

**OREGON BOARD OF DENTISTRY
MINUTES
August 24, 2018**

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

STAFF PRESENT: Stephen Prisby, Executive Director
Paul Kleinstub, D.D.S., Dental Director/Chief Investigator
Daniel Blickenstaff, D.D.S., Investigator
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: Jennifer Lewis-Goff, ODA; Mary Harrison, ODAA; Kenneth Chung, D.D.S., ODA; Barry Taylor, D.M.D., ODA; Breanna McGhee, DAS-CFO; Gary Pickard, PDS; Phil Marucha, D.M.D., OHSU; Meg Reinhold, LFO; Jennifer Santiago, WA State; Dave Carsten, D.D.S., WA State/ADA

Call to Order: The meeting was called to order by the President at 7:28 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

NEW BUSINESS

MINUTES

Dr. Beck moved and Dr. Javier seconded that the minutes of the June 22, 2018 Board Meeting be approved as amended. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association

Dr. Barry Taylor reported that the ODA finalized its legislative agenda for 2019. The association's primary focus will be on pre-initiatives, school screenings, and expanding current laws ensuring all students entering school for the first time have had an oral health screening. The ODA is exploring introducing legislation that would allow dentists who choose to participate to provide immunizations to their patients. They are also focusing on dentist/patient communication transparency. Oregon Dental Day will take place in Salem on February 26, 2019. The House of Delegates will meet in Bend on September 8, 2018. Some ODA staff members travelled to Pendleton last week to attend the grand opening of the new Yellowhawk Tribal Health Center medical and dental facility.

Oregon Dental Hygienists' Association

Nothing to report at this time.

Oregon Dental Assistants Association

Ms. Harrison reported that the ODAA is working with the ODA on the ongoing shortage of dental assistants in Oregon.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report

Dr. Fine reported that she will be attending the Dental Exam Review Board (DERB) meeting in October, as well as the WREB leadership training in February. Mr. Prisby added that in October there will be a meeting for Executive Directors of state boards at which time they will also be discussing these matters. Dr. Fine also reported that the exam list for 2019 has been released.

Dental Implant Safety Workgroup

Mr. Prisby reported that the Dental Implant Safety Workgroup has concluded the last of their four scheduled meetings, and the recommendations by the Workgroup will be presented to the Board at the December 2018 Board Meeting. Mr. Prisby thanked everyone involved for their participation in the Workgroup.

AADB Liaison Report

Nothing to report at this time.

ADEX Liaison Report

Nothing to report at this time.

Anesthesia Office Evaluation Workgroup

Dr. Smith reported some corrections to be made to the minutes from the last meeting. She reported that the Workgroup has come up with six recommendations to be presented to the Board, and then referred the Anesthesia Committee for further review at the meeting on November 28, 2018.

Dr. Beck moved and Dr. Smith seconded that the Board move the recommendations of the Anesthesia Office Evaluation Workgroup to the Anesthesia Committee for further review. The motion passed unanimously.

EXECUTIVE DIRECTOR'S REPORT

Board Member & Staff Updates

Dr. Paul Kleinstub, Dental Director/Chief Investigator, has submitted his intention to retire on September 30, 2018. He started with the OBD in 1990 and prior to service here at the OBD, Dr. Kleinstub served 20 years in the U.S. Air Force and retired with the rank of Colonel. He has been instrumental in the OBD's refinement and management of our investigations, and he has been a strategic asset to many OBD Board Members, Staff Members, Licensees and consumers over the years. He has served as Interim Executive Director multiple times as well. He has graciously agreed to work as a Consultant to the OBD starting October 1st to assist during our transition. The OBD deeply thanks Dr. Kleinstub for his many years of service and intends to take full advantage of his wisdom and experience over the next few months during this transition period.

Dr. Daniel Blickenstaff will assume the role of Acting Dental Director/Chief Investigator on October 1st. The OBD has been recruiting for an Investigator 2 position, with over 25 applications received and four individuals being selected for interviews. Follow-up interviews with three candidates were conducted earlier in the week. He also reported that the OBD has received applications for the open Dental Investigator position, and will conduct interviews in the beginning of September.

OBD Budget Status Report

Mr. Prisby presented the latest budget report for the 2017 - 2019 Biennium. This report, which is from July 1, 2017 through June 30, 2018 (which is FY 2018), shows revenue of \$1,834,655.49 and expenditures of \$1,442,608.59.

OBD 2019-2021 Budget Issues

Mr. Prisby submitted a memo to the Board regarding the OBD 2019-2021 Revenue Forecast with supporting information.

Customer Service Survey

Mr. Prisby reported the legislatively mandated survey results from July 1, 2017 – June 30, 2018. 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 he, Dr. Beck and Dr. Pham attended an Oregon Dental Association's Regulatory Affairs Council Meeting where they shared Board enforcement protocols, Board operations, and answered questions from dentists at the ODA's office in Wilsonville on Wednesday, July 11, 2018.

OBD 2019-2021 Agency Request Budget

Mr. Prisby stated that he delivered the Agency's 2019-2021 Budget materials to the DAS-CFO Office in Salem per budget development instructions on July 24, 2018.

Dental Hygiene License Renewal

Mr. Prisby reported the renewal period started on July 17, 2018. As of August 13, these are the results so far:

- 2141 Renewals mailed
- 532 Renewed
- 15 Retired
- 2 Resigned
- 1 Deceased

OBD National Identity Services (NIS) Observation Report

Mr. Prisby reported that the FBI Criminal Justice Information Services (CJIS) Division has established audit programs for the purpose of evaluating compliance with policy requirements associated with access to CJIS systems and information. He reported that the OBD is now in total compliance with these requirements.

Agency Head Financial Transactions Report July 1, 2017 – June 30, 2018

Mr. Prisby stated that Board Policy requires that at least annually, the entire Board must review agency head financial transactions, and that acceptance of the report be recorded in the minutes. He requests that the Board review the report, and if there are no objections, approve the report, which follows the close of the recent fiscal year.

Dr. Fine moved and Dr. Smith seconded that the Board approve the Agency Head Financial Transactions Report for July 1, 2017 – June 30, 2018. The motion passed unanimously.

TriMet Contract

Mr. Prisby requests that the Board ratify his entering into a contract with Tri-Met for the Universal Pass Program, which will allow the OBD provide transportation passes for employees that are eligible to receive such passes for transportation to and from work.

