



NEWS

PRESIDENT'S MESSAGE

by Gary Underhill, D.M.D.



As I open my emails, I am reminded that an article for the OBD newsletter is due soon.

I am just returning from a fishing trip for tiger fish in Sinjim-bela, which is located on the border of Zambia and Angola. This area had never been fished before, and for good reason!

As we bounced along avoiding cows and carts, we went through several small villages where we were always greeted by happy people with smiling faces. Some were more enthusiastic than others, but everyone seemed happy to see a visitor. As we went along, I could not help thinking that the average annual income for an adult male in Zambia is 300 US dollars!

The trip was a great success, far exceeding expectations. The flood plain was full of birds, hippos, crocodiles, and tiger fish. The local people were fantastic, and everyone wants to come to America!

We arrived home in time for Veterans Day, which at our house is important. Our parents' generation was involved in WW II and Korea. I was in the army during the Vietnam affair, and our son was in the Air Force for 9-11. Some of our friends and family have paid dearly. One died on day four in the Battle of the Coral Sea when he and his wingman flew their dive bombers into a flight of 15 enemy fighters that were attacking the USS Yorktown. My Uncle Don was in the

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Pacific when the war started and did not come home until it was over. Upon doing so, he found that his wife had relocated and remarried someone else, taking his son with her. We knew that my uncle Elmer had served in the Pacific, but we thought he had been a baker. The night we took him to see Hacksaw Ridge, he started talking. Not only had he been involved with that landing, he had also been involved in a couple others and we never knew!

Most of us realize how much we owe to our vets, and it is nice to have a holiday where we can say thank you.

A while back, I read an article that was written by a retired Catholic priest who had served in that capacity for over 50 years. He said he heard all kinds of things in the confessional booth, but not once did anyone ever confess the sin of ingratitude.

We live in the best country on the planet! If you doubt that, you need to leave for a while. We have 6% of the world's population, which means that most of us live better than over 90% of the other people on this globe. Most people on the Oregon Health Plan have a higher standard of living than the working class in France. We have so much to be thankful for and we need to keep that in mind.

The holidays are coming up. It is a time to celebrate with friends and family and enjoy our blessings. It is also time to remember and help those less fortunate.

I wish all of you the very best this Holiday Season! ■

OUR NEWEST BOARD MEMBER

Jennifer Brixey



We welcomed Ms. Jennifer Brixey as our newest public Board Member on September 24, 2018. Ms. Brixey is a Community Health Worker at the Native American Youth and Family Center in Portland. She is a tribal member of the Choctaw Nation of Oklahoma and a Portland Urban Native Community member who lives in Portland with her two daughters. ■

**IMMEDIATE PAST
PRESIDENT'S MESSAGE**

by Todd Beck, D.M.D.



Todd Beck, D.M.D., & Harvey Wayson

“What does the Board think about ____?” This is a question that I have been asked numerous times in my 6 year tenure. My honest answer: “I have no idea.” I am one of ten sitting members on your Board of Dentistry. We all get an equal vote. We are a diverse group of dentists, hygienists and public members, which is very intentional. Many times I thought I knew the way a new rule or discipline case would land, only to be wrong. I have had my mind changed and I have changed minds. I have taken a firm stance and acquiesced. I have been correct and dead wrong. What I, nor my colleagues, have ever done is make individual unilateral decisions. We are a democracy, majority rules. I am telling you all of this to emphasize the fact that what I am about to say is my opinion. I have no idea how the Board will land on this issue. I am one of ten...

Our profession should move away from live patient licensure examinations. I say this with the following experience under my belt. I have been a dental educator for the past 23 years, and in private practice for the same. I have been a Board member for the past six years and a WREB examiner for the past three. I offer this opinion after careful consideration, viewing this issue through a multitude of lenses. I truly believe, on this one, I am correct.

Our current exam is inherently unfair to the candidate and does not test what we should be testing; thought process and decision making. Here is a fun factoid to consider; every single person who has ever been disciplined in our state, or any other state, has passed WREB or its equivalent. I can think of very few cases where the dentist fell below the standard of care because they couldn't cut a class two composite prep and restore it with perfect margins. Dentists are disciplined, for the most part, for two reasons; poor thought process or they just don't care. Live patient exams don't test for appropriate decision making, but the DLOSCE does. The Dental Licensure Objective Structured Clinical Exam is an exam consisting of multiple, standardized stations, each of which will require candidates to use their clinical skills to successfully complete one or more dental problem solving tasks. In other words, the DLOSCE tests for competent thought process and decision making. There is a current version of this exam being given in Canada and a few states in the US. The ADA is working on an exam that would be available to any dental school and state in the USA. The ADA version should be done and ready to implement by 2020.

Our current exam relies on the ability and luck of a candidate to find a patient with the ideal lesion, have that patient show up for

the exam and be able to sit through hours of dental work and wearing multiple rubber dams and then cut the perfect prep and place the perfect restoration. For anyone who has treated more than one patient a day, how many of those patients reacted exactly the same to dental treatment? How many anesthetized exactly the same? How many times have you opened up a tooth only to find that the radiographs under indicated the amount of caries? There are too many variables that are out of the control of the candidate. We do not have a level playing field.

Now, please notice that I have not said WREB should go away. I feel quite the opposite. I can't speak to the other testing agencies in the US, but having been on the “inside” I will tell you that all the staff and examiners associated with WREB are unbiased, fair and honest people. WREB does an excellent job on testing. I think WREB should be the one to administer the DLOSCE.

It is important to understand that the DLOSCE is being considered as one pathway to licensure and not the only way to obtain a state license. For example, in Oregon, we accept any regional testing agency's exam as proof of competence. I don't think we will be throwing out live patient exam options anytime soon.

