

**OREGON BOARD OF DENTISTRY
MINUTES
DECEMBER 16, 2022**

MEMBERS PRESENT: Jose Javier, D.D.S., President
Chip Dunn, Vice President
Alicia Riedman, R.D.H.,E.P.P.
Reza Sharifi, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey
Aarati Kalluri, D.D.S.
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.,E.P.P. (portion of meeting)
Michelle Aldrich, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/ Chief Investigator
Winthrop "Bernie" Carter, D.D.S., Dental Investigator
Haley Robinson, Office Manager
Shane Rubio, Investigator
Samantha Plumlee, Examination and Licensing Manager
Ingrid Nye, Investigator
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT:
VIA TELECONFERENCE*: Jen Lewis-Goff, Oregon Dental Association (ODA); Lisa Rowley, R.D.H., ODHA; Tracy Brunkhorst, R.D.H., E.P.P.; Mary Harrison, ODAA; Bonnie Marshall, ODAA President; Lynn Murray, Dental Assisting Program Director at Central Oregon Community College, Jill Lomax, Amy Coplen, R.D.H., E.P.D.H., Pacific University; Richael Cobler, Executive Director of CRDTS; Dr. Mark Edwards D.D.S., Director of Dental Examinations at CRDTS; Cindy Gaskill, RDH, MAE, Director of Dental Hygiene Examinations at CRDTS; Kelly Mandela, Dental Strategic Outreach Coordinator at CRDTS; Miranda Davis, D.D.S.; Olesya Salathe, D.M.D.; Mary Ellen Murphy, DeAnn Dardis, Karen Hall, Gary Stafford, D.M.D., Stacey Gerger, Heidi Klobes, Emily Coates, Karan Replogle, D.D.S.

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

Call to Order: The meeting was called to order by the President at 8:03 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

Dr. Terrence Clark joined the meeting at 8:30 a.m.
Sharity Ludwig, R.D.H., E.P.P. left the meeting at 12:40 p.m.

President Jose Javier, D.D.S. welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of Minutes

Dr. Sharifi moved and Ms. Ludwig seconded that the Board approve the amended minutes from the October 21, 2022 Board Meeting with one edit. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Jen Lewis-Goff presented the ODA 2023 Dental Workforce Budget Request. The ODA is making proposals to the Oregon Legislature for investments in oral health professional fields.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley reported on the ODHA annual conference, held in November. The ODHA elected Tracy Brunkhorst as ODHA President. Lisa Rowley is stepping down as ODHA Advocacy Director, and Karen Hall will fill this position.

Oregon Dental Assistants Association (ODAA)

A letter from ODAA President Bonnie Marshall was presented. Mary Harrison reported on the ODAA's work with the ODA.

Oregon Community College Dental Assisting Consortium

Lynn Murray spoke about the Oregon Community College Dental Assisting Consortium. Jill Lomax described the OCCDAC's history of helping to educate dental assistants in Oregon.

COMMITTEE AND LIAISON REPORTS

Licensing, Standards and Competency Committee Meeting - November 16, 2022

Ms. Ludwig moved and Dr. Sharifi seconded that the Board send OAR's 818-001-0002, 818-012-0005, 818-012-0007, 818-012-0030, 818-012-0032, 818-021-0012, 818-021-0015, 818-021-0017, 818-021-0030, 818-021-0040, 818-021-0060, 818-021-0070, 818-021-0076, 818-042-0040, 818-042-0060 to the Rules Oversight Committee for further review. The motion passed unanimously.

The Board had further discussion for the proposed rule regarding Local Anesthesia Functions of Dental Assistants. ODA representative Jen Lewis-Goff stated that the ODA would like more time to discuss this issue, before the January 11, 2023 Rules Oversight Committee.

Dr. Aldrich moved and Dr. Sharifi seconded that the proposed new rule for local anesthesia functions of dental assistants be sent back to the Licensing, Standards and Competency Committee for further review.

818-001-0002 –Definitions.

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.
- (5) "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.
- (6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (7) "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.
- (10) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
- (11) "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.
- (12) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.
 - (a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.
 - (b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
 - (c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
 - (d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

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

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

(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.

