualifications: confirmation: compensation and expenses**

No motion.

### **OAR 818-001-0002 (11)(a), (15) & (16) “Dental Public Health”, “Physical Harm” & “Teledentistry”**

Mr. Harvey moved and Dr. Smith seconded that the Board move OAR 818-001-0002 (11)(a), (15) & (16) as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **818-001-0002 Definitions**

- (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) "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) "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.
- (6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
- (7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (8) "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.

(9)(a) "Licensee" means a dentist or hygienist.

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

(10) "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.

(11) "Specialty." ~~Specialty areas of dentistry are as defined by the American Dental Association, Council on Dental Education.~~ 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 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. Dental Public Health includes the clinical practice of dentistry limited to the following locations or populations:

(A) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental treatment:

(i) Nursing homes as defined in ORS 678.710;

(ii) Adult foster homes as defined in ORS 443.705;

(iii) Residential care facilities as defined in ORS 443.400;

(iv) Adult congregate living facilities as defined in ORS 441.525;

(v) Mental health residential programs administered by the Oregon Health Authority;

(vi) Facilities for persons with mental illness, as those terms are defined in ORS 426.005;

(vii) Facilities for persons with developmental disabilities, as those terms are defined in ORS 427.005;

(viii) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(ix) Public and nonprofit community health clinics.

(B) Adults who are homebound.

(C) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(D) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.

(E) Patients whose income is less than the federal poverty level.

(F) Other populations that the Oregon Board of Dentistry determines are underserved or lack access to dental services.

(G) Low-income persons, as defined by earning 200% of the Federal Poverty Level or on specific populations of the Federal Poverty Level or on specific population

**groups designated by the Dental Health Professional Shortage Areas (DHPSA) that lack access to care and that are underserved.**

(b) "Endodontics" is the branch 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.

(c) "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.

(d) "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.

(e) "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.

(f) "Orthodontics and Dentofacial Orthopedics" is the area 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.

(g) "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.

(h) "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.

(i) "Prosthodontics" is the branch 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.

(12) "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 or dental hygiene.

(13) 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).

(14) "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.

**(15) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, either temporarily or permanently, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.**

**(16) "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.**

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010 & 680.010

Hist.: DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0001; DE 3-1997, f. & cert. ef. 8-27-97; OBD 7-2001, f. & cert. ef. 1-8-01; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 6-2015, f. 7-9-15, cert. ef. 10-01-15

### **OAR 818-001-0082 Access to Public Records**

Dr. Underhill moved and Mr. Harvey seconded that the Board move OAR 818-001-0082 as presented to a public rulemaking hearing. Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **818-001-0082**

#### **Access to Public Records**

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

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

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

**(a) \$25 per hour for the time required to locate and remove non-public records or for filling special requests;**

**(b) Up to ten (10) pages at no cost; more than 10 pages, \$0.50 for each page plus postage necessary to mail the copies;**

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

**(d)(b)** Data files on diskette or CD:

**(A) All Licensed Dentists — \$50;**

(B) All Licensed Dental Hygienists — \$50;

(C) All Licensees — \$100.

(e) \$60 per year for copies of minutes of all Board and committee meetings;

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

~~(g)~~(d) Certificate of Standing — \$20.

Stat. Auth.: ORS 183, 192, 670 & 679

Stats. Implemented: ORS 192.420, 192.430 & 192.440

Hist.: DE 11-1984, f. & ef. 5-17-84; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-001-0080; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 1-1991(Temp), f. 8-5-91, cert. ef. 8-15-91; DE 2-1991, f. & cert. ef. 12-31-91; OBD 3-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-012-0040 Infection Control Guidelines**

Mr. Harvey moved and Dr. Pham seconded that the Board move OAR 818-012-0040 as presented to a public rulemaking hearing. The motion passed with Dr. Smith, Dr. Fine, Ms. Martinez, Dr. Javier, Mr. Dunn, Ms. Riedman and Dr. Underhill voting aye.

#### **818-012-0040**

#### **Infection Control Guidelines**

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the Centers for Disease Control and Prevention and the American Dental Association.

(1) Additionally, licensees must comply with the following requirements:

(a) Disposable gloves shall be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene shall be performed prior to gloving.

(b) Masks and protective eyewear or chin-length shields shall be worn by licensees and other dental care workers when spattering of blood or other body fluids is likely.

(c) Between each patient use, instruments or other equipment that come in contact with body fluids shall be sterilized.

(d) Environmental surfaces that are contaminated by blood or saliva shall be disinfected with a chemical germicide which is mycobactericidal at use.

(e) Impervious backed paper, aluminum foil, or plastic wrap may be used to cover surfaces that may be contaminated by blood or saliva and are difficult or impossible to disinfect. The cover shall be replaced between patients.

(f) All contaminated wastes and sharps shall be disposed of according to any governmental requirements.

(2) ~~Dentists~~ ~~Licensees~~ must comply with the requirement that heat sterilizing devices shall be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated. Testing results shall be retained by the ~~dentist~~ ~~licensee~~ for the current calendar year and the two preceding calendar years.