Dr. Fine moved and Dr. Javier seconded that the Board ratify Mr. Prisby's proposed entrance into a contract with Tri-Met for the Universal Pass Program. The motion passed unanimously.

WREB Invitation to Workshop Meeting

Mr. Prisby reported that WREB has invited Executive Directors from state dental boards to attend a workshop meeting in Tempe, Arizona. They will arrange and pay for airfare and hotel, which will mean minimal cost to the agency, and he requests that the Board approve his attendance.

Dr. Beck moved and Dr. Fine seconded that the Board approve Mr. Prisby's request to attend the WREB Workshop Meeting in Arizona. The motion passed unanimously.

Board Best Practices Self-Assessment

Mr. Prisby stated that as part of the legislatively approved Performance Measures, the Board needs to complete the Best Practices Self-Assessment so that it can be included as a part of the 2018 Performance Measures Report. Mr. Prisby will provide the OBD's annual progress report at the October Board Meeting incorporating these Board Best Practices Self-Assessment results.

Mr. Harvey moved and Dr. Fine seconded that the Board approve and recognize that the Members of the Board completed the Best Practices Self-Assessment with all criteria met. The motion passed unanimously.

Health Professionals Services Program (HPSP) - Year Eight Report & Survey Results

Mr. Prisby presented The Eighth Annual HPSP Report, survey and summary to the Board for review. RBH will be submitting newsletter articles to the ODA and ODHA to help inform Licensees of the program and of the help that is available.

New Desktop Support

Mr. Prisby reported that Cascade Technology Alliance (CTA) is now providing desktop support to the Board after formalizing an interagency agreement with them.

OBD Website Redesign

Mr. Prisby reported that the Board's website will be redesigned this fall. He and Teresa Haynes will be participating in the transition project. This project will require them to attend meetings in Salem weekly from August through December. Board Member Chip Dunn has offered to serve as a liaison with Board Staff on this important project, and there will be regular progress updates at future Board Meetings.

Newsletter

Mr. Prisby reported that the OBD is planning to produce and distribute a fall newsletter.

UNFINISHED BUSINESS AND RULES

Oregon Secretary of State (SOS) Notice of Proposed Rule Changes, Testimony and Public Comments

Mr. Prisby shared an overview of the proposed rule changes discussed at the last Board Meeting, including public comments and testimony that were in the Board Book.

OAR 818-001-0002 DEFINITIONS

Dr. Smith moved and Dr. Beck seconded that the Board amend OAR 818-001-0002 as amended and make the rule effective January 1, 2019. The motion passed unanimously.

818-001-0002

Definitions

As used in OAR chapter 818:

(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its

consultants.

(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.

(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.

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

(a) "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.

(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 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.

OAR 818-001-0082 ACCESS TO PUBLIC RECORDS

Dr. Smith moved and Dr. Fine seconded that the Board amend OAR 818-001-0082 as presented and make the rule effective January 1, 2019. The motion passed unanimously.

818-001-0082

Access to Public Records

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

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

(3) The Board ~~establishes the following fees:~~

~~(a) \$25 per hour for the~~ follows the Department of Administrative ~~me 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 copie~~ Service's statewide policy (107-001-030) for fees in regards to public records request; in addition, the Board establishes the following fees;

~~(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.

OAR 818-012-0040 INFECTION CONTROL GUIDELINES

Dr. Fine moved and Mr. Dunn seconded that the Board amend OAR 818-012-0040 as presented and make effective January 1, 2019. The motion passed unanimously.

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.

OAR 818-021-0070 CONTINUING EDUCATION – DENTAL HYGIENISTS

Dr. Smith moved and Ms. Martinez seconded that the Board amend OAR 818-021-0070 as presented and make effective January 1, 2019. The motion passed unanimously.

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 6 hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than 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.)

OAR 818-021-0088 VOLUNTEER LICENSE

Dr. Beck moved and Dr. Fine seconded that the Board amend OAR 818-021-0088 as presented and make effective January 1, 2019. The motion passed unanimously.

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~~(f) and (fg), 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 any time 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.

OAR 818-026-0010 DEFINITIONS

Dr. Pham moved and Dr. Beck seconded that the Board amend OAR 818-026-0010 as presented and make effective January 1, 2019. The motion passed unanimously.

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".

OAR 818-026-0020 PRESUMPTION OF DEGREE OF CENTRAL NERVOUS SYSTEM DEPRESSION

Dr. Fine moved and Dr. Pham seconded that the Board amend OAR 818-026-0020 as presented and make effective January 1, 2019. The motion passed unanimously.

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.

OAR 818-026-0030 REQUIREMENT FOR ANESTHESIA PERMIT, STANDARDS AND QUALIFICATIONS OF AN ANESTHESIA MONITOR

Dr. Javier moved and Ms. Martinez seconded that the Board amend OAR 818-026-0030 as presented and make effective January 1, 2019. The motion passed unanimously.

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

~~(8)~~ **(9)** 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)~~ **(10)** Permits shall be issued to coincide with the applicant's licensing period.

OAR 818-026-0050 MINIMAL SEDATION PERMIT

Dr. Pham moved and Ms. Martinez seconded that the Board amend the rule changes for OAR 818-026-0050 as presented, to be effective January 1, 2019. The motion passed unanimously.

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.

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

OAR 818-026-0060 MODERATE SEDATION PERMIT

Ms. Martinez moved and Dr. Javier seconded that the Board amend OAR 818-026-0060 as presented, to be effective January 1, 2019. The motion passed unanimously.

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 CO₂ 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.

OAR 818-026-0065 DEEP SEDATION PERMIT

Dr. Javier moved and Dr. Beck seconded that the Board amend OAR 818-026-0065 as presented make effective January 1, 2019. The motion passed unanimously.

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 CO₂ 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.

OAR 818-026-0070 GENERAL ANESTHESIA PERMIT

Dr. Javier moved and Dr. Fine seconded that the Board amend OAR 818-026-0070 as presented and make effective January 1, 2019. The motion passed unanimously.

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 CO₂ 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.

OAR 818-035-0072 RESTORATIVE FUNCTIONS OF DENTAL HYGIENISTS

Ms. Martinez moved and Dr. Fine seconded that the Board amend OAR 818-035-0072 as presented and make effective January 1, 2019. The motion passed unanimously.