(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.

(13) "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.

(14) 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).

(15) "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.

(16) "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.

(17) "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.

(18) "BLS for Healthcare Providers or its Equivalent" the BLS/~~CPR~~ certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS/~~CPR~~ course must be a hands-on course; online BLS/~~CPR~~ courses will not be approved by the Board for initial BLS/~~CPR~~ certification: After the initial BLS/~~CPR~~ certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal A BLS/~~CPR~~ certification card with an expiration date must be received from the BLS/~~CPR~~ provider as documentation of BLS/~~CPR~~ certification. The Board considers the BLS/~~CPR~~ expiration date to be the last day of the month that the BLS/~~CPR~~ instructor indicates that the certification expires.

818-012-0005

Scope of Practice

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

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;
- (i) Dermabrasion;
- (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

- (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by The American Dental Association, Commission on Dental Accreditation (CODA), or
- (b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A ~~and dermal fillers~~ to treat a condition~~s~~ that ~~is~~ are within the oral and maxillofacial region ~~scope of the practice of dentistry~~ after completing a minimum of 10 ~~20~~ hours in a hands on clinical course(s), ~~which includes both~~ in Botulinum Toxin Type A ~~and dermal fillers~~, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist

may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program. (4) A dentist may utilize dermal fillers to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s), in dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dentist may meet the requirements of subsection (4) by successfully completing training in dermal fillers as part of a CODA accredited program.

(5) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(6) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period. (Effective ~~July 1, 2022~~ January 1, 2024).

818-012-0005

Scope of Practice

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

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;
- (i) Dermabrasion;
- (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

(3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and

dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

(4) A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.

(5) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective ~~July 1, 2022~~ [January 1, 2024](#)).

818-012-0007

Procedures, Record Keeping and Reporting [of Vaccines](#)

(1) Prior to administering a vaccine to a patient of record, the dentist must follow the "Model Standing Orders" approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.

(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.

(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.

(4) The dentist or designated staff must document in the patient record:

- (a) The date and site of the administration of the vaccine;
- (b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;
- (c) The name or identifiable initials of the administering dentist;
- (d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;
- (e) The date of publication of the VIS; and
- (f) The date the VIS was provided and the date when the VIS was published.

(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.

(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.

(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.

(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.

818-012-0030

Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

- (1) Attempt to obtain a fee by fraud, or misrepresentation.
- (2) Obtain a fee by fraud, or misrepresentation.
 - (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.
 - (b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.
 - (c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.
- (3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.
- (4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.
- (5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.
- (6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.
- (7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.
- (8) Misrepresent any facts to a patient concerning treatment or fees.
- (9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:
 - (A) Legible copies of records; and
 - (B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.
- (b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.

- (10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.
- (11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.
- (12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.
- (13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.
- (14) Violate any Federal or State law regarding controlled substances.
- (15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.
- (16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).
- (17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.
- (18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.
- (19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.
- (20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.
- (21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.
- (22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.
- (23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal DEA registration.
- (24) Fail to comply with ORS 413.550-413.558, regarding health care interpreters.**

818-012-0030

Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

- (1) Attempt to obtain a fee by fraud, or misrepresentation.
- (2) Obtain a fee by fraud, or misrepresentation.
 - (a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any

person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.

(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.

(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.

(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.

(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient; and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9) (a) Fail to [release patient records pursuant to OAR 818-012-0032](#). ~~provide a patient or patient's guardian within 14 days of written request:~~

~~(A) Legible copies of records; and~~

~~(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.~~

~~(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.~~

(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.

(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.

(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.

(14) Violate any Federal or State law regarding controlled substances.

(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder

diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.

(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent.

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal DEA registration.

818-012-0032

Diagnostic Records

(1) Licensees shall provide duplicates of physical diagnostic records ~~that have been paid for~~ to patient or patient's guardian within 14 calendar days of receipt of written request.