Stat. Auth.: ORS 679.120, 679.250(7), 679.535, 680.075 & 680.150

Stats. Implemented: ORS 679.140, 679.140(4) & 680.100

Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89; DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; DE 2-1992, f. & cert. ef. 6-24-92; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 1-2008, f. 5 - Div. 12 11-10-08, cert. ef. 12-1-08; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 6-

2014, f. 7-2-14, cert. ef. 8-1-2014; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-015-0007 Specialty Advertising**

No motion was made to move OAR 818-015-0007 to a Public Rulemaking Hearing.

#### **818-015-0007 Specialty Advertising**

~~(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board. (2) The Board recognizes the following specialties:~~

- ~~(a) Endodontics;~~
- ~~(b) Oral and Maxillofacial Surgery;~~
- ~~(c) Oral and Maxillofacial Radiology;~~
- ~~(d) Oral and Maxillofacial Pathology;~~
- ~~(e) Orthodontics and Dentofacial Orthopedics;~~
- ~~(f) Pediatric Dentistry;~~
- ~~(g) Periodontics;~~
- ~~(h) Prosthodontics; and~~
- ~~(i) Dental Public Health.~~

~~(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."~~

Stat. Auth.: OR 679

Stats. Implemented: ORS 679.140(2)(e)

Hist.: DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; DE 3-1997, f. & cert. ef. 8-27-97; OBD 5-2001, f. & cert. ef. 1-8-01; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2011, f & cert. ef. 11-15-11

### **OAR 818-021-0070 Continuing Education – Dental Hygienists**

Dr. Fine moved and Dr. Underhill seconded that the Board move OAR 818-021-0070 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **818-021-0070 Continuing Education — Dental Hygienists**

(1) Each dental hygienist must complete 24 hours of continuing education every two

years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures, successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than six hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(910) for renewal of the Nitrous Oxide Permit.

(6) At least 2 hours of continuing education must be related to infection control.

(Effective January 1, 2015.)

Stat.Auth.: ORS 679

Stats. Implemented: ORS 679.250(9)

Hist.: DE 3-1987, f. & ef. 10-15-87; DE 1-1988, f. 12-28-88, cert. ef. 2-1-89, DE 1-1989, f. 1-27-89, cert. ef. 2-1-89; Renumbered from 818-020-0073; DE 1-1990, f. 3-19-90, cert. ef. 4-2-90; OBD 9-2000, f. & cert. ef. 7-28-00; OBD 2- 2002, f. 7-31-02, cert. ef. 10-1-02; OBD 2-2004, f. 7-12-04, cert. ef. 7-15-04; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 2- 2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2010, f. 6-22- 10, cert. ef. 7-1-10; OBD 3- 2011(Temp), filed 6-30-11, cert. ef. 7-1-11 thru 12-27-11; OBD 4-2011, f & cert. ef. 11- 15-11; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014; OBD 6-2015, f. 7-9-15 ef. 10-01-15

### **OAR 818-021-0088 Volunteer License**

Dr. Fine moved and Dr. Pham seconded that the Board move OAR 818-021-0088 as presented to

a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**818-021-0088**  
**Volunteer License**

(1) An **active Oregon** licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)~~(e) and (f)~~ **and (g)**, may be granted a volunteer license provided licensee completes the following:

(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.

(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.

(c) Licensee must provide the health care service without compensation.

(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.

(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.

(f) Licensee must agree to volunteer for a minimum of 40 hours per calendar year.

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 676.345, 679.010, 679.020, 679.025, 679.090, 680.010, 680.020, 680.050 & 680.072

Hist.: OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05

**OAR 818-026-0010 Definitions**

Dr. Underhill moved and Mr. Harvey seconded that the Board move OAR 818-026-0010 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**818-026-0010**  
**Definitions**

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which

patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) “Moderate Sedation” means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) “Minimal Sedation” means minimally depressed level of consciousness, produced by **non-intravenous pharmacological methods, an enteral drug**, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single **non-intravenous pharmacological method enteral drug** is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single **non-intravenous pharmacological method enteral drug** in minimal sedation.

(7) “Nitrous Oxide Sedation” means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) “Maximum recommended dose” (MRD) means ~~maximum Food and Drug Administration recommended dose of a drug, as printed in Food and Drug Administration Approved labeling for unmonitored dose~~ **maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.**

(9) “Incremental Dosing” means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) “Supplemental Dosing” means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

(11) “Enteral Route” means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

(12) “Parenteral Route” means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I “A normal healthy patient”.

(b) ASA II “A patient with mild systemic disease”.

(c) ASA III “A patient with severe systemic disease”.

(d) ASA IV “A patient with severe systemic disease that is a constant threat to life”.

(e) ASA V “A moribund patient who is not expected to survive without the

operation”.