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.

OAR 818-042-0040 PROHIBITED ACTS

Dr. Smith moved and Dr. Beck seconded that the Board amend OAR 818-042-0040 as presented and make effective January 1, 2019. The motion passed unanimously.

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 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except 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~~ [retraction material](#) subgingivally except as provided in OAR 818-042-0090.
- (19) Take jaw registrations or oral impressions 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.
- (26) Any act in violation of Board statute or rules.

OAR 818-042-0050 TAKING OF X-RAYS – EXPOSING OF RADIOGRAPHS

Dr. Fine moved and Dr. Javier seconded that the Board amend OAR 818-042-0050 as presented and make effective January 1, 2019. The motion passed unanimously.

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.

OAR 818-042-0060 CERTIFICATION – RADIOLOGIC PROFICIENCY

Dr. Javier moved and Mr. Harvey seconded that the Board amend OAR 818-042-0060 as presented and make effective January 1, 2019. The motion passed unanimously.

818-042-0060

Certification — Radiologic Proficiency

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

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

(a) Completes a course of instruction approved by the Oregon Board of Dentistry, in accordance with OAR 333-106-0055 or submits evidence that the Oregon Health Authority, Center for Health Protection, Radiation Protection Services recognizes that the equivalent training has been successfully completed;

(b) Passes the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, Inc. (DANB), or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry; and

~~(c) 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.](#)

OAR 818-042-0090 ADDITIONAL FUNCTIONS OF EFDAs

Dr. Beck moved and Dr. Javier seconded that the Board amend OAR 818-042-0090 as presented and make effective January 1, 2019. The motion passed unanimously.

818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect

supervision of a dentist 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~~ retraction material subgingivally.

OAR 818-042-0095 RESTORATIVE FUNCTIONS OF DENTAL ASSISTANTS

Dr. Smith moved and Dr. Pham seconded that the Board amend OAR 818-042-0095 as presented and make effective January 1, 2019. The motion passed unanimously.

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.

OAR 818-042-0110 CERTIFICATION – EXPANDED FUNCTION ORTHODONTIC ASSISTANT

Dr. Beck moved and Dr. Pham seconded that the Board amend the rule changes for OAR 818-026-0110 as presented, to be effective January 1, 2019. The motion passed unanimously.

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.**

OAR 818-042-0114 ADDITIONAL FUNCTIONS OF EFPDAs

Dr. Pham moved and Dr. Javier seconded that the Board adopt OAR 818-042-0114 as presented, to be effective January 1, 2019. The motion passed unanimously.

818-042-0114

Additional Functions of EFPDAs

- (1) Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Preventive Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:**
- (2) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.**

CORRESPONDENCE

Request from Dr. Bruce Austin Regarding CDT Code D0411 “HbA1c In-Office Point of Service Testing”.

Dr. Austin requests that the Board discuss CDT Code D0411 and make an addition to the Dental Practice Act to allow dentists and hygienists to perform this procedure. No motion was made.

Request from Dr. Owen Combe for Clarification on Hygiene Procedures Performed Under Moderate IV Sedation.

Dr. Combe stated that the Dental Practice Act does not clearly define if/what hygiene procedures may be performed on a patient under moderate IV sedation, and requests that the Board consider clarifying OAR 818-026-0055 and OAR 818-026-0080. No motion was made. The Board directed Staff to inform Dr. Combe that the rules do not prohibit a dental hygienist from providing services to a patient that is undergoing sedation or general anesthesia.

OTHER ISSUES

Update from Washington State Dental Quality Assurance Commission – Commissioner Dr. David Carsten and Program Manager Jennifer Santiago

Members of the Board reviewed the presentation materials provided.

Letter from the Oregon Dental Association (ODA) Regarding OBD Information Requested of Licensees

Jennifer Lewis-Goff, Government Affairs Director for the ODA, submitted a letter to the Board requesting further communication and transparency regarding the correspondence notifying a Licensee of an investigation.

2018 Federation of Associations of Regulatory Boards (FARB) Regulatory Law Seminar

The 26th annual FARB seminar will take place in Portland, OR on September 27 – 29, 2018.

Oregon Health Authority (OHA) Memo Regarding New Requirement for Prescribing Providers to Oregon Health Plan (OHP) Patients

The OHA sent a memo stating that starting September 1, 2018, OHP will only pay for pharmacy claims when they include the National Provider Identifier (NPI) of an OHA-enrolled prescriber.

Communication from Cathy Baumann on behalf of the National Commission of Recognition of Dental Specialties and Certifying Boards

The National Commission on Recognition of Dental Specialties and Certifying Boards held its inaugural meeting on May 9-10, 2018. At this meeting, the National Commission adopted formal policies and procedures related to all aspects of the recognition process.

Integrated National Board Dental Examination (INBDE) Formal Notification 2018

In 2009, the Joint Commission on National Dental Examinations (Joint Commission) initiated formal efforts to begin development of an examination program that integrates content from the biomedical, behavioral, and clinical sciences, to replace National Board Dental Examination (NBDE) Parts I and II. The purpose of the Integrated National Board Dental Examination (INBDE) mirrors that of the NBDE Program: to assist dental boards in determining the qualifications of individuals who seek licensure to practice dentistry. Throughout its development the INBDE has been focused on the clinical relevance of examination content, and the corresponding clinical relevance of the biomedical sciences. The INBDE is the product of a comprehensive strategic planning process, and years of rigorous psychometric research that have resulted in a substantial amount of evidence that supports usage of this examination in the licensure decision making process of dental boards.

Memo from Sarah Kowalski Regarding the Dental Pilot Project

Ms. Kowalski contacted the Board and requested the participation of one individual from the OBD (Board Member or Staff) to join the Technical Review Board for the Dental Pilot Project.

OHA Acute Opioid Prescribing Guidelines Workgroup

The Oregon Acute Opioid Prescribing Guidelines Workgroup met on July 30, 2018. The goal of the meeting was to set a standard of care in Oregon around safe opioid prescribing for acute pain.

OHA Medicaid Advisory Committee

Board Members reviewed the materials from the Medicaid Advisory Committee Presentation on July 25, 2018.

Suspension of Common Credentialing Program

The OHA has suspend the Oregon Common Credentialing Program (OCCP). While the goals of the OCCP have merit, they have encountered significant challenges that make it difficult to implement a cost-effective program that would benefit all Oregon Practitioners.