~~(A)~~ (a) Physical records include:

(A) Legible copies of paper charting and chart notes, and;

(B) Duplicates of silver emulsion radiographs of the same quality as the originals, duplicates of physical study models, ~~paper charting and chart notes, and photographs if they have been paid for.~~

~~(B)~~ (b) Licensees may require the patient or patient's guardian to pay in advance the fee reasonably calculated to cover costs of making the copies or duplicates.

~~(1)~~ (2) Licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for 11-50 and no more than \$0.25 for each additional page, including cost of microfilm plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual costs of duplicating radiographs may also be charged to the patient.

~~(2)~~ (3) Licensees shall provide duplicates of digital patient records within 14 calendar days of receipt of written request by the patient or patient's guardian.

- (A) (a) Digital records include any patient diagnostic image, study model, test result or chart record in digital form.
- (B) (b) Licensees may require the patient or patient's guardian to pay for the typical retail cost of the digital storage device, such as a CD, thumb drive, or DVD as well as associated postage.
- (C) (c) Licensees shall not charge any patient or patient's guardian to transmit requested digital records over email if total records do not exceed 25 Mb.
- ~~(D) A clinical day is defined as a day during which the dental clinic treated scheduled patients.~~
- (E) (d) Licensees may charge up to \$5 for duplication of digital records up to 25Mb and up to \$30 for more than 25Mb.
- (F) (e) Any transmission of patient records shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA Act) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act).
- (G) (f) Duplicated digital records shall be of the same quality as the original digital file.
- (3) (4) If a records summary is requested by patient or patient's guardian, the actual cost of creating this summary and its transmittal may be billed to the patient or patient's guardian.
- (5) Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (1)(a)(B) of this rule.**

818-015-0007

Specialty Advertising

- ~~(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.~~
- ~~(2) The Board recognizes the following specialties:~~
- ~~(a) Endodontics;~~
 - ~~(b) Oral and Maxillofacial Surgery;~~
 - ~~(c) Oral and Maxillofacial Radiology;~~
 - ~~(d) Oral and Maxillofacial Pathology;~~
 - ~~(e) Orthodontics and Dentofacial Orthopedics;~~
 - ~~(f) Pediatric Dentistry;~~
 - ~~(g) Periodontics;~~
 - ~~(h) Prosthodontics;~~
 - ~~(i) Dental Public Health;~~
 - ~~(j) Dental Anesthesiology;~~
 - ~~(k) Oral Medicine;~~
 - ~~(l) Orofacial Pain.~~
- ~~(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."~~

818-021-0012

Specialties Recognized

~~(1) A dentist may advertise that the dentist is a dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, oral medicine dentist, orofacial pain dentist, orthodontist and dentofacial orthopedics, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.~~

~~(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.~~

The Board recognizes the following specialties:

(a) Dental Anesthesiology;

(b) Dental Public Health;

(c) Endodontics;

(d) Oral and Maxillofacial Pathology;

(e) Oral and Maxillofacial Radiology;

(f) Oral and Maxillofacial Surgery;

(g) Oral Medicine;

(h) Orofacial Pain;

(i) Orthodontics and Dentofacial Orthopedics;

(j) Pediatric Dentistry;

(k) Periodontics;

(l) Prosthodontics.

818-021-0015

Certification as a Specialist

The Board may certify a dentist as a specialist if the dentist:

(1) Holds a current Oregon dental license;

(2) Is a diplomate of or a fellow in a specialty board accredited or recognized by the American Dental Association; or

(3) Has completed a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association; or

~~(4) Was qualified to advertise as a specialist under former OAR 818-010-0061.~~

818-015-0005

General Provisions

(1) "To advertise" means to publicly communicate information about a licensee's professional services or qualifications for the purpose of soliciting business.

(2) Advertising shall not be false, deceptive, misleading or not readily subject to verification and shall not make claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof.

(3) Advertising shall not make a representation that is misleading as to the credentials, education, or the licensing status of a licensee. Licensee may not claim a degree, credential, or distinction granted by a professional organization or institution of higher learning that has not been earned.

~~(4)~~ A licensee who authorizes another to disseminate information about the

licensee's professional services to the public is responsible for the content of that information unless the licensee can prove by clear and convincing evidence that the content of the advertisement is contrary to the licensee's specific directions.