“But we need to make sure that a dentist can prep and restore teeth before they are granted a license!”, I can hear some of you screaming. I couldn't agree more! That's what four years of dental school are for. In order to graduate, a dental student must pass many competency exams to matriculate through the years and get their DMD or DDS. We need to trust that our accredited dental schools are doing their job and then test for the things that really matter. Let's work to raise the bar for the standard of care. It seems to me that everyone will benefit.

**A WORD FROM THE
EXECUTIVE DIRECTOR**

by Stephen Prisby



Equity, Fairness, Focus, Brevity & Courtesy - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). Equity is also referenced in our mission statement, “To promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.” One way to define equity is “the quality of being fair and impartial.” I see our work as being highly

equitable, ethical, and very transparent. We regularly communicate our work and actions at our regular Board Meetings, as well as special workgroups, standing committees and presentations in a variety of forums and of course with this newsletter. The meeting packets and minutes from those meetings are readily available and accessible on our website. The meetings we hold are public and feedback is always encouraged, especially on proposed rule changes. The meeting agendas are created with input from you, the reader of this newsletter. The Board regularly hears from Licensees and other interested parties about important matters, and these matters come before the Board for discussion and possible action.

We have had many changes at the OBD since our last newsletter. Therefore, this article and newsletter are a bit larger than more recent ones. I would like to recognize those that have moved on from the OBD who had a significant impact on our agency.

We said thank you & goodbye to public Board Member Alton Harvey, Sr. after 8+ years of service on the OBD from 2010 - 2018. Mr. Harvey served as Board President and represented himself with dignity and the consumer's point of view throughout his tenure.

We said farewell to Dr. Paul Kleinstub, who served as our Dental Director/Chief Investigator, and retired after over 28 years of service in September. I hope you enjoy his last newsletter article later in this edition. 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 was instrumental in the OBD's refinement and management of our investigations and a strategic asset to many OBD Board members, staff members, Licensees and consumers. He served as Interim Executive Director multiple times as well. I feel very fortunate to have worked with him. His wisdom, humor, and counsel is missed. Dr. Daniel Blickenstaff has been with the Board since 2015 and is now the Interim Dental Director/Chief Investigator.



Gary Underhill, D.M.D., Paul Kleinstub, D.D.S., & Stephen Prisby

We also said goodbye to long-time Diversion Coordinator & Investigator, Harvey Wayson. Harvey retired in March 2018 and was very helpful in working as a temporary employee to assist our team in the transition of our new hires. He was with the OBD for over 20 years. He was instrumental in the OBD creating and effectively implementing the Health Professionals' Services Program, as well as involved in almost every facet of the OBD's enforcement and monitoring of our Licensees. We thank him and wish him all the best in retirement and know he has plenty of exciting plans ahead. Haley Robinson has been with the Board since 2016, and is now the OBD's Diversion Coordinator & Investigator.

The OBD's 2017-2020 Strategic Plan identified dental implants and safe sedation practices as top priorities for the Board to address. Our Strategic Plan is posted on our website and we continue to work on the goals outlined in it. The Board convened two workgroups and I sincerely thank all of the volunteer dentists who participated on these workgroups. This is another example of how the OBD views input and relationships with our Licensees as a critical part of our mission as a regulatory health licensing board. The OBD's Dental Implant Safety Workgroup had its initial meeting in September 2017, and wrapped up its work after four meetings in July 2018. In addition, the OBD's

Anesthesia Office Evaluation Workgroup had its initial meeting in April 2018, and after three meetings, concluded its work in July. Please see articles later in this newsletter for more information on these workgroups and their recommendations.

We also encouraged feedback and input from the dental community on proposed rule changes. In 2018, we held two public rulemaking hearings. The public comment period was held open between April and August to ensure interested parties had ample time to review the proposed rule changes. At the August 24th Board Meeting, the Board voted to amend 19 rules and create one new rule in the Dental Practice Act. Please see the article later in this newsletter for more information on these rule changes, which are effective January 1, 2019.

We also want to ensure that all Oregon licensed dentists with a DEA registration comply with OHA rules requiring that you register with the Prescription Drug Monitoring Programs (PDMP). The rules went into effect on July 1, 2018. The topic of opioids and safe prescribing practices will surely be up for discussion in the 2019 Legislative Session.

The 2019 Legislative Session begins on January 22, 2019. The OBD only has our Budget Bill going forward. There are some modest fee increases proposed in the Agency Request Budget, but at the time of writing this newsletter, I am unsure if they will be included in the Governor's Budget. The fee increases are proposed to cover our expected increase in expenses related to needing a new IT provider, migrating our current database to a new platform, and ensuring that we maintain pay equity for our investigators. Also, small increases in anesthesia permit fees are proposed to cover the cost of processing new applications, verifying credentials, and the increased workload as part of the audit process. The OBD's anesthesia fees have not changed since 1999.

The details of the budget will continue to be in our Board Books, and of course in the Governor's final consolidated Budget Request. The Board would promulgate Temporary Rules if our fee increases are approved by the Legislature, so that the fee increases would be effective July 1, 2019. There will be many proposed pieces of legislation that could impact the practice of dentistry, hygiene, and the Dental Practice Act. Our Board, with consultation from the Governor's Office, may or may not testify on certain bills. It is interesting that the Board does not hear about all the proposed legislation that could impact our work until the bills are introduced. We reach out to professional associations, the OHSU School of Dentistry, state agencies, and directly to legislators to stay in the loop on any proposed legislation. However, some entities for various reasons, keep us in the dark on their legislative endeavors.