**(f) ASA VI “A declared brain-dead patient whose organs are being removed for donor purposes”.**

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9- 15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10

### **OAR 818-026-0020 Presumption of Degree of Central Nervous System Depression**

Mr. Harvey moved and Dr. Smith seconded that the Board move OAR 818-026-0020 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **818-026-0020**

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

(1) In any hearing where a question exists as to the degree of central nervous system depression a licensee has induced (i.e., general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation), the Board may base its findings on, among other things, the types, dosages and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status.

(2) The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a General Anesthesia Permit:

(a) Ultra short acting barbiturates including, but not limited to, sodium methohexital, thiopental, thiamylal;

(b) Alkylphenols — propofol (Diprivan) including precursors or derivatives;

(c) Neuroleptic agents;

(d) Dissociative agents — ketamine;

(e) Etomidate; and

(f) Volatile inhalational agents.

(3) No permit holder shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

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

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

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 3-2003, f. 9- 15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 4- 2015, f. 9-8-15, cert. ef. 1-1-16

**OAR 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor**

Dr. Smith moved and Dr. Underhill seconded that the Board move OAR 818-026-0030 as amended to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**818-026-0030  
Requirement for Anesthesia Permit, Standards and Qualifications of an  
Anesthesia Monitor**

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

(4) Persons serving as anesthesia monitors in a dental office shall maintain current

certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)

(5) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Health Care Providers certificate or its equivalent.

(6) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Health Care Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

(a) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health Care Provider Basic Life Support (BLS).

(7) When a dentist utilizes a single ~~dose~~ oral agent ~~per calendar day~~ to achieve anxiolysis only, no anesthesia permit is required.

(8) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

(9) Permits shall be issued to coincide with the applicant's licensing period.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.250

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-026-0050 Minimal Sedation Permit**

Mr. Harvey moved and Dr. Smith seconded that the Board move OAR 818-026-0050 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **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 (~~2007~~) 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 dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

(7) 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, and respiration shall be monitored and documented 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.

(8) 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.

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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10) Hist.: OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 3-2003, f. 9- 15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 1- 2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8- 15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-026-0060 Moderate Sedation Permit**

Mr. Harvey moved and Dr. Smith seconded that the Board move OAR 818-026-0060 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **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 ~~(2007)~~ 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) 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.

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

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

(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.

(10) 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.

(11) 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.

(12) 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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 1-1999, f. 2-26-99, cert. ef. 3-1-99; OBD 6-1999, f. 6- 25-99, cert. ef. 7-1-99; Administrative correction 8- 12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22- 00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1- 2005, f. 1-28-05, cert. ef. 2-1-05; OBD 2-2005, f. 1- 31-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6- 1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 3- 2013, f. 10-24-13, cert. ef. 1-1-14; OBD 1-2014, f. 7- 2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-026-0065 Deep Sedation (Permit)**

Dr. Smith moved and Mr. Harvey seconded that the Board send OAR 818-026-0065 as amended to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **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) 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.

(8) 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.

(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.

(10) 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.

(11) 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

(12) 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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2-2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 4-2015, f. 9-8-15, cert. ef. 1-1-16; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-026-0070 General Anesthesia Permit**

Mr. Harvey moved and Dr. Pham seconded that the Board move OAR 818-026-0070 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **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 (~~2007~~) 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) 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.

(8) 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.

(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 nausea or vomiting and has minimal dizziness.

(10) 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.

(11) 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.

(12) 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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7) & 679.250(10)

Hist.: OBD 2-1998, f. 7-13-98, cert. ef. 10-1-98; OBD 6-1999, f. 6-25-99, cert. ef. 7-1-99; Administrative correction 8-12-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; Administrative correction 6-21-01; OBD 3-2003, f. 9-15-03, cert. ef. 10-1-03; OBD 1-2005, f. 1-28-05, cert. ef. 2-1-05; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 2- 2011(Temp), f. 5-9-11, cert. ef. 6-1-11 thru 1-27-11; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert.

### **OAR 818-035-0072 Restorative Functions of Dental Hygienists**

Mr. Harvey moved and Dr. Pham seconded that the Board move OAR 818-035-0072 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

## **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 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 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 ~~alloy and direct composite~~ 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.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010(3) & 679.250(7)

Hist.: OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

## **OAR 818-042-0040 Prohibited Acts**

Mr. Harvey moved and Dr. Underhill seconded that the Board move OAR 818-042-0040 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman 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 (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) without holding the appropriate certification.

(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818042-0100.

(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 fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0030(6), OAR 818-026-0050(5)(a) OAR 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 [818-042-0090](#) and 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 prosthetic or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100. (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.

(18) Place any type of ~~cord subgingivally~~ **retraction material subgingivally** except as provided in OAR 818-042-0090.

(19) Take jaw registrations, ~~or~~ **oral impressions, and intraoral digital scans** for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.

(20) Apply denture relines except as provided in OAR 818-042-0090(2).

(21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 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.

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

(23) Perform periodontal probing.