(5) A dentist shall adhere to the Doctors' Title Act, ORS 676.110 (Use of title "doctor")

818-021-0017

Application to Practice as a Specialist

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;

(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and

(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association.

(d) Passing the Board's jurisprudence examination.

(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and

(d) Passing the Board's jurisprudence examination; and

(e) Completion of a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

(a) Passing a specialty examination approved by the Board within the five years

immediately preceding application; or

(b) Passing a specialty examination approved by the Board greater than five years prior to application; and

(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;

(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

818-021-0030

Dismissal from Examination

~~(1) The Board may dismiss any applicant from an examination whose conduct interferes with the examination and fail the applicant on the examination.~~

~~(2) Prohibited conduct includes but is not limited to:~~

~~(a) Giving or receiving aid, either directly or indirectly, during the examination process;~~

~~(b) Failing to follow directions relative to the conduct of the examination, including termination of procedures;~~

~~(c) Endangering the life or health of a patient;~~

~~(d) Exhibiting behavior which impedes the normal progress of the examination; or~~

~~(e) Consuming alcohol or controlled substances during the examination.~~

818-021-0040

Examination Review Procedures

~~(1) An applicant may review the applicant's scores on each section of the examination.~~

~~(2) Examination material including test questions, scoring keys, and examiner's personal notes shall not be disclosed to any person.~~

~~(3) Any applicant who fails the examination may request the Chief Examiner to review the examination. The request must be in writing and must be postmarked within 45 days of the postmark on the notification of the examination results. The request must state the reason or reasons why the applicant feels the results of the examination should be changed.~~

~~(4) If the Chief Examiner finds an error in the examination results, the Chief Examiner may recommend to the Board that it modify the results.~~

818-021-0060

Continuing Education — Dentists

- (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
- (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.
- (3) Continuing education includes:
 - (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
 - (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
 - (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.
 - (d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.
- (4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
- (5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).
- (6) At least two (2) hours of continuing education must be related to infection control.
- (7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).
- (8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective ~~July 1, 2022~~ **January 1, 2024**).

818-021-0060

Continuing Education — Dentists

- (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.
- (2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure

year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course ~~includes an examination and the dentist passes the examination.~~ provides a certificate of completion to the dentist. The certificate of completion should list the dentist's name, course title, course completion date, course provider name, and continuing education hours completed.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

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

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

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

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

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 dentist passes the examination.~~ provides a certificate of completion to the dental hygienist. The certificate of completion should list the dental hygienist's name, course title, course completion date, course provider name, and continuing education hours completed.

(d) Continuing education credit can be given for volunteer pro bono dental 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(11) for renewal of the Nitrous Oxide Permit.

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

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

818-021-0076

Continuing Education - Dental Therapists

(1) Each dental therapist must complete 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 therapists 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 therapists 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 dentist passes the examination.~~ provides a certificate of completion to the dental therapist. The certificate of completion should list the dental therapist's name, course title, course completion date, course provider name, and continuing education hours

completed.

(d) Continuing education credit can be given for volunteer pro bono dental therapy 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 Therapy Examination, taken after initial licensure; or test development for clinical dental therapy 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) At least two (2) hours of continuing education must be related to infection control.

(6) At least two (2) hours of continuing education must be related to cultural competency.

(7) At least one (1) hour of continuing education must be related to pain management.

OAR 818-021-XXXX Temporary Practice Approval

(1) A dentist, dental therapist or dental hygienist may practice, without compensation

and in connection with a coordinating organization or other entity, the health care profession that the health care practitioner is authorized to practice for a maximum of 30 days each calendar year without licensure requirement. Compensation is defined as something given or received as payment including but not limited to bartering, tips, monies, donations, or services.

(2) A dentist, dental therapist or dental hygienist is not required to apply for licensure

or other authorization from the Board in order to practice under this rule.