We want to be a resource to help craft legislation that is not in conflict with other statutes and prevent less than ideal legislation being implemented that has unforeseen consequences. I believe our agency should be part of the conversation on statute changes impacting the Dental Practice Act and there is no charge for utilizing our collective experience, subject matter experts, and wisdom.

I continue to meet more and more members of the dental community as I attend meetings and make presentations around the state.

The OBD again will be at the Oregon Dental Conference in April and we greatly appreciate the positive relationships we have with the Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Dental Assistants Association and other stakeholders who care about the safe practice of dentistry and dental hygiene in our state. The OBD coordinates with DBIC for Risk Management presentations as well. Please contact me if you have a presentation opportunity for the OBD.

Another year is wrapping up and I wish you all happy holidays and a great start to 2019. If you have any questions or comments and want to reach me, feel free to call 971-673-3200 or email me at Stephen.Prisby@state.or.us. I look forward to hearing from you. ■

NEW STAFF INTRODUCTIONS

Samantha VandeBerg, *Office Specialist*



We hired Samantha VandeBerg as our new Office Specialist in June. She was born and raised in the Portland area, and in her spare time she enjoys cooking, reading, and camping as often as the weather will allow. The staff enjoys her positive attitude, enthusiasm and willingness to help on whatever project is a top priority. ■

Shane Rubio, *Investigator*



We hired Shane Rubio as our new Investigator in October. Shane comes to the OBD with over nine years of service as a Correctional Officer with the Oregon Department of Corrections. During his career there, he has

held numerous out of class positions with similar experiences to the work he does here. Shane is also a military veteran with four years of service as an infantryman in the U.S. Army with deployments to Bosnia and the Sinai Peninsula. He and his wife have two young daughters and their family enjoys spending time skiing and other outdoor adventures. ■

SCHEDULED BOARD MEETINGS

2019

- | | |
|---------------------|---------------------|
| • February 15, 2019 | • August 23, 2019 |
| • April 19, 2019 | • October 25, 2019 |
| • June 21, 2019 | • December 13, 2019 |

HEALTH PROFESSIONALS' SERVICES PROGRAM UPDATE

Oregon's Health Professionals' Services Program (HPSP) is beginning its ninth year of operation. The state's HPSP began July 2010 following the legislative consolidation of professional health board's alternative to discipline and diversion monitoring programs under ORS 676.190 and has been operated by Reliant Behavioral Health ever since. The program supports public safety while helping licensed health professionals with recovery and to continue practicing. To be eligible for the program, the licensed health professional must have a diagnosed substance use disorder, a mental health disorder, or both types of disorders. Four health profession regulatory boards currently participate in HPSP: Oregon Board of Dentistry (OBD), Oregon Medical Board (OMB), Oregon State Board of Nursing (OSBN), and Board of Pharmacy (OBOP).

HPSP provides the structure and accountability for licensed health professionals to be successful. Licensed dental board professionals require approval from the Oregon Board of Dentistry to participate in HPSP. The Board's designated Diversion Coordinator is Haley Robinson and she can be reached at 971-673-3200. You can also learn more about HPSP by visiting www.RBHMoning.com or call (888) 802-2843 to speak with Dylan or another member of the team. ■

BOARD MEMBERS

Gary Underhill, D.M.D.
President
Enterprise

Second term expires 2022

Amy Fine, D.M.D.
Vice President
Medford

Second term expires 2022

Yadira Martinez,
R.D.H.
Hillsboro

Second term expires 2022

Julie Ann Smith, D.D.S.,
M.D., M.C.R.
Happy Valley

Second term expires 2019

Todd Beck, D.M.D.
Portland

Second term expires 2021

Alicia Riedman, R.D.H.
Eugene

Second term expires 2021

Jose Javier, D.D.S.
Portland

First term expires 2020

Charles "Chip" Dunn
Happy Valley

First term expires 2021

Hai Pham, D.M.D.
Hillsboro

First term expires 2021

Jennifer Brixey
Portland

First term expires 2020

ENFORCEMENT NEWS

by Paul Kleinstub, D.D.S., M.S.

Based upon RECURRING issues noted in investigations that have resulted in discipline, the following Board actions for the past year are documented to reinforce your need for continued compliance with the Dental Practice Act. Please note that none of the investigations revealed any issues about treatment that was provided to a patient, although a patient complaint may have initiated the investigation.

Details of disciplinary action taken against individual licensees are available on the Licensee Lookup function on the Board's website: <http://obd.oregonlookups.com/>

1. Practicing without a current license (Failing to renew their licenses on time). After each license renewal period for both dentists and dental hygienists, there are approximately ten licensees who do not renew their licenses prior to the expiration date and continue to practice with an expired license.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that a dentist practiced dentistry without a valid Dental License in the State of Oregon on April 2, 2018 and April 3, 2018. The Board also offered a Consent Order in which the dentist would agree to be reprimanded and to pay a \$5,000.00 civil penalty.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that a dentist practiced dentistry without a valid Dental License in the State of Oregon on April 2, 2018. The Board also offered a Consent Order in which the dentist would agree to be reprimanded and to pay a \$5,000.00 civil penalty.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that a dentist practiced dentistry without a valid Dental License in the State of Oregon on April 2, 2018, April 3, 2018 and April 4, 2018. The Board also offered a Consent Order in which the dentist would agree to be reprimanded and to pay a \$5,000.00 civil penalty.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that a dental hygienist practiced dental hygiene without a valid dental hygiene license in the State of Oregon on October 2, 2017, October 3, 2017, October 4, 2017, and October 9, 2017. The Board also offered a Consent Order in which the dental hygienist would agree to be reprimanded and to pay a \$2,500.00 civil penalty.