Teledentistry Workgroup Meeting Information

The Teledentistry Workgroup Meeting took place on July 30, 2018.

NEWSLETTERS AND ARTICLES OF INTEREST (No Action Necessary)

- AADB May 2018 Executive Director's Report
- AADB June 2018 Executive Director's Report
- ADHA Press Release
- Lisa Rowley, R.D.H. receives Award of Excellence in Dental Hygiene from the ADHA
- Word of Mouth June 2018
- Word of Mouth July 2018
- Oregon Oral Health Coalition Summer Newsletter 2018
- CRDTS Newsletter Summer 2018
- Citizen Advocacy Center Newsletter
- HPSP Newsletter, July 2018
- National Practitioner Data Bank Newsletter

- Dr. Julie Ann Smith Recognition from the OMS Foundation
- Dr. Hai Pham recognized by Governor Brown
- Recognition of Dr. Paul Kleinstub's 28+ years of service to the OBD

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(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

The Board met with a Licensee regarding case numbers 2013-0119, 2013-0097, and 2014-0094.

Dr. Smith left the meeting at 2:50 p.m.

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA & COMPLETED CASES

2018-0266, 2018-0267, 2019-0014, 2018-0270, 2019-0009, 2014-0101, 2015-0167, 2018-0268, 2019-0011, 2019-0013, 2019-0010, 2019-0027, 2017-0162, 2018-0271, 2018-0181, 2018-0213, 2018-0245, 2018-0225, 2018-0250, 2015-0220, 2018-0188, 2018-0248, 2018-0248, 2018-0151, 2018-0210, 2018-0216, 2018-0246, 2018-0258, 2018-0261, 2018-0242, 2018-0105, 2018-0035, 2018-0183

Dr. Fine moved and Ms. Martinez seconded that the Board close the cases with a finding of No Violation or No Further Action per the Staff's recommendations. The motion passed unanimously.

APLIN-SCOTT, MARCI D.M.D. 2018-0184

Dr. Pham moved and Dr. Javier 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 and pay a \$1,000.00 civil penalty. The motion passed unanimously.

BALLARD, ANDREW MARTIN D.D.S. 2018-0207

Dr. Beck moved and Ms. Martinez 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 and to pay a \$5,000.00 civil penalty. The motion passed unanimously.

BAROZZINI, LEN D.D.S. 2019-0007

Mr. Harvey moved and Dr. Beck seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order that incorporates a reprimand, a \$12,000.00 civil

penalty, 80 hours of Board approved community service and monthly submission of spore test results for the Multnomah County Southeast Dental Clinic for a period of one year from the effective date of the Order. The motion passed unanimously.

BOLOURI, ALIREZA D.M.D. 2018-0091

Ms. Riedman moved and Mr. Harvey seconded that the Board for respondent #1, issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, pay a \$2,000.00 civil penalty, complete ten hours of community service within 60 days and complete the balance of the 40 hours of continuing education for the licensure period (4/1/16 - to 3/31/18), within 60 days of the effective date of this Order. For Respondents #2 and #3, close the matter with a finding of no violation. The motion passed unanimously.

2018-0196

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a **STRONGLY WORDED** Letter of Concern reminding Licensee to ensure that all of his continuing education requirements for licensure are met in a timely manner and that the Board's requirement for maintaining current CPR/BLS certification is met. The motion passed unanimously.

2018-0230

Dr. Javier moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that his autoclaves are spore tested on a weekly basis. The motion passed unanimously.

2018-0223

Ms. Martinez moved Dr. Javier seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that the continuing education requirements for re-licensure are met in a timely manner and that documentation of the completion of the continuing education requirements are retained for the required licensing periods. The motion passed unanimously.

2018-0245

Dr. Pham moved and Dr. Javier seconded that the Board, in respect to Respondent #1, close the matter with a finding of No Violation, and in respect to Respondent #2, also close the matter with a finding of No Violation. The motion passed unanimously.

2018-0198

Dr. Beck moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY WORDED** Letter of Concern reminding Licensee to ensure he remains current with BLS Health Care Provider Certification. The motion passed unanimously.

DOWLING, RICHARD C. D.M.D. 2018-0160

Mr. Harvey moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand. The motion passed unanimously.

DUSTIN, NATHAN G. D.M.D. 2018-0220

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, and refund fees in the amount of \$1,462.80 to patient CA. The motion passed unanimously.

2018-0190

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern remind Licensee to assure that it is documented in the patient record when any radiographs are taken. The motion passed unanimously.

ENAYATI, MEHRAN D.D.S. 2018-0191

Dr. Javier moved and Ms. Riedman 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, agree to a \$8,000 civil penalty to be paid within 120 days, agree to 50 hours of Board approved community service to be completed within one year, agree to complete at least three hours of continuing education in records keeping, 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. Fine, Mr. Harvey, Dr. Beck, Dr. Javier, Dr. Pham, Ms. Riedman and Mr. Dunn voting aye. Ms. Martinez recused.

FAST, JOEL D.M.D. 2018-0203 & 2018-0037

Ms. Martinez moved and Dr. Javier seconded that the Board combine the issues raised in this matter with the issues identified in the Notice of Proposed Disciplinary Action issued in case 2018-0037, issue an Amended Notice of Proposed Disciplinary Action, and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, to pay a \$14,000.00 civil penalty, to pay \$788.00 in the form of a cashier's, bank or official check made payable to patient FJ and delivered to the Board offices within 30 days, to provide the Board with documentation verifying reimbursement payment of \$691.00 to Delta Dental of Minnesota within 30 days, to complete 60 hours of Board approved community service within 18 months, to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days, 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. Fine, Mr. Harvey, Dr. Beck, Dr. Javier, Ms. Martinez, Ms. Riedman and Mr. Dunn voting aye. Dr. Pham recused.

2018-0146

Dr. Pham moved and Mr. Harvey seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that the Licensee is in compliance with Board's requirement for current CPR certification. The motion passed unanimously.

HENSHAW, ROBERT D.D.S. 2018-0194

Dr. Beck 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, a \$6,000.00 civil penalty, 40 hours of Board approved community service, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed unanimously.