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

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

Any act in violation of Board statute or rules.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2- 2000(Temp), f. 5-22-00, cert. ef.5-22-00 thru 11-18-00; OBD 1-2001, f. & cert. ef. 1-08-01; OBD 15-2001; f. 12-7-01,cert. ef. 1-1-02; OBD 3-2005, f. 10-26-05, cert. ef. 11-1- 05; OBD 3-2007, f. & cert. ef.11-30-07; OBD 1-2010, f. 6- 22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 6-2014, f.7- 2-2014, cert. ef. 8-1-2014;OBD 6-2015, f. 7-9-05, cert. ef. 10-1-15

### **OAR 818-042-0050 Taking of X-Rays – Exposing of Radiographs**

Ms. Riedman moved and Dr. Fine seconded that the Board move OAR 818-042-0050 as amended to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **818-042-0050**

#### **Taking of X-Rays — Exposing of Radiographs**

(1) A dentist may authorize the following persons to place films, adjust equipment preparatory to exposing films, and expose the films under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

~~(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course and submitted a satisfactory full mouth series of radiographs to the OBD.~~

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03; OBD 4-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014; OBD 6-2015, f. 7-9-15, cert. ef. 10-01-15; OBD 2-2016, f. 11-2-16, cert. ef. 3-1-17

### **OAR 818-042-0060 Certification – Radiologic Proficiency**

Ms. Martinez moved and Dr. Javier seconded that the Board move OAR 818-042-0060 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **818-042-0060**

#### **Certification — Radiologic Proficiency**

(1) The Board may certify a dental assistant in radiologic proficiency by credential in accordance with OAR 818-042-0120, or if the assistant:

(2) Submits an application on a form approved by the Board, pays the application fee and:

- (a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;
- (b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and
- ~~(c) Passes a clinical examination approved by the Board and graded by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, consisting of exposing, developing and mounting a full mouth series of radiographs or by exposing and mounting a digital full mouth series of radiographic images (14 to 18 periapical and 4 bitewing radiographic images) within one hour and under the supervision of a person permitted to take radiographs in Oregon. No portion of the clinical examination may be completed in advance; a maximum of three retakes is permitted (i.e., three individual radiographic exposures, not three full mouth series); only the applicant may determine the necessity of retakes. The radiographic images should be acquired on an adult patient with at least 24 fully erupted teeth. The full mouth series must be submitted for grading within six months after it is taken.~~

Certification by an Oregon licensed dentist or Oregon licensed dental hygienist that the assistant is proficient to take radiographs.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.020, 679.025, 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2003, f. 7-14-03 cert. ef. 7-18-03; OBD 4-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 3-2013, f. 10-24-13, cert. ef. 1-1-14; OBD 6-2014, f. 7-2-14, cert. ef. 8-1-2014

### **OAR 818-042-0090 Additional Functions of EFDAs**

Ms. Martinez moved and Dr. Smith seconded that the Board move OAR 818-042-0090 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **818-042-0090**

#### **Additional Functions of EFDAs**

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

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

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

~~(c)(3) Place cord subgingivally.~~ Place retraction material subgingivally

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15- 2001, f. 12-7-01, cert. ef. 1-1-02;

OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014;

OBD 6-2015, f. 7-9-15, cert. ef. 10-01-15

### **818-042-0XXX Additional Functions of EFPDAs**

Dr. Fine moved and Ms. Martinez seconded that the Board move OAR 818-042-0XXX as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

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

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

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

### **OAR 818-042-0095 Restorative Functions of Dental Assistants**

Dr. Underhill moved and Ms. Martinez seconded that the Board move OAR 818-042-0095 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

#### **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 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 ~~alloy or direct composite~~-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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.010 & 679.250(7)

Hist.: OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

### **OAR 818-042-0110 Certification – Expanded Function Orthodontic Assistant**

Dr. Pham moved and Mr. Harvey seconded that the Board move OAR 818-042-0110 as presented to a public rulemaking hearing. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

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

#### **Certification — Expanded Function Orthodontic Assistant**

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 Basic, CDA or 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 a licensed dentist that the applicant has successfully ~~removed cement from bands using an ultrasonic or hand scaler, or a slow speed hand piece, on six (6) patients and recemented loose orthodontic bands, fit and adjust headgear, remove fixed orthodontic appliances and take impressions for four (4) patients.~~ 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.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 10-1999 (Temp). f. 12-2-99, cert. ef. 1-1-00 thru 6-28-00; OBD 8- 2000, f. 6-22-00, cert. ef. 6-29-00; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Member & Staff Updates**

Mr. Prisby thanked Mr. Alton Harvey for his eight years of service on the Board, and presented him with a plaque of recognition. Mr. Prisby also announced Mr. Harvey Wayson's retirement, effective March 31<sup>st</sup>. Mr. Prisby stated that the Board is currently recruiting candidates for the Office Specialist position, with Ms. VandeBerg currently operating as a temp for the position.

### **OBD Budget Status Report**

Mr. Prisby presented the latest budget report for the 2017 - 2019 Biennium. Mr. Prisby stated that the report, which is from July 1, 2017 through February 28, 2018, shows revenue of \$1,327,919.15, and expenditures of \$958,126.97. Board members were asked if they had any questions regarding the budget report.