And then:

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that a dentist, on October 2, 2017, October 3, 2017, October 4, 2017, and October

9, 2017, permitted a dental hygienist to perform duties for which the dental hygienist was not licensed to provide. The Board also offered a Consent Order in which the dentist would agree to pay a \$2,000.00 civil penalty.

2. Practicing without a current license (Failing to renew their license on time) as well as other issues that were found in the course of the investigation. In the course of an investigation of a complaint, the Board will request documentation of the licensee's completion of CE, BLS/CPR certification, and spore testing.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that the dentist practiced dentistry without a valid Dental License in the State of Oregon on April 2, 2018, and between January 2014 and April 2, 2018, the dentist practiced dentistry in a dental office not owned by a dentist. The Board also offered a Consent Order in which the dentist would agree to be reprimanded and to pay a \$6,000.00 civil penalty.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that by the dentist's online License and Permit Renewal Application, dated April 7, 2018, the dentist certified that the dentist had completed, or will complete by March 31, 2018 three (3) hours of medical emergency continuing education and two (2) hours of infection control continuing education for the April 1, 2016 – March 31, 2018 licensing period, however the dentist failed to complete the three (3) hours of medical emergency continuing education and two (2) hours of infection control continuing education before March 31, 2018; between January 1, 2017 and December 31, 2017, the dentist failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's dental office; by the dentist's online License and Permit Renewal Application, dated April 7, 2018, the dentist certified that the dentist had maintained current and valid Health Care Provider level BLS/CPR certification, however between March 31, 2018 and April 6, 2018, the dentist failed to maintain current and valid Health Care Provider level BLS/CPR certification; the dentist practiced dentistry without a valid Dental License in the State of Oregon on April 2, 2018, April 3, 2018, April 4, 2018, April 5, 2018 and April 6, 2018. The Board also offered a Consent Order in which the dentist would agree to be reprimanded, to pay a \$13,000.00 civil penalty, to provide 50 hours of Board approved community service, to complete the balance of the 40 hours of continuing education for the licensure period April 1, 2016 to March 31, 2018, and for one year, submit to the Board the results of spore testing.

3. Sterilizer spore testing non-compliance. This failure to do weekly testing defies belief.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that the dentist, between January 1, 2016 and December 31, 2016, failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's office; and between January 1, 2017 and December 31, 2017, failed to do weekly testing with a

biological monitoring system on the heat sterilizing devices in the dentist's office. The Board also offered a Consent Order in which the dentist would agree to be reprimanded, to pay a \$6,000.00 civil penalty, to provide 40 hours of Board approved community service, and for one year, submit to the Board the results of spore testing.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that the dentist, between January 1, 2015 and December 31, 2015, failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's office; and between January 1, 2016 and December 31, 2016, failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's office. The Board also offered a Consent Order in which the dentist would agree to be reprimanded, to pay a \$6,000.00 civil penalty, to provide 40 hours of Board approved community service, and for one year, submit to the Board the results of spore testing.

4. License renewal false certifications and more. Dentists renewed their licenses but then certified that BLS/CPR and CE information was current and completed when it was not done.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that on the dentist's online License and Permit Renewal Application, dated March 23, 2018, the dentist certified that the dentist had maintained current and valid Health Care Provider level BLS/CPR certification, however between January 23, 2018 and March 15, 2018, the dentist failed to maintain current and valid Health Care Provider level BLS/CPR certification; and between January 1, 2017 and December 31, 2017, failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's dental office. The Board also offered a Consent Order in which the dentist would agree to be reprimanded and to pay a \$6,000.00 civil penalty.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that by the dentist's online License and Permit Renewal Application, dated March 3, 2018, the dentist certified that the dentist had completed, or will complete by March 31, 2018 three (3) hours of medical emergency continuing education and forty (40) hours of continuing education for the April 1, 2016 – March 31, 2018 licensing period, however the dentist failed to complete the three (3) hours of infection control continuing education and forty (40) hours of continuing education before March 31, 2018. The Board also offered a Consent Order in which the dentist would agree to be reprimanded, to pay a \$2,000.00 civil penalty, to all provide 10 hours of Board approved pro bono community service and to complete the balance of the 40 hours of Board approved continuing education required for the licensing period April 1, 2016 to March 31, 2018.

Based on the results of an investigation, the Board voted to issue a Notice of Proposed Disciplinary Action alleging that by the dentist's online License and Permit Renewal Application, dated January 29, 2018, the dentist certified that the dentist had maintained current and valid ACLS certification, however between November 1, 2017 and February 8, 2018 the dentist failed to maintain current and valid ACLS certification; and between January 1, 2017 and December 31, 2017, the dentist failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's dental office. The Board also offered a Consent Order in which the dentist would agree to be reprimanded.

Based on the results of an investigation, the Board has filed a Notice of Proposed Disciplinary Action alleging that by the dentist's online License and Permit Renewal Application, dated January 21, 2017, the dentist certified that the dentists had completed, or will complete by March 31, 2017 two (2) hours of infection control continuing education for the April 1, 2015 – March 31, 2017 licensing period, however the dentist failed to complete the two (2) hours of infection control continuing education before March 31, 2017; and between January 1, 2017 and December 31, 2017, the dentist failed to do weekly testing with a biological monitoring system on the heat sterilizing devices in the dentist's office. The Board also offered a Consent Order in which the dentist would agree to be reprimanded, to pay a \$3,000.00 civil penalty, to all provide 20 hours of Board approved pro bono community service, and for one year, submit to the Board the results of spore testing. ■