2018-0232

Mr. Harvey moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that both the dentist and the patient are in agreement as to what treatment is to be performed. The motion passed with Dr. Underhill, Dr. Fine, Mr. Harvey, Dr. Beck, Ms. Martinez, Ms. Riedman and Mr. Dunn voting aye. Dr. Javier recused.

2019-0001

Ms. Riedman moved and Dr. Javier seconded that the Board issue a license and a Letter of Concern reminding applicant to be honest in response to the Board. The motion passed unanimously.

JANOFF, DONALD E. D.D.S. 2018-0222

Mr. Dunn moved and Dr. Javier seconded that the Board issue an emergency suspension of the Licensee's Moderate Sedation Permit, effective date of this order. The motion passed unanimously.

KELDSEN, CHRISTOPHER P. D.M.D. 2018-0204

Dr. Javier moved and Ms. Riedman 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 and to pay a \$5,000.00 civil penalty. The motion passed unanimously.

2018-0258

Ms. Martinez moved and Dr. Javier seconded that the Board accept Licensee's resignation and close the matter with No Further Action. The motion passed unanimously.

2018-0217

Dr. Pham moved and Dr. Javier 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 unanimously.

2018-0261

Dr. Beck moved and Ms. Riedman seconded that the Board accept Licensee's retirement form and close the matter with No Further Action. The motion passed unanimously.

2018-0242

Mr. Harvey moved and Dr. Pham seconded that the Board, in reference to Respondents #1, #2, #3, #4 and #5, close the matter with a finding of No Further Action. The motion passed unanimously.

2018-0168

Ms. Riedman moved and Dr. Javier seconded that the Board issue a Letter of Concern to ensure all procedures are documented accurately. The motion passed unanimously.

NEGRU, MIHAI P. D.D.S. 2018-0161

Mr. Dunn moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$2,000.00 civil penalty to be paid within 30 days, perform ten hours of Board approved community service within 60 days, complete three hours of Board approved continuing education in record keeping within 30 days,

and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days. The motion passed unanimously.

NEISH, SCOTT R. D.M.D. 2018-0219

Dr. Javier 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 \$2,000.00 civil penalty, complete ten hours of community service within 60 days and complete the balance of the 40 hours of continuing education for the licensure period 4/1/2016 - to 3/31/2018, within 60 days of the effective date of this Order. The motion passed unanimously.

2018-0035

Ms. Martinez moved and Dr. Beck seconded that the Board reaffirm the Board's December 15, 2017 decision and close the matter with No Further Action. The motion passed unanimously.

OAS, ANDREW J. D.M.D. 2018-0201

Dr. Pham moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$2,000.00 civil penalty, ten hours of community service, and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the date of this Order. The motion passed unanimously.

PAVENTY, ANTHONY M. D.M.D. 2018-0208

Dr. Beck 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 \$13,000.00 civil penalty, to complete the balance of the 40 hours of continuing education for the licensure period (4/1/16 to 3/31/18) within 60 days of the effective date of this Order, to complete 50 hours of Board approved community service within one year, and provide monthly submission of spore testing results for a period of one year from the effective date of this Order. The motion passed unanimously.

PETERSEN, JAMES G. D.M.D. 2018-0192

Mr. Harvey moved and Dr. Javier 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 reprimanded, agree to a \$8,000 civil penalty to be paid within 120 days, agree to complete 50 hours of Board approved community service within one year, and monthly submission of spore testing results for a period of one year from the effective date of the Order. The motion passed unanimously.

2018-0126

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that his autoclaves are spore tested on a weekly basis. The motion passed unanimously.

RAPSON, JAMES D.D.S. 2018-0218

Mr. Dunn 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 \$2,000.00 civil penalty, to complete ten hours of community service within

60 days and complete the balance of the 40 hours of continuing education for the licensure period 4/1/2015 - to 3/31/2017 within 60 days of the effective date of this Order. As soon as possible following completion of the continuing education the Licensee shall provide the Board with documentation certifying the completion. The motion passed unanimously.

REDMAN, NEAL W. D.M.D. 2018-0193

Dr. Javier moved and Dr. Pham 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. The motion passed unanimously.

STAFFORD, ROBERT D.D.S. 2018-0226

Ms. Martinez moved and Dr. Javier 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 and pay a \$6,000.00 civil penalty. The motion passed unanimously.

STRUCKMEIER, DEBORAH A. D.M.D. 2018-0224

Mr. Harvey moved and Dr. Javier 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 and to pay a \$5,000.00 civil penalty. The motion passed with Dr. Underhill, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Ms. Riedman and Mr. Dunn voting aye. Dr. Beck and Dr. Pham recused.

TURK, FARZIN D.M.D. 2018-0200

Ms. Riedman moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a refund to patient LL of \$2,500.00, take a Board approved three hour continuing education course on record keeping within 30 days, and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this Order. The motion passed unanimously.

VAN ORMAN, JEFFREY D.M.D. 2018-0215

Mr. Dunn moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, to pay a civil penalty of \$8,000.00 within four months, to take a Board approved three hour continuing education course in record keeping within 30 days, take a Board approved 15 hour hands-on course in preparing and seating indirect restorations within 90 days, take a Board approved eight hour course in radiographic interpretation within six months, and to take the Dental Ethics and Conduct course by www.dentalbehavioralresources.com within 90 days, to provide the Board with evidence that the unacceptable indirect restorations provided for patients SA, TC, MH, LJ, TJ, GM, MN, GO, JS, AT, MW, KA, JF AND LL have either been replaced at no charge to the patient, or had the fees paid to the Licensee for those restorations refunded to them, perform 50 hours of Board approved community service within one year, and to provide monthly submission of spore testing results for a period of one year from the effective date of this Order. Licensee shall be subject to random chart reviews for a period of two years. The motion passed unanimously.

WEICHEL, ERWIN D.M.D. 2018-0206

Dr. Javier moved and Ms. Riedman 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 and to pay a \$5,000.00 civil penalty. The motion passed unanimously.

WESTOVER, BRIAN R. D.M.D. 2018-0205

Ms. Martinez moved and Dr. Beck 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, pay a \$5,000 civil penalty within 60 days of the effective date of this Order, complete the balance of the 40 hours of continuing education for the licensure period 4/1/2016 - to 3/31/2018 within 60 days of the effective date of this Order, complete 30 hours of Board approved community service within six months of the effective date of this Order, and monthly submission of spore testing results for a period of one year from the effective date of this Order. The motion passed unanimously.