### **OBD 2019-2021 Budget Issues**

Mr. Prisby submitted a memo to the Board regarding the OBD 2019-2021 Revenue Forecast with supporting information. Mr. Harvey moved and Dr. Pham seconded to approve the proposed fee increases for the 2019-2021 budget. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **CAFR Gold Star Certificate 2017**

Mr. Prisby stated that the OBD received for fiscal year 2017 the Chief Financial Office's Gold Star Certificate for providing accurate and complete fiscal year-end information in a timely manner.

### **Customer Service Survey**

Mr. Prisby reported the legislatively mandated survey results from July 1, 2017 – March 31, 2018. Mr. Prisby indicated that the results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

### **Board and Staff Speaking Engagements**

Mr. Prisby stated that Dr. Daniel Blickenstaff gave a "How to Stay out of Trouble with the Board" presentation to Portland Community College dental hygiene students in Portland on Monday, February 26, 2018.

Mr. Prisby reported that Ingrid Nye and Teresa Haynes made a License Application Webinar Presentation to the graduating OIT Dental Hygiene Students based in Klamath Falls on Thursday, March 1.

Mr. Prisby stated that the Oregon Dental Conference was held at the Oregon Convention Center in Portland, April 6-8, 2018. The OBD had a table outside the Exhibit Hall with staff available to answer questions. Dr. Paul Kleinstub, Dr. Daniel Blickenstaff and Mr. Prisby made presentations on Thursday, April 6<sup>th</sup> covering a detailed overview of the Board, record keeping and enforcement. Dr. Kleinstub and Dr. Blickenstaff also took part in the DBIC Risk Management Seminar on Thursday afternoon regarding investigations and enforcement. Teresa Haynes participated in a dental assistants' forum sponsored by DANB & the DALE Foundation at the ODC on April 6<sup>th</sup> updating the dental assistants on current and proposed rule changes. He thanked the ODA for the invitation to present and host a table at the ODC this year.

Mr. Prisby reported that Dr. Paul Kleinstub and he made a “Board Updates & Enforcement” presentation to the third year dental students at the OHSU School of Dentistry in Portland on Wednesday, April 18, 2018.

### **2018 Dental License Renewal**

Mr. Prisby reported the final numbers on the March 2018 Dental Renewal: 1782 – Renewed as of April 10, 2018; 158 – Expired (90 Out of State, 68 in Oregon); 44 – Retired; 0 – Resigned; 1 – Deceased

### **AADA & AADB Mid-Year Meetings**

Mr. Prisby reported that Lori Lindley and he will be attending the AADA & AADB mid-year meetings, and will have a report at the June Board meeting.

### **Continuity of Operations Planning – Policy #107-001-010**

Mr. Prisby submitted information to the Board regarding Continuity of Operations Planning Policy.

### **Proposed 2019 Meeting Dates**

Mr. Prisby presented the proposed 2019 meeting dates for review. Dr. Smith moved and Dr. Underhill seconded to approve the OBD meeting dates as presented. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **The Joint Commission on National Dental Examinations (JCNDE) Webinar**

Mr. Prisby reported that the annual National Dental Examiners’ Advisory Forum (NDEAF) will occur on June 20, 2018.

### **2018 State Employee Food Drive Results**

Mr. Prisby updated the Board on the 2018 state employee food drive showing that state employees contributed food and monies which will allow 2.3 million meals to be funded.

### **OBD 2018 Newsletter**

Mr. Prisby announced that the 2018 newsletter will be coming out in the fall or winter of this year.

## **UNFINISHED BUSINESS & RULES**

### **OBD Proposed Rule Change Implementation**

Mr. Prisby presented to the Board a timeline for proposed rule changes and hearings. Mr. Prisby is requesting the Board approve the timeline and hearing dates. Mr. Harvey moved and Dr. Fine seconded that the Board approve Mr. Prisby’s request. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **OMB Considering Proposing Legislative Concept to Amend ORS 676.345**

Mr. Prisby reported that the Oregon Medical Board is proposing to amend ORS 676.345 (3) which states “Registration under this section must be made **annually biennially**. The health professional regulatory boards listed in subsection (1) of this section shall charge no fee for registration under this section.”

## **CORRESPONDENCE**

### **Renee DeMallie, R.D.H. Request for Clarification Regarding Dental Hygiene Scope of Practice/Duties**

The Board referred the request for clarification regarding dental hygiene scope of practice duties to the Licensing, Standards and Competency Committee. Staff will relay this information to Ms. DeMallie.

### **Ginny Jorgensen, CDA, EFDA, EFODA Request to Amend Dental Assisting EFDA Duties**

Dr. Smith moved and Ms. Martinez seconded that the Board refer the request to amend EFDA duties based on current practices to the Licensing, Standards and Competency Committee. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

Dr. Fine requested that Board staff research other state protocols regarding the matter for comparison, to be included with the information presented to the Licensing, Standards and Competency Committee.