BOARD STAFF

Stephen Prisby, *Executive Director*
Stephen.Prisby@state.or.us

Daniel Blickenstaff, D.D.S., M.Sc.,
Interim Dental Director and Chief Investigator
Daniel.Blickenstaff@state.or.us

Teresa Haynes, *Office Manager*
Teresa.Haynes@state.or.us

Ingrid Nye, *Licensing and Examination Manager*
Ingrid.Nye@state.or.us

Harvey Wayson, *Investigator*
Harvey.Wayson@state.or.us

Haley Robinson, *Investigator/Diverson Coordinator*
Haley.Robinson@state.or.us

Shane Rubio, *Investigator*
Shane.Rubio@state.or.us

Samantha VandeBerg, *Office Specialist*
Samantha.VandeBerg@state.or.us

**DENTAL PRACTICE ACT
RULE CHANGES**

EFFECTIVE JANUARY 1, 2019

The OBD's various committees made recommendations to the Board, and at the April 20, 2018 Board Meeting, the Board moved proposed rule changes forward to go through the public rulemaking process. The Board held two public rulemaking hearings in June 2018 and held open the public comment period between April and August to ensure interested parties had ample time to review the proposed rule changes. At the August 24th Board Meeting, the Board voted to amend 19 rules and create one new rule in the Dental Practice Act.

OREGON BOARD OF DENTISTRY

FILING CAPTION: The Board is amending 19 rules and adopting 1 new rule effective January 1, 2019. **AGENCY APPROVED DATE:** 08/24/2018 **EFFECTIVE DATE:** 01/01/2019

AMEND: 818-001-0002
RULE TITLE: Definitions
RULE SUMMARY: The Board is amending OAR 818-001-0002 – to remove language-referencing specialties as defined by the American Dental Association and add new definitions for teledentistry and physical harm.

AMEND: 818-001-0082
RULE TITLE: Access to Public Records
RULE SUMMARY: The Board is amending OAR 818-001-0082 to reflect that the Board follows the Department of Administrative Service's statewide policy on fees for public records requests.

AMEND: 818-012-0040
RULE TITLE: Infection Control Guidelines
RULE SUMMARY: The state legislature passed SB 966 (2017) revising language defining that a Licensee, not a Dentist, needs to test heat sterilizer equipment weekly and meet other criteria. The Board is amending OAR 818-012-0040 requiring Licensees (dentists and dental hygienists) comply with the requirement that heat sterilizing devices shall be tested for proper function by means of biologic monitoring system that indicates micro-organisms kill each calendar week in which scheduled patients are treated.

AMEND: 818-021-0070
RULE TITLE: Continuing Education — Dental Hygienists
RULE SUMMARY: The Board is amending OAR 818-021-0070 to fix a typographical error.

AMEND: 818-021-0088
RULE TITLE: Volunteer License
RULE SUMMARY: The Board is amending OAR 818-021-0088 to clarify that the Board will issue a Volunteer license to Oregon licensed dentists or dental hygienists who will practice for a supervised volunteer dental clinic.

SEVEN (7) ANESTHESIA RULES AMENDED

AMEND: 818-026-0010
RULE TITLE: Definitions
RULE SUMMARY: The Board is amending OAR 818-026-0010 to clarify minimal sedation, maximum recommended dose, and to define incremental dosing, supplemental dosing, enteral route, parenteral route and American Society of Anesthesiologist (ASA) classification system.

AMEND: 818-026-0020
RULE TITLE: Presumption of Degree of Central Nervous System Depression
RULE SUMMARY: The Board is amending OAR 818-026-0020 to add that 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.

AMEND: 818-026-0030
RULE TITLE: Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor
RULE SUMMARY: The Board is amending OAR 818-026-0030 to clarify that a dentist with no anesthesia permit, may utilize a single oral agent to achieve anxiolysis.

AMEND: 818-026-0050
RULE TITLE: Minimal Sedation Permit
RULE SUMMARY: The Board is amending OAR 818-026-0050 to update the language from the 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

AMEND: 818-026-0060
RULE TITLE: Moderate Sedation Permit
RULE SUMMARY: The Board is amending OAR 818-026-0060 to update the language from the 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

AMEND: 818-026-0065
RULE TITLE: Deep Sedation Permit
RULE SUMMARY: The Board is amending OAR 818-026-0065 to update the language from the 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

AMEND: 818-026-0070
RULE TITLE: General Anesthesia Permit

RULE SUMMARY: The Board is amending OAR 818-026-0070 to update the language from the 2007 ADA Guidelines to current ADA Guidelines; that obtaining informed consent shall be documented in the patient's record, and to require that patients are evaluated based on ASA classification and document the patient is an appropriate candidate for minimal sedation, moderate sedation, deep sedation and general anesthesia.

ONE DENTAL HYGIENE RULE AMENDED

AMEND: 818-035-0072

RULE TITLE: Restorative Functions of Dental Hygienists

RULE SUMMARY: The Board is amending OAR 818-035-0072 to allow restorative functions dental hygienists to use additional materials in addition to alloy or direct composite material.

SIX (6) DENTAL ASSISTANT RULES AMENDED

AMEND: 818-042-0040

RULE TITLE: Prohibited Acts

RULE SUMMARY: The Board is amending OAR 818-042-0040 to clarify exceptions when using a high-speed handpiece and reference to retraction material.

AMEND: 818-042-0050

RULE TITLE: Taking of X-Rays — Exposing of Radiographs

RULE SUMMARY: The Board is amending OAR 818-042-0050 which clarifies the requirements necessary for dental assistants to be certified to expose radiographs and take X-Rays.