2017-0191

Dr. Pham moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding the Licensee to document justification for prescribing pain medications. The motion passed unanimously.

YOUNGBERG, RAYMOND A. D.M.D. 2018-0164

Dr. Beck moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, provide 30 hours of Board approved community service within six months, and complete the balance of the 40 hours of continuing education for the licensure period 4/1/2014-3/31/2016 within 60 days of the effective date of the order. The motion passed unanimously.

PREVIOUS CASES

ADJAJ, SALWAN W. D.M.D. 2015-0162

Mr. Harvey moved and Dr. Javier seconded that the Board rescind the Board's vote of 6/22/2018 and provide Licensee with a letter excusing him from the requirement that he complete community service per his Consent Order, dated 8/19/16. The motion passed with Dr. Underhill, Dr. Fine, Mr. Harvey, Dr. Javier, Ms. Martinez, Dr. Pham, Ms. Riedman and Mr. Dunn voting aye. Dr. Beck recused.

ANSARI, PARISA D.M.D. 2018-0029

Ms. Riedman moved and Mr. Dunn seconded that the Board offer Licensee a Consent Order incorporating a reprimand; a \$1,500.00 civil penalty; take a Board approved four hour continuing education course on posterior composite placement; and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order. The motion passed unanimously.

BROWN, TIFFANY DIANE D.M.D. 2018-0054

Mr. Dunn moved and Ms. Riedman seconded that the Board offer Licensee a Consent Order incorporating a reprimand, a prohibition from placing immediate molar 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 unanimously.

DREW, BLAKELY B. 2018-0019

Dr. Javier moved and Ms. Riedman seconded that the Board accept the Licensee's offer and offer Licensee a Consent Order incorporating a reprimand, complete 30 hours of community service within one year, complete three hours of continuing education in Medical Emergencies and two hours of continuing education in Infection Control for the licensure period April 1, 2015 to March 31, 2017, within 60 days, and pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this Order. The motion passed unanimously.

EDWARDS, JAMES D.D.S. 2018-0138

Ms. Martinez moved and Mr. Harvey seconded that the Board offer Licensee a Consent Order incorporating a reprimand, take a Board approved six hour course on radiographic interpretation, take a Board approved 16 hour hands on course on posterior composite placement, and take 16 hours of Board approved hands-on continuing education courses on endodontics within six months, pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this Order, Licensee is prohibited from placing or restoring implants without the direct supervision of a Board approved mentor until further notice of the Board. The motion passed unanimously.

HOBSON, KARA A. D.D.S. 2018-0139

Dr. Pham moved and Dr. Javier seconded that the Board offer Licensee a Consent Order incorporating a reprimand, pay a \$3,000.00 civil penalty, and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this order. The motion passed unanimously.

HSU, RICHARD PAO-YUAN D.M.D. 2013-0156

Dr. Beck moved and Ms. Martinez seconded that the Board reaffirm the Board's February 28, 2014 decision and close the matter with No Further Action. The motion passed unanimously.

KIM, SEAN S. D.M.D. 2017-0090

Mr. Harvey moved and Dr. Beck seconded that the Board offer Licensee an Amended Consent Order permitting the placement of intraosseous implants without the direct supervision of a Board/OAGD mentor, restricting the Licensee from performing root canal procedures without the direct supervision of a Board/OAGD mentor until further order of the Board, and adding that Licensee shall take a Board approved eight hour continuing education course in radiographic interpretation within 60 days of the effective date of this order. The motion passed unanimously.

KIM, SONG HYON D.D.S. 2017-0156

Ms. Riedman moved and Mr. Dunn seconded that the Board offer Licensee a Consent Order in which the Licensee would agree to be reprimanded. The motion passed with Dr. Underhill, Dr. Fine, Mr. Harvey, Dr. Beck, Ms. Martinez, Dr. Pham, Ms. Riedman and Mr. Dunn voting aye. Dr. Javier recused.

LEE, JIYOUNG E. D.M.D. 2018-0172

Mr. Dunn moved and Dr. Pham seconded that the Board reaffirm the Board's decision on June 22, 2018 to issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded. The motion passed unanimously.

2012-0025

Dr. Javier moved and Dr. Pham seconded that the Board grant the Licensee's request and release him from the terms of his Agreement to Enter the Health Professionals' Service Program, dated 9/3/2013, and his contracts with HPSP. The motion passed unanimously.

2014-0016

Ms. Martinez moved and Dr. Pham seconded that the Board grant Licensee's request and release him from the terms of his Agreement to Enter the Health Professionals' Service Program, dated 4/14/2014, and his contracts with HPSP. The motion passed unanimously.

NEISH, SCOTT R. D.M.D. 2016-0129

Dr. Pham moved and Dr. Beck seconded that the Board offer Licensee a Consent Order incorporating a reprimand, pay a \$7,000.00 civil penalty, provide 40 hours of community service within one year, complete three hours of Board approved continuing education in record keeping within 30 days, provide monthly reports of the results of spore testing for a period of one year from the effective date of this Order, and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of this order. The motion passed unanimously.

PHAM, JOHN D.D.S. 2017-0113

Dr. Beck moved and Mr. Harvey seconded that the Board deny the Licensee's request, and reaffirm the Board's February 23, 2018 action to issue a Notice of Proposed Disciplinary Action and Offer Licensee a Consent Order incorporating a reprimand and a restriction to his dental license to prohibit performing any oral surgical procedure, including but not limited to any extractions, the placement of temporary anchorage devices, the surgical placement of implants, or the placement of bone grafting material, and to refer this case for hearing. The motion passed unanimously.

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

Mr. Harvey moved and Ms. Riedman seconded that the Board offer Licensee a Consent Order incorporating a reprimand, pay \$700.00 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 unanimously.

VOGELSANG, JESSICA A. D.D.S. 2017-0163

Ms. Riedman moved and Mr. Dunn seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a \$15,000.00 civil penalty with \$7,500.00 stayed, to be paid within 18 months, provide 100 hours of Board approved community service, with 50 hours stayed, within three years, take a Board approved three hour continuing education course in record keeping within 60 days, pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days, and monthly submission of spore testing results

through January, 2021. The stayed civil penalty and community service will become due if the Licensee misses any week of spore testing through December 2020. The motion passed unanimously.