## **OTHER ISSUES**

### **Board Adopted Policies for Continuing Education**

Mr. Prisby stated that per the March 2018 dental license renewal period, a number of dentists did not meet the requirements for continuing education, and that a surprising amount of licensees have failed to keep their BLS/CPR certification up to date. Dr. Blickenstaff proposed that the resulting cases be evaluated on a case-by-case basis in Executive Session at the Board meeting on June 22, 2018.

### **OBD Staff Requests that the Board Pay for Gym Memberships for Board Staff**

Dr. Javier moved and Ms. Martinez seconded that the Board approve the request of the OBD staff for the Board to pay for gym memberships. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **Phoenix College Requests Board Approval of Local Anesthesia Continuing Education Course**

Mr. Harvey moved and Ms. Martinez seconded that the Board approve Phoenix College's continuing education local anesthesia course. The motion passed with Dr. Underhill, Dr. Fine, Dr. Smith, Dr. Javier, Ms. Riedman, Mr. Dunn and Dr. Pham voting aye.

### **Christina Ridges, R.D.H. Request for Permission to Administer Anesthesia at the WREB Dental Hygiene Examination**

Dr. Underhill moved and Mr. Harvey seconded that the Board approve Ms. Ridges' request to administer anesthesia at the WREB dental hygiene examination at PCC. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

## **ARTICLES AND NEWS (no action necessary)**

- ADA announces new opioid policy
- March 2018 HPSP Newsletter
- Dental Foundation of Oregon Newsletter
- CDCA special administration of exam for those displaced by hurricanes
- Industry Leaders Come Together to Support Dental Safety
- AADB ED Report February 2018
- Recognition of Mr. Alton Harvey, Sr. for 8 years of OBD service, Dr. Todd Beck's tenure as President, & Harvey Wayson's many years of service to the OBD.

## **Election of Board President and Vice President for 2019**

Dr. Beck nominated and Mr. Harvey seconded that the Board elect Dr. Gary Underhill to be President of the Oregon Board of Dentistry. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

Dr. Underhill nominated and Dr. Beck seconded that the Board elect Dr. Amy Fine to be Vice-President of the Oregon Board of Dentistry. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Ms. Martinez, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

## **Staff Recognition**

Mr. Prisby thanked Dr. Beck for his year of service as President of the OBD, and presented him with a plaque commemorating his achievement.

Mr. Prisby also acknowledged Harvey Wayson for his 19+ years of service to the Board, and presented a plaque commemorating his achievement.

Ms. Martinez left the meeting at 10:35 a.m.

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

## **PERSONAL APPEARANCES AND COMPLIANCE ISSUES**

2018-0118 & 2018-0136

The licensee appeared in Executive Session.

**OPEN SESSION:** The Board returned to Open Session.

## **CONSENT AGENDA**

**2018-0140, 2018-0167, 2018-0157**

Dr. Underhill moved and Dr. Pham seconded that the Board close the matters with a finding of No Further Action per the staff's recommendation. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

## **COMPLETED CASES**

**2018-0135, 2018-0114, 2018-0124, 2018-0125, 2018-0177, 2018-0142, 2018-0112, 2018-0094, 2018-0132, 2018-0129, 2018-0100**

Dr. Underhill moved and Dr. Smith seconded that the Board close the matters with a finding of No Violation or No Further Action of the Dental Practice Act per the staff's recommendation. The motion passed with Dr. Underhill, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Riedman, Mr. Dunn and Dr. Pham voting aye.

### **2018-0114**

Dr. Underhill moved and Dr. Smith seconded that the Board close the matters with a finding of No Violation of the Dental Practice Act or No Further Action per the staff's recommendation. The motion passed with Dr. Underhill, Dr. Fine, Mr. Harvey, Ms. Riedman, Mr. Dunn and Dr. Pham voting aye. Dr. Smith and Dr. Javier recused.

### **2018-0124**

Dr. Underhill moved and Dr. Smith seconded that the Board close the matters with a finding of No Violation of the Dental Practice Act or No Further Action per the staff's recommendation. The motion passed with Dr. Underhill, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Riedman, Mr. Dunn and Dr. Pham voting aye. Dr. Smith recused.

### **2018-0068**

Dr. Pham moved and Mr. Harvey seconded that the Board close the matter with a Letter of Concern reminding the licensee to assure that his chart notes are accurate and that he spore tests his autoclave on a weekly basis. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **BURGESS, SCOT E., D.M.D. 2018-0113**

Dr. Smith moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$6,000.00 civil penalty to be paid within 90 days, 40 hours of community service to be completed within one year, passing the Oregon Board of Dentistry Jurisprudence Exam within 30 days and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **2018-0122**

Dr. Smith moved and Mr. Harvey seconded that the Board close the matter with a Letter of Concern reminding Licensee to ensure the correct procedure is performed on the correct tooth. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

### **COBB, JEREMY, D.D.S. 2018-0134**

Dr. Smith moved and Dr. Underhill seconded that the Board issue a Notice of proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, and a \$2,000.00 civil penalty to be paid within 30 days. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**ERICKSON, STEN, D.D.S. 2018-0098**