AMEND: 818-042-0060

RULE TITLE: Certification — Radiologic Proficiency

RULE SUMMARY: The Board is amending OAR 818-042-0060 to clarify the requirements necessary for a dental assistant to be certified in radiologic proficiency.

AMEND: 818-042-0090

RULE TITLE: Additional Functions of EFDAs

RULE SUMMARY: The Board is amending OAR 818-042-0090 to change the language from "Place cord subgingivally" to "Place retraction material subgingivally."

AMEND: 818-042-0095

RULE TITLE: Restorative Functions of Dental Assistants

RULE SUMMARY: The Board is amending OAR 818-042-0095 to allow restorative functions dental assistants to use additional materials in addition to alloy or direct composite material.

AMEND: 818-042-0110

RULE TITLE: Certification — Expanded Function Orthodontic Assistant

RULE SUMMARY: The Board is amending OAR 818-042-0110 to update Expanded Functions Orthodontic Assistant duties signoff sheet to reflect current practices.

ONE DENTAL ASSISTANT RULE ADOPTED

ADOPT: 818-042-0114

RULE TITLE: Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

RULE SUMMARY: The Board has created a new rule that will allow additional duties for Expanded Functions Preventive Dental Assistants (EFPDA).

The OBD encourages you to stay up to date on these new rule changes. The OBD website has links to the current rules, and the staff is always a resource for you. ■

UPDATED ACUTE OPIOID PRESCRIBING GUIDLINES

The Oregon Health Authority released the Oregon Acute Opioid Prescribing Guidelines, in an effort to help clinicians working in surgical, dental, primary care, emergency and urgent care settings make evidence-based prescribing decisions when treating pain.

Opioid painkillers are powerful medications that come with risks. While they're effective in treating acute, non-cancer pain, high doses and long-term use could lead to dependence, abuse, overdose and death. In Oregon, five people per week die of opioid related overdoses.

The guidelines, developed in consensus with our Board, and external workgroup representing public health, health care and coordinated care organization leaders, build on Oregon prescribing guidelines for chronic pain, published in 2016. The acute prescribing guidelines focus on acute pain management for patients who are new to opioids. They are not intended for those who currently receive opioids, nor for those with a history of substance use disorder.

Common examples of relevant clinical situations include: wisdom teeth extractions, sports injuries and post-surgical pain management. It is common practice for patients to be prescribed 30-day prescriptions in these settings. The new guidelines advise that the lowest effective dose of short-acting opioids be prescribed for no more than three days in most cases.

"While opioids are effective medications in acute pain management, many people do not use all of the pills that are prescribed by their doctors after an acute event," said Katrina Hedberg, MD, state health officer at OHA. "What this tells us is that patients may not need as many pills as we think, and other forms of pain management may be safer and just as effective. It also tells us that there are many excess pills sitting in medicine cabinets, which could be misused or stolen."

The guidelines could also help prevent patients with acute pain

from becoming dependent on opioids long term. According to a 2017 analysis by the Centers for Disease Control and Prevention, 30 percent of those who receive an initial 30-day prescription of opioid painkillers remained on opioids a year later.

In general, the guidelines advise against using opioids as the first-line therapy for mild to moderate pain. If opioids are deemed appropriate and likely effective for the patient, the guidelines emphasize the following principles:

- Evaluate the patient.
- Assess history of long-term opioid use or substance use disorder.
- Check the Prescription Drug Monitoring Program, which tracks prescribed controlled substances such as opioids and benzodiazepines.
- Provide patient education.
- Prescribe the lowest effective dose of short-acting opioids for no more than three days in most cases and no more than seven days in cases of more severe acute pain.
- Provide follow-up and reassess pain, healing and function.
- Implement, monitor and document pain management practices to ensure care, safety, and quality.

The full guidelines can be found on the OBD's & OHA's websites. ■

DENTAL IMPLANT SAFETY WORKGROUP

The Oregon Board of Dentistry (OBD) identified dental implant complications and the subsequent complaints during strategic planning in 2016 as a significant problem in Oregon. It was memorialized in the OBD's 2017-2020 Strategic Plan. At the April 21, 2017 Board Meeting, the OBD established an ad hoc Committee named the "Dental Implant Safety Workgroup" per ORS 679.280, to research, review and discuss dental implants, complications and the resulting investigations with the goal of advising the OBD on what should be the most effective actions in protecting the public and educating dentists regarding dental implants.

The Dental Implant Workgroup held its first meeting in September 2017 and held a total of four meetings, wrapping up its work in July 2018. Other interested parties shared their input as all the meetings were open to the public. This input was valuable and the meetings had robust discussion among the specialists and general dentists. Every meeting was filled with passionate and respectful discourse among all the dentists. The Workgroup wrestled with many interesting data points in how to address dental implant complications. What they ultimately came up with and are recommending to the Board follows below, and is referenced in the last Workgroup's meeting minutes.

- Require a written informed consent form for dental implant placement. The level of detail that should be included in such a form was not yet agreed upon.

- Develop the educational requirements/prerequisites for dentists who wish to place implants.
- Develop a plan for "grandfathering in" licensees with a great deal of experience and success placing and restoring dental implants.
- Require a certain amount of CE pertaining to dental implants be required of licensees practicing implant dentistry for each renewal cycle.
- Determine whether all licensed dentists will be required to complete a certain amount of CE pertaining to dental implants each renewal cycle.
- Communicate with the Oregon Dental Association regarding developing a set of specific "guidelines" for Oregon licensed dentists practicing implant dentistry.
- Develop a requirement for how important information related to the implant (such as type/ manufacturer) is properly documented and provided to the patient.