SEDIVY, JOSEF D.D.S. 2016-0160 & 2018-0256

Dr. Javier moved and Dr. Pham seconded that the Board offer Licensee a Consent Order incorporating a reprimand, a civil penalty of \$13,500.00 to be paid within six months; a \$1,075.00 refund to the patient, 40 hours of Board approved community service to be completed within one year, pay disciplinary costs of \$2,338.70, take a Board approved three-hour continuing education course on documentation to be completed within 30 days; to take and pass the Oregon Board of Dentistry Jurisprudence Exam within 45 days, and monthly submission of spore testing results for a period of one year from the effective date of the order. The motion passed unanimously.

2018-0207 Request for Investigative Summary

Mr. Dunn moved and Dr. Javier seconded that the Board release the investigative report for case 2018-0207 as requested. The motion passed unanimously.

2018-0077 Request for Investigative Summary

Ms. Martinez moved and Dr. Javier seconded that the Board release the investigative report for case 2018-0077 as requested. The motion passed unanimously.

LICENSE RATIFICATION

Dr. Pham moved and Dr. Beck seconded that the Board ratify the following licenses. The motion passed unanimously.

DENTAL HYGIENISTS

H7643	LILLIAN MARIE SANDFORD, R.D.H.	6/14/2018
H7644	MADELYN D KEPHART, R.D.H.	6/14/2018
H7645	MAYSEA ANN KREGER, R.D.H.	6/22/2018
H7646	CHRISTINA LUU PHAM, R.D.H.	6/22/2018
H7647	MALISA EYKELBOSCH, R.D.H.	6/22/2018
H7648	MEGAN ALYSE HARTMAN, R.D.H.	6/29/2018
H7649	CHRISTINA RANQUIST RIDGES, R.D.H.	6/29/2018
H7650	ERIK FERNANDO ROJAS TORRES, R.D.H.	6/29/2018
H7651	JESSICA DAWN WIGGINS, R.D.H.	6/29/2018
H7652	NICOLE LOUISE CHITTENDEN, R.D.H.	7/13/2018
H7653	NAOMI CAMPBELL, R.D.H.	7/13/2018
H7654	ALEXANDRIA KNOLL, R.D.H.	7/13/2018
H7655	ALLISON RAE BROWN, R.D.H.	7/13/2018
H7656	LECORA E MCNAMARA, R.D.H.	7/13/2018
H7657	LYNDSEY SMITH, R.D.H.	7/13/2018

H7658	AMY E HUGHES, R.D.H.	7/13/2018
H7659	RONI RAEANN WIGGINS, R.D.H.	7/13/2018
H7660	SAVANNAH DANIELLE CRITTENDEN, R.D.H.	7/13/2018
H7661	BRIANNA MEISTER, R.D.H.	7/13/2018
H7662	PAIGE L MACE, R.D.H.	7/20/2018
H7663	COURTNEY MICHELLE BESSLER, R.D.H.	7/23/2018
H7664	JESSICA BARRON, R.D.H.	7/23/2018
H7665	TERESA UYEN PHUONG NGUYEN, R.D.H.	7/23/2018
H7666	HOLLY SCHWINDT, R.D.H.	7/23/2018
H7667	KAREN ANDRION ALONZO, R.D.H.	7/23/2018
H7668	MAGGIE MARIE MILLER, R.D.H.	7/23/2018
H7669	ALYSSA CARTER, R.D.H.	7/23/2018
H7670	ANNA ELIZABETH FRANCIS, R.D.H.	7/23/2018
H7671	MEGAN LINDSAY WUSSTIG, R.D.H.	7/23/2018
H7672	VIKTORIYA PETROVA, R.D.H.	7/23/2018
H7673	MICHELLE PHILLIPPI, R.D.H.	7/23/2018
H7674	GUILLERMO GORI, R.D.H.	8/3/2018
H7675	MEGAN M SHERMAN, R.D.H.	8/3/2018
H7676	STEPHANIE ANN ZUERCHER, R.D.H.	8/3/2018
H7677	ESTHER NITA, R.D.H.	8/3/2018
H7678	BONNIE YVONNE WEITZEL, R.D.H.	8/3/2018
H7679	RACHEL LYNN WILLOUGHBY, R.D.H.	8/3/2018
H7680	COURTNEY EMICK, R.D.H.	8/3/2018
H7681	ILEX KARSTENS, R.D.H.	8/3/2018
H7682	TRAN HUYEN CHO, R.D.H.	8/3/2018
H7683	SARAH J WALSH, R.D.H.	8/3/2018
H7684	JOYCE MARIE SOUZA, R.D.H.	8/3/2018
H7685	NOEL MARIE THOMPSON, R.D.H.	8/3/2018
H7686	BROOKE SHERMAN, R.D.H.	8/3/2018
H7687	ANNIE MITCHELL, R.D.H.	8/3/2018
H7688	ELIZABETH JUNE SILBERNAGEL, R.D.H.	8/3/2018
H7689	ALYSSA ANNE NILSEN, R.D.H.	8/3/2018
H7690	ANNE K NGUYEN, R.D.H.	8/3/2018
H7691	KRISTEN HUNTER LAURSEN, R.D.H.	8/3/2018
H7692	HARSIMRAN KAUR, R.D.H.	8/3/2018
H7693	KELSEY MILLER, R.D.H.	8/3/2018
H7694	KAYLA HUSKEY, R.D.H.	8/3/2018
H7695	SHIRLEY LUO, R.D.H.	8/3/2018
H7696	JILL WESTCOTT JOYCE, R.D.H.	8/3/2018
H7697	RHONDA MARIE GRUDENIC, R.D.H.	8/3/2018
H7698	TINA M WARREN, R.D.H.	8/3/2018
H7699	BRITTNEY DAWN MUTH, R.D.H.	8/7/2018