Mr. Harvey moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order in which the Licensee will agree to be reprimanded, pay a \$6,000.00 civil penalty to be paid within 90 days of the effective date, to complete 40 hours of Board-approved community service within one year of the effective date, and to provide monthly submission of spore testing for a period of one year from the effective date of the order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**HAGEDORN, BRADLEY, D.M.D. 2018-0137**

Ms. Riedman moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the licensee a Consent Order in which the licensee would agree to be reprimanded, to pay a \$3,000.00 civil penalty within 60 days of the effective date of the Order, to complete 20 hours of Board approved community service within six months of the effective date of the Order, and to provide monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2018-0117**

Mr. Dunn moved and Dr. Smith seconded that the Board close the matter with a Letter of Concern to Respondent #1 reminding Licensee to thoroughly evaluate post-operative pain, and a Letter of Concern to Respondent #2 to assure that all treatment and prescriptions are thoroughly documented and to thoroughly evaluate post-operative pain. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2018-0120**

Dr. Javier moved and Dr. Underhill seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issues of ensuring that when vital signs are taken during the administration of nitrous oxide sedation, the vital signs are documented in the patient records and that informed consent is obtained prior to providing treatment. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**JERNIGAN, JILL ELLEN, R.D.H. 2018-0165**

Dr. Fine moved and Dr. Underhill seconded that the Board issue a Notice of Proposed Denial of License Application per the staff's recommendation. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2018-0123**

Dr. Pham moved and Dr. Javier seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that documentation of the completion of the Board's continuing education requirements is maintained as required by the Board's rules. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**LITTLE, STEVEN J., D.M.D. 2018-0034**

Dr. Smith moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a civil penalty of \$10,000.00

to be paid within four months; completion of three hours of Board approved continuing education in Record Keeping within 30 days; immediately surrender the Licensee's Deep Sedation permit; Licensee may not reapply for any level sedation permit before completing the required number of hours of CE according to the following schedule: at least 14 hours for moderate sedation, and at least 4 hours for minimal sedation or nitrous oxide. This continuing education must include topics of anesthesia monitoring, use of monitoring equipment, and anesthesia documentation, sedation and pharmacology; The Licensee will pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2018-0101**

Mr. Harvey moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that his autoclave is spore tested on a weekly basis. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**METHVEN, ALLEN R., D.D.S. 2018-0144**

Ms. Riedman moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the licensee a Consent Order in which he would agree to be reprimanded. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2018-0136**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all pathology evident on a radiograph is noted, that patient records are released within 14 days of receipt of a written request for the records, and to assure that all autoclaves are spore tested on a weekly basis. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**MILLARD, ROBERT BOYD JR., D.D.S. 2018-0115**

Dr. Javier moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, and a refund to the patient of \$4,800.00; A prohibition from placing implants without direct supervision of a Board approved mentor within a Board approved mentorship program until full completion of the mentorship program as determined by the Board. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**OLSON, JOHN L., D.M.D.; ROBERTSON, LONN D., D.M.D. & TESSLER, TRACY M., R.D.H. 2018-0099**

Dr. Fine moved and Ms. Riedman seconded that in reference to case 2018-0099, for Respondent #1, combine with case 2015-0102 and issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a civil penalty of \$5,000.00; for Respondent #2, issue Licensee a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a civil penalty of \$2,000.00; for Respondent #3, issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order in which the Licensee would agree to be reprimanded, pay a civil penalty of \$2,500.00, and to take and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr.

Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**REESE, BENJAMIN E., D.D.S. 2018-0086**

Dr. Pham moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, pay \$1,400.00 in restitution to patient PH within 30 days, and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days from the effective date of this order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**TULLIS, JOHN L., D.M.D. 2018-0147**

Dr. Smith moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2018-0145**

Mr. Harvey moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that the appropriate certifications are maintained for the sedation permit level held by the licensee. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**YOUNG, JARED M., D.M.D. 2018-0108**

Ms. Riedman moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a refund to patient OA of \$1,050.00 within 30 days; take a three-hour Board approved continuing education course in Record Keeping within 30 days; and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**PREVIOUS CASES REQUIRING BOARD ACTION**

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

**OPEN SESSION:** The Board returned to Open Session.

**DI GIULIO, YOLIMAR C., D.M.D. 2018-0056**

Mr. Dunn moved and Dr. Javier seconded that the Board issue an Amended Notice of Proposed Disciplinary Action removing allegations 1, 5 and 10, and reaffirm the Consent Order. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**TRAN, LAN P., D.M.D. 2016-0164**

Dr. Javier moved and Mr. Harvey seconded that the Board deny Licensee's request and affirm the Board's action of 8/19/16. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2017-0170**

Dr. Fine moved and Dr. Javier seconded that the Board reopen the investigation. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2004-0173**

Dr. Pham moved and Dr. Javier seconded that the Board grant Licensee's request, release him from the terms of his contracts with HPSP and with his Agreement with the Board and reclose the case with No Further Action. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**2006-0087**