The following Board members, staff and Oregon dentists served on this workgroup:

Board Members

Dr. Gary Underhill, Co-Chair
 Dr. Julie Ann Smith, Co-Chair
 Dr. Todd Beck

Oregon Dentists

Dr. Normund Auzins
 Dr. Cyrus Javadi
 Dr. James Katancik
 Dr. Russell Lieblick
 Dr. Donald Nimz
 Dr. S. Shane Samy
 Dr. Duy Anh Tran

Board Staff

Dr. Paul Kleinstub
 Dr. Daniel Blickenstaff

ANESTHESIA OFFICE EVALUATION WORKGROUP

The OBD also identified safe sedation practices in its 2017-2020 Strategic Plan as an important priority. At the October 13, 2017 Board Meeting, the OBD established an ad hoc Committee named the "Anesthesia Office Evaluation Workgroup" per ORS 679.280, to support on-site inspections at offices that provide anesthesia.

This Workgroup held its first meeting in February 2018 and held a total of three meetings, wrapping up its work in July 2018. The Workgroup discussed various approaches to addressing safe sedation practices.

The Board agreed with the recommendations (below) and sent them to the Anesthesia Committee meeting to consider at its November 28, 2018 Meeting. The Board will then consider the Anesthesia Committee's recommendations at its December 14, 2018 Board Meeting. Please be on the lookout for Board Communications that will share any proposed changes after that Board Meeting.

The Workgroup focused on these recommendations:

- Add an Attestation Form to renewal forms for those that have any level of anesthesia permit, with the form also indicating that the drugs kept for emergency management have not expired.
- A reminder at the time of renewal that every office should hold quarterly emergency drills and the Board would give a brief outline of what should be covered in those drills.
- A quiz be added to renewal forms for those that have a moderate, deep and general anesthesia permit.
- That those that utilize a qualified provider per OAR 818-026-0080, attest that they hold emergency drills annually with that provider.
- A recommendation that OAR 818-026-0080 be reviewed closer to highlight that no two patients can be sedated at any time, and that there be proper protocol and hand off to a qualified anesthesia monitor, if the qualified provider will no longer be required to monitor the patient until criteria for discharge met.
- Review and update lists of drugs an office should have relevant to the anesthesia permit they hold and also of those the qualified provider has.

The following Board members and Oregon dentists served on this workgroup:

Board Members

Dr. Julie Ann Smith, Co-Chair
Dr. Hai T. Pham, Co-Chair

Oregon Dentists

Dr. Ryan Allred
Dr. Douglas Boyd
Dr. Steven Karmy
Dr. Quinn Martin
Dr. Brandon Schwindt
Dr. David Swiderski
Dr. Brett Ueek

IMPORTANT REMINDERS

WHEN USING A QUALIFIED PROVIDER TO SEDATE YOUR PATIENTS, YOU MUST FOLLOW THE CRITERIA OF OAR 818-026-0080 AND AGREE TO THE PARAMETERS IN OAR 818- 026-0110

OAR 818-026-0080

Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

- (1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.
- (2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.
- (3) A dentist who performs dental procedures on a patient who

receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

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

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of anesthesia being induced. The anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

OAR 818-026-0110

Office Evaluations

(1) By obtaining an anesthesia permit or by using the services of a physician anesthesiologist, CRNA, an Oregon licensed dental hygienist permit holder or another dentist permit holder to administer anesthesia, a licensee consents to in-office evaluations by the Oregon Board of Dentistry, to assess competence in central nervous system anesthesia and to determine compliance with rules of the Board.

(2) The in-office evaluation may include, but is not limited to:

(a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care;

(b) Inspection of facilities, equipment, drugs and records; and

(c) Confirmation that personnel are adequately trained, hold a current BLS for Healthcare Providers certificate, or its equivalent, and are competent to respond to reasonable emergencies that may occur during the administration of anesthesia or during the recovery period.

(3) The evaluation shall be performed by a team appointed by the Board and shall include:

(a) A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or in a higher class than that held by the licensee being evaluated.