(3) To practice under this rule, a dentist, dental therapist or dental hygienist shall submit, at least 10 days prior to commencing practice in this state, to the Board:

(a) Out-of State volunteer application;

(b) Proof that the practitioner is in good standing and is not the subject of an active disciplinary action;

(c) An acknowledgement that the practitioner may provide services only within the scope of practice of the health care profession that the practitioner is authorized to practice and will provide services pursuant to the scope of practice of Oregon or the health care practitioner's licensing agency, whichever is more restrictive;

(d) An attestation from the dentist, dental therapist, or dental hygienist that the practitioner will not receive compensation for practice in this state;

(e) The name and contact information of the dental director of the coordinating organization or other entity through which the practitioner will practice; and

(f) The dates on which the practitioner will practice in this state.

Failure to submit (a)-(e) above will result in non-approval.

(4) Misrepresentation as to information provided in the application for the temporary

practice approval may be grounds to open a disciplinary investigation that may result in discipline under OAR 818-012-0060.

(5) Practitioner acknowledges they are subject to the laws and rules governing the health care profession in Oregon and that the practitioner is authorized to

practice and are subject to disciplinary action by the Board.

(6) A practitioner who is authorized to practice in more than one other jurisdiction shall provide to the Board proof from the National Practitioner Data Bank and their other state licensing Board that the practitioner is in good standing and not subject to any active disciplinary actions in any jurisdiction in which the practitioner is authorized to practice.

818-042-00XX

Local Anesthesia Functions of Dental Assistants

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

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

818-042-0040

Prohibited Acts

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

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5)(a), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits, except when using topical teeth whitening agents, or as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.

- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (19) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (22) Perform periodontal assessment.
- (23) Place or remove healing caps or healing abutments, except under direct supervision.
- (24) Place implant impression copings, except under direct supervision.
- (25) Any act in violation of Board statute or rules.

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) Certification by an Oregon licensee that the assistant is proficient to take radiographs.

EXECUTIVE DIRECTOR'S REPORT

Board and Staff Updates

Mr. Prisby noted that the OBD will be closed for the holidays on Monday, Dec. 26 and Monday, Jan. 2. Most OBD Staff will be taking off time throughout December, but emails and calls will still be responded to promptly during regular business hours.

OBD Budget Status Report

Mr. Prisby presented the latest budget report for the 2021 - 2023 Biennium was presented. This report, which is from July 1, 2021 through, October 31, 2022 shows revenue of \$2,493,826.72 and expenditures of

\$2,345,463.15.

FY 2021 Gold Star Certificate

Mr. Prisby reported that the State Controller's Office has once again issued the OBD a Gold Star Certificate signifying that the OBD has provided accurate and complete fiscal year end information for FY 2021 in a timely manner. He praised Office Manager Haley Robinson for all her hard work along with OBD partners at the medical board. He noted that the OBD has earned this distinction all ten years he has been with the OBD.

Customer Service Survey

Mr. Prisby shared the legislatively mandated survey results from July 1, 2021 – November 30, 2022. The results of the survey showed that the OBD continues to receive positive ratings from the majority of those that submit a survey.

Board and Staff Speaking Engagements

Mr. Prisby noted that Dr. Angela Smorra and Dr. Bernie Carter gave a Board Updates and Regulatory Review to the Washington County Dental Society in Beaverton on Thursday, October 27, 2022.

Dental Hygiene License Renewal

Mr. Prisby presented information on the dental hygiene renewal period which started on July 26th and ended September 30th. 2141 renewal notifications were mailed out.

Renewed: 1884

Retired: 36

Expired: 202

Resigned: 0

Deceased: 0

For comparison, last year's data - 2021 Dental Hygienists: 2163 renewal notices sent

Renewed: 1888

Retired: 50

Expired: 223

Resigned: 0

Deceased: 2

Dental Therapist Licenses Issued

Mr. Prisby shared that the inaugural dental therapy rules were effective on July 1, 2022. He expressed that it was a surprise that the first dental therapy application was not received until September 20, 2022. The first Dental Therapist license was approved and issued on November 1, 2022. The OBD, committee members and interested parties convened five dental therapy rules oversight committee meetings, a special March 2022 Board Meeting and the OBD's regular public rulemaking hearings to craft the initial rules and policies. The OBD filed the rules with the Secretary of State leading up to issuing the first dental therapist licenses.