Dr. Smith moved and Dr. Underhill seconded that the Board grant Licensee's request, release him from the terms of his contracts with HPSP and with his Agreement with the Board and reclose the case with No Further Action. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**LIND, STEVEN, D.M.D. 2016-0135**

Mr. Harvey moved and Ms. Riedman seconded that the Board issue Licensee a Final Default Order, incorporating a reprimand and an \$8,595 restitution to patient AG. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**McCALL, SALLY JO, R.D.H. 2018-0074**

Ms. Riedman moved and Dr. Smith seconded that the Board issue Applicant a Final Default Order, denying application for license. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**SFERLE, SIMONA M., R.D.H. 2017-0076**

Mr. Dunn moved and Dr. Smith seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a \$500.00 civil penalty; completion of 13 hours of continuing education for the licensure period 10/1/14 to 9/30/16 within 60 days; and submission of certificates verifying completion of 24 hours of continuing education with her application for renewal for the 10/1/16 to 9/30/18 and 10/1/18 to 9/30/20 licensure periods. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**WODJA, CHRISTOPHER A., D.M.D. 2008-0207**

Dr. Javier moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, agreement to resign his Oregon dental license, and agreement not to reapply for a license in Oregon at any time in the future; if Licensee does not sign and return the proffered Order within 14 days of issuance, issue a

Notice of Proposed License Revocation. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**WYATT, BROOKE E., D.M.D. 2018-0064**

Dr. Smith moved and Mr. Harvey seconded that the Board ratify the Consent Order signed on April 2, 2018. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**Request for Investigative Summary for 2017-0098**

Dr. Pham moved and Dr. Javier seconded that the Board release records as requested. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**Request for Investigative Summary for 2018-0042**

Ms. Riedman moved and Dr. Javier seconded that the Board release records as requested. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**LICENSURE AND EXAMINATION**

**Ratification of Licenses Issued**

Mr. Dunn moved and Dr. Javier seconded that licenses issued be ratified as published. The motion passed with Dr. Underhill, Dr. Pham, Dr. Smith, Dr. Fine, Mr. Harvey, Dr. Javier, Mr. Dunn, and Ms. Riedman voting aye.

**DENTAL HYGIENISTS**

H7600	ANAGHA ATHAWALE, R.D.H.	2/15/2018
H7601	NICKY ANN DUBBS, R.D.H.	2/15/2018
H7602	ANDREA NICOLE SHOEMAKER, R.D.H.	2/28/2018
H7603	VICTORIA ANNE FEATHERS, R.D.H.	3/1/2018
H7604	SAMANTHA RAE LAYSON, R.D.H.	3/9/2018
H7605	ORALIA GALICIA, R.D.H.	3/9/2018
H7606	AMBER MOSES, R.D.H.	3/15/2018
H7607	VERONICA A LOPEZ, R.D.H.	3/15/2018
H7608	SHERI LEE WHITE, R.D.H.	3/30/2018
H7609	MELISSA BENNETT HADLEY, R.D.H.	4/4/2018

## **DENTISTS**

D10769	JOSHUA SCOTT MURDOCK, D.D.S.	2/15/2018
D10770	BENJAMIN GERALD ZIKE, D.D.S.	2/15/2018
D10772	ERNEST L DA BREO, D.D.S.	2/28/2018
D10773	JESSICA EHLERS IRWIN, D.M.D.	2/28/2018
D10774	MICHELLE FALBO, D.D.S.	2/28/2018
D10775	KRISTINA A TEE, D.D.S.	2/28/2018
D10776	KAREN GUTIERREZ, D.D.S.	3/9/2018
D10777	LAURA ELIZABETH MILLER, D.D.S.	3/9/2018
D10778	RICHARD ERNEST MOUNCE, D.D.S.	3/14/2018
D10779	JEFFREY ALAN BENNETT, D.D.S.	3/15/2018
D10780	MAIRELYS D ONATE, D.M.D.	3/26/2018
D10781	TRAVIS ROYCE BASKERVILLE, D.M.D.	3/26/2018
D10782	SHERRY MICHELLE BLOOMFIELD, D.D.S.	3/26/2018
D10783	JONATHAN A YIH, D.M.D.	3/26/2018
D10784	ARTHUR LAWRENCE WICKSON, D.M.D.	3/26/2018
D10785	BITA VAGHARI, D.M.D.	3/26/2018
D10786	LARA A KACHERIAN, D.D.S.	3/30/2018
D10787	MARIAM ALEXES HAMIDI, D.M.D.	3/30/2018
D10788	MIKHAIL H BONDAREW, D.D.S.	4/6/2018

## **DENTAL FACULTY**

DF0040	LAURA REI IWASAKI, D.D.S.	2/28/2018
DF0041	JEFFREY CHARLES NICKEL, D.M.D.	3/9/2018

### **Announcement**

No announcements

### **ADJOURNMENT**

The meeting was adjourned at 2:37 p.m. Dr. Beck stated that the next Board meeting would take place June 22, 2018.

\_\_\_\_\_/S/  
Gary Underhill, D.M.D.  
President