DENTISTS

D10819	SHANE SMITH HUIISH, D.D.S.	6/14/2018
D10820	TESHA LYNN WAGGONER, D.M.D.	6/14/2018
D10821	MICHAEL JAMES LINDSAY, D.D.S.	6/14/2018
D10822	SAMUEL ROBERT KELLY, D.M.D.	6/14/2018
D10823	THIEN-Y M HOANG, D.M.D.	6/14/2018
D10824	GARY CHANG, D.M.D.	6/14/2018
D10825	HARMEET KAUR, D.D.S.	6/22/2018
D10826	LOLA STANSON, D.D.S.	6/22/2018
D10827	ANDREA SALAZAR DINH, D.D.S.	6/22/2018
D10828	ALEXANDRA TRINIDAD QUIROZ, D.M.D.	6/22/2018
D10829	HILLARY GRACE HAWKINS, D.D.S.	6/22/2018
D10830	CURTIS WILLIAM FELMAN, D.D.S.	6/22/2018
D10831	MONICA BREANA KOWALSKI, D.M.D.	6/22/2018
D10832	KATIMARIE Y RALSTON, D.D.S.	6/29/2018
D10833	YIZHOU ZHU, D.D.S.	6/29/2018
D10834	TAYLOR COHEN, D.M.D.	6/29/2018
D10835	KRISTOPHER K KOSTENKO, D.D.S.	6/29/2018
D10836	ROSS BROOKS EMERICK, D.D.S.	6/29/2018
D10837	JEENAH YOO, D.M.D.	6/29/2018
D10838	JEFFREY A OSBORN, D.M.D.	6/29/2018
D10839	ASHLEY JIHSUN CHUNG, D.D.S.	6/29/2018
D10840	COREY BURING, D.D.S.	6/29/2018
D10841	SHEALA AN LANSDEN, D.D.S.	6/29/2018
D10842	MICHAEL JOSEPH HATFIELD, D.D.S.	6/29/2018
D10843	TIMOTHY C LEE, D.D.S.	6/29/2018
D10844	ERIN ELIZABETH WAID, D.M.D.	6/29/2018
D10845	PAUL FLETCHER BOTSFORD, D.M.D.	6/29/2018
D10846	DEVIN ALLEN BOWYER, D.D.S.	6/29/2018
D10847	KAITLYN TRAYNOR, D.M.D.	6/29/2018
D10848	CHRISTINA WOOD, D.M.D.	6/29/2018
D10849	TROY MICHAEL HEISCH, D.D.S.	6/29/2018
D10850	TY JAROS, D.D.S.	6/29/2018
D10851	KELSEY MARIE MCEVOY, D.M.D.	7/13/2018
D10852	BRITTA MARINA MARTINEZ, D.M.D.	7/13/2018
D10853	GARRETT R WELCH, D.D.S.	7/13/2018
D10854	ANH-THU DO NGUYEN, D.M.D.	7/13/2018
D10855	KIMBERLY MICHELLE PARESA GIBBS, D.M.D.	7/13/2018
D10856	SEAN M MCGUIRE, D.M.D.	7/13/2018
D10857	JED DANIEL KEENER, D.D.S.	7/13/2018
D10858	STEPHEN L ERWIN, D.M.D.	7/13/2018
D10859	ANDREA ELIZABETH LEA COLLINS, D.D.S.	7/13/2018

D10860	WADE RYAN BARKER, D.D.S.	7/13/2018
D10861	MICHAEL J DIENBERG, D.D.S.	7/13/2018
D10862	COREY JAMES BICKLER, D.M.D.	7/13/2018
D10863	PHUC-HAU BICH NGUYEN, D.M.D.	7/13/2018
D10864	CASSANDRA JEAN RAMCHARAN, D.M.D.	7/21/2018
D10865	BRITTNI WAIT, D.D.S.	7/21/2018
D10866	BLAKE D QUIGLEY, D.D.S.	7/21/2018
D10867	ALICIA APPLIN, D.D.S.	7/21/2018
D10868	YVONNE PEARL MORGAN, D.M.D.	7/21/2018
D10869	JACOB CHRISTOPHER BROWN, D.M.D.	7/21/2018
D10870	TRUSHA PATEL, D.M.D.	7/21/2018
D10871	JACOB DANIEL GOERTZ, D.M.D.	7/21/2018
D10872	M EDUARDO RAMIREZ CUEVAS, D.M.D.	7/21/2018
D10873	KELLIE KAWASAKI-JONES, D.M.D.	7/21/2018
D10874	KING CHEONG BRIAN WONG, D.D.S.	7/21/2018
D10875	BRIAN RAYMOND HALE, D.M.D.	7/21/2018
D10876	HUU TRI VU, D.M.D.	7/24/2018
D10877	PAUL STEVENS, D.M.D.	7/25/2018
D10879	TYREL J FINMOR, D.M.D.	8/3/2018
D10880	LINDSEY MARIE REINHARDT, D.M.D.	8/3/2018
D10881	KRISTEN ANN MAYUMI VOGEL, D.M.D.	8/3/2018
D10882	AWBREY MCKENNA LANDON, D.M.D.	8/3/2018
D10883	TOMMY ADAMS NGO, D.M.D.	8/3/2018
D10884	AMANDA MARIE MUZZIO, D.D.S.	8/3/2018
D10885	STEPHEN JOHN BARRETT, D.M.D.	8/3/2018
D10886	TAYLOR TODD HENRY NIELSEN, D.M.D.	8/3/2018
D10887	CHAD SCHANILEC, D.D.S.	8/3/2018
D10888	LAURA JOOHEE SHIM, D.M.D.	8/3/2018
D10889	ANDREW JAMES BERGLUND, D.M.D.	8/3/2018
D10890	KENNY C TRAN, D.M.D.	8/3/2018
D10891	MATTHEW WILLIAM VOGEL, D.M.D.	8/3/2018
D10892	ANDREW CHASE HENDERSON, D.M.D.	8/3/2018

**LIMITED TO THE SPECIALTY -
PERIODONTICS**

D10878	LEILA SOLTANI	7/30/2018
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EXECUTIVE SESSION: The Board of Dentistry met in Executive Session to conduct the annual review and performance evaluation of the Executive Director. The Executive Session is held pursuant to ORS 192.660(2)(i).

OPEN SESSION: The Board returned to Open Session.

EXECUTIVE DIRECTOR'S EVALUATION

Dr. Fine moved and Mr. Harvey seconded that the Board rate Mr. Prisby an 'Outstanding' on his performance review, and accept his 2018-2019 goals as presented. The motion passed unanimously.

ANNOUNCEMENTS

No announcements.

ADJOURNMENT

The meeting was adjourned at 4:11 p.m. Dr. Underhill stated that the next Board Meeting would take place on October 19, 2018.

/S/

Amy B. Fine, D.M.D.
Vice-President