Database Update

Mr. Prisby reported that Teresa Haynes has been leading the InLumon Database project which replaced the OBD legacy system. Online Applications are planned to go live in December 2022.

December 16, 2022

Board Meeting

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This has been a time consuming endeavor as OBD staff have been testing it and working with our vendor to ensure it is functioning properly. Online applications are now available for Dental, Specialty, Faculty, Dental Hygiene and Dental Therapy.

Two full license renewal cycles have been completed when the dental hygiene license renewal wrapped up this fall. The January 2023 dental license renewal is positioned to be ready with enhancements and updates learned through the previous renewals. The investigative functions of the system are partially in place as we fully implement all the changes and ensure it is functioning as well. Additional updates will allow dental assistant certifications and all other permits.

News for employers from the Oregon Department of Revenue

Mr. Prisby reported that starting Jan. 1, 2023, employers will be required to start withholding contributions for Paid Leave Oregon. Starting with the first quarter of 2023, employers will report Paid Leave Oregon subject employee wages, employee contributions based on those wages. There will be 1% of employee pay diverted to this plan. Employees' paychecks are deducted money in January 2023 to fund this, but employees cannot utilize benefits of the program until September 2023.

2023 Calendars

Mr. Prisby shared the OBD 2023 Calendar, with regular Board Meeting dates, holidays and office closure dates are noted. The Legislative session calendar was provided as well.

UNFINISHED BUSINESS AND RULES

Nothing to report under this tab.

CORRESPONDENCE

Richael Cobler presented a slideshow on behalf of Central Regional Dental Testing Service, Inc. (CRDTS). The presentation may be found in tab 6 of the public packet posted on the OBD website.

Dr. Smorra presented a memo regarding a request for clarification if Dental Therapists' scope of practice includes prophylaxis, including subgingival scaling and polishing procedures. It was discussed and the Board affirmed that scaling and root planning (SRP) as understood is not within the scope of practice of a dental therapist unless they are also a dental hygienist.

OTHER ISSUES

Mr. Prisby thanked Lisa Rowley for her work with the ODHA and her advocacy for dental hygienists.

NEWSLETTERS & ARTICLES OF INTEREST

Pacific University Alumni lead first wave of dental therapists in Oregon. Rosalie Goode, class of 2015 is the first licensed dental therapist.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records

exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel

OPEN SESSION: The Board returned to Open Session at 1:30 pm.

CONSENT AGENDA

2023-0071, 2023-0059, 2023-0055, 2023-0067

Mr. Dunn moved and Ms. Riedman seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

COMPLETED CASES

2023-0039, 2023-0011, 2023-0056, 2023-0008, 2023-0010, 2023-0031, 2023-0060, 2023-0049, 2023-0044, 2023-0034, 2023-0018

Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed unanimously.

Akhtar, Stephanie Ann, R.D.H.; 2023-0041

Dr. Sharifi moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and pay a \$1,000.00 civil penalty within 30 days of the effective date of the Order. The motion passed unanimously.

Avey, Corbin Thomas, D.D.S.; 2022-0138

Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, and a \$2000 civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order, and a requirement that the licensee complete the balance of 11 hours of remaining continuing education for the licensure period April 1, 2020 to March 31, 2022, within 30 days of the effective date of the Order. These 11 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.

Baker, Nithya Nagaraj, D.D.S.; 2022-0143

Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, and a \$2000 civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order, and a requirement that the licensee complete the balance of 34 hours of remaining continuing education for the licensure period April 1, 2020 to March 31, 2022, within 30 days of the effective date of the Order. These 34 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022 to March 31, 2024.

Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.

Baumgartner, Monte, L, D.D.S.; 2023-0042

Dr. Kansal moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand and a \$2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed unanimously.

2023-0040

Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he completes required documentation of specific DPA discharge criteria and documents that patient is ready for discharge when performing parenteral moderate sedation procedures for his patients. The motion passed unanimously.

Carmichael, Robert, A, D.D.S.; 2022--0076

Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a \$4,000.00 civil penalty in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 60 days of the effective date of the Order, a requirement that the Licensee successfully complete a Board-approved continuing education course in Dental Ethics within 6 months of the effective date of the Order, and a requirement that the licensee complete the balance of 10 hours of continuing education for the licensure period April 1, 2017 to March 31, 2019 within 30 days of the effective date of the Order. These 10 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2021, to March 31, 2023. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the 10 hours of continuing education. The motion passed with Dr. Javier, Mr. Dunn, Ms. Brixey, Dr. Clark, Dr. Aldrich, Dr. Kansal, Dr. Kalluri, and Dr. Sharifi voting aye. Ms. Riedman recused herself.

2023-0015

Dr. Aldrich moved and Ms. Riedman seconded that the Board issue a Letter of Concern reminding the licensee to ensure that she maintains at all times a BLS for Healthcare Providers level certification. The motion passed unanimously.

Evans, Bryce, O, D.M.D.; 2023-0043

Ms. Riedman moved and Mr. Dunn seconded that the Board issue a Proposed Notice of Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand and a \$2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed unanimously.

Livingston, Jeffrey James, D.D.S.; 2022-0140 & 2022-0116

Dr. Clark moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; a \$3000.00 civil penalty within 60 days of the effective date of the Order; submission of certificates verifying completion of two hours of Board approved continuing education in the area of infection control within 6 months of the effective date of the Order; submission of certificates verifying completion of three

hours of Board approved continuing education in the area of record keeping within 6 months of the effective date of the Order. This ordered continuing education is in addition to the continuing education required for the licensure period April 1, 2022 to March 31, 2024. For a period of one year of the effective date of the Order, Licensee shall submit, by the fifteenth of each month, the results of the previous month's weekly biological monitoring testing of sterilization devices. Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the one-year requirement. The motion passed unanimously.

2022-0137

Ms. Brixey moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to ensure that he carefully reviews all CE requirements prior to each renewal, and to ensure that all required CE has been completed in compliance with the DPA as written at time of renewal, and to ensure that biological monitoring testing is completed each week that patients are scheduled. The motion passed unanimously.

2022-0133

Dr. Kalluri moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to complete all required CE within the Licensure period. The motion passed unanimously.

Ogawa, Keith, F, D.D.S.; 2022-0132

Mr. Dunn moved and Dr. Sharifi seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, and a \$4000.00 civil penalty, by a single payment, in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 60 days of the effective date of the Order, and a requirement that the licensee complete the remaining balance of 40 hours of continuing education for the licensure period April 1, 2020 to March 31, 2022, within 30 days of the effective date of the Order. These 40 hours will be in addition to the 40 hours of continuing education required for licensure period April 1, 2022, to March 31, 2024. Within 30 days of the effective date of the Order, Licensee shall submit documentation to the Board verifying completion of the continuing education. The motion passed unanimously.

2022-0141

Dr. Sharifi moved and Mr. Dunn seconded to close the matter with a Letter of Concern reminding Licensee to carefully review all CE requirements prior to each renewal to ensure that all required CE has been completed in compliance with the DPA as written at time of renewal. The motion passed unanimously.

2023-0032

Dr. Kansal moved and Mr. Dunn seconded closing the matter with a Letter of Concern reminding Licensee to assure his radiographic images are diagnostic, and his conduct during patient treatment remain professional at all times. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

Larson, Judd, R, D.D.S.; 2021-0125

Dr. Sharifi moved and Ms. Riedman seconded to deny Licensee's request. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for reinstatement of retired license - Albert Wedam, D.M.D.

Dr. Aldrich moved and Mr. Dunn seconded that the Board reinstate the dental license of Albert Wedam, D.M.D. The motion passed unanimously.

RATIFICATION OF LICENSES

Ms. Riedman moved and Ms. Brixey seconded that the Board ratify the licenses presented in tab 16. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 1:55 p.m. Dr. Javier stated that the next Board Meeting would take place on February 24, 2023.

/S/

Jose Javier, D.D.S.
President