(b) A member of the Board's Anesthesia Committee; and

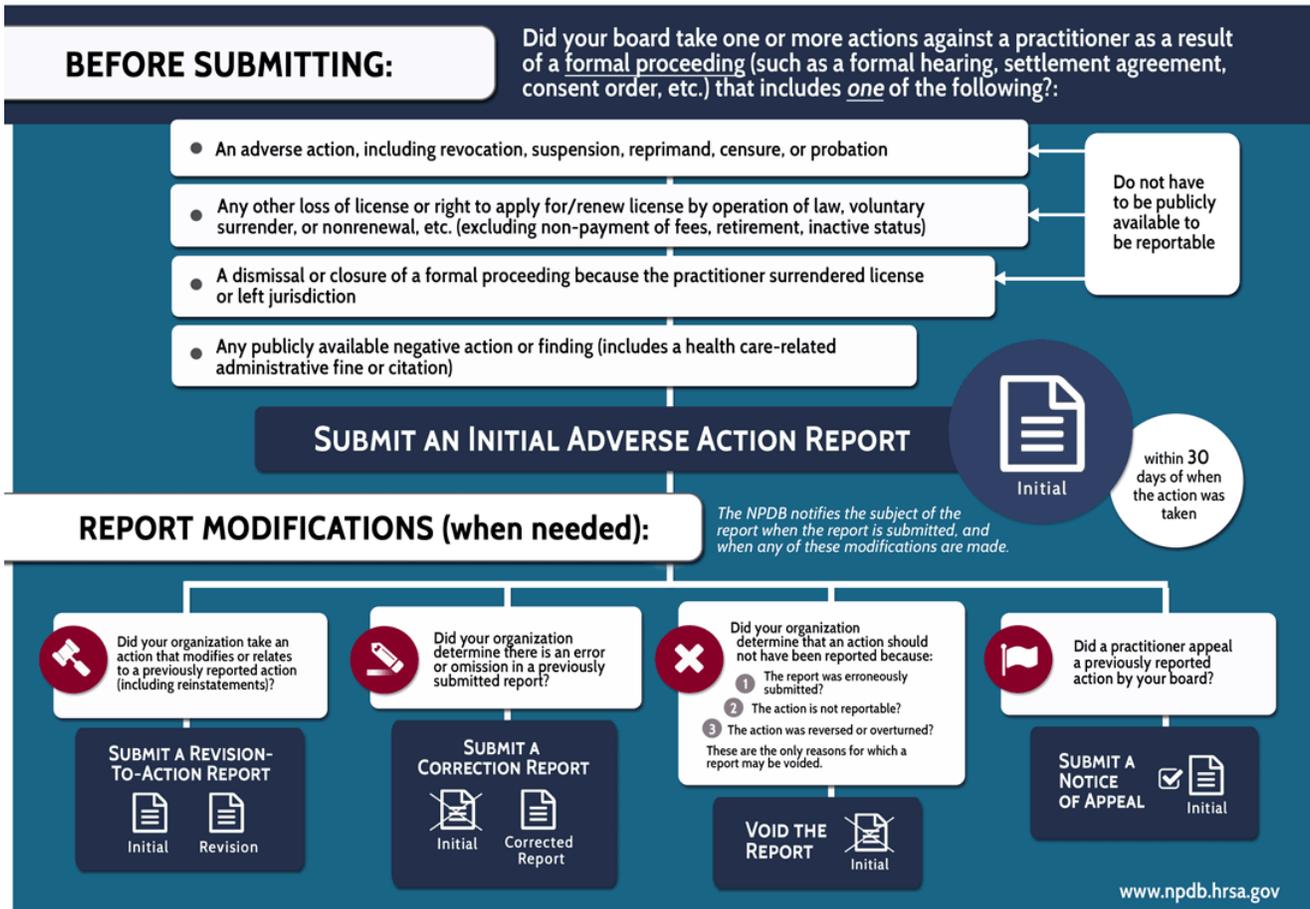
(c) Any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation and reporting to the Board.

(4) The Board shall give written notice of its intent to conduct an office evaluation to the licensee to be evaluated. Licensee shall cooperate with the evaluation team leader in scheduling the evaluation which shall be held no sooner than 30 days after the date of the notice or later than 90 days after the date of the notice. ■

The National Practitioner Data Bank (NPDB) is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.

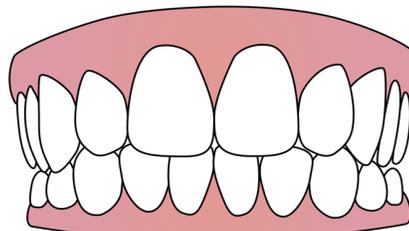
Federal regulations authorize eligible entities to report to and/or query the NPDB. Individuals and organizations who are subjects of these reports have access to their own information. The reports are confidential, and not available to the public.

NPDB GUIDE TO REPORTING STATE LICENSURE ACTIONS



Would you like to receive publications from the Board, such as Notice of Proposed Rulemaking and Agendas for Board and Committee meetings?

Manage your subscriptions on the OBD website!



DID YOU KNOW?

In addition to reporting child abuse, pursuant to ORS 124.050, as of January 1, 2015, dentists are now required to report elder abuse.

To report child or elder abuse, you may contact your local Department of Human Services (DHS) office, or you may also call the DHS toll-free hotline at 1-855-503-7233

FREQUENTLY ASKED QUESTIONS

Continuing Education

QUESTION:

Does OSHA training count toward the two hours of CE related to infection control?

Answer: It Depends!

The answer is “yes” **IF** the OSHA course has instruction in infection control. **Please note** that your course completion certificate would need to delineate how many hours were devoted to OSHA instruction and how many hours were devoted to infection control.

QUESTION:

Can I take CE courses online?

Answer: Yes!

According to OAR 818-021-0060 (3)(c) and OAR 818-021-0070 (3)(c), continuing education includes correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the licensee passes the examination.

QUESTION:

Can I use training for my Healthcare Provider BLS/CPR to satisfy the three hours of CE related to medical emergencies?

Answer: Yes!

Training taken to maintain current Healthcare Provider BLS/CPR certification, or its equivalent can be used to satisfy the three hours of CE related to medical emergencies. It may not be counted toward CE required to maintain anesthesia permits.

QUESTION:

Do I need to keep record of the CE that I have completed?

Answer: Yes!

According to OAR 818-021-0060 (2) and OAR 818-021-0070 (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. 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.

QUESTION:

Do I need to have a Healthcare Provider level BLS/CPR certificate if I already hold an ACLS or PALS certificate?

Answer: Yes!

According to OAR 818-026-0030 (6)(a), Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) do not serve as a substitute from Healthcare Provider Basic Life Support (BLS).

QUESTION:

Where can I find the continuing education rules for dentists and dental hygienists?

The rules are listed on our website at www.oregon.gov/dentistry. They can also be found in the Dental Practice Act under Division 21 - Examination and Licensing: OAR 818-021-0060 and OAR 818-021-0070.

EXPANDED PRACTICE PERMIT FAQs

by Ingrid Nye

Nearly two decades ago, the Oregon Board of Dentistry (OBD), following legislation passed in 1997 by the Oregon State Legislature, began offering a “Limited Access Permit” – later retitled an “Expanded Practice Permit” (EPP) – for dental hygienists. By obtaining this permit, a dental hygienist could become an “Expanded Practice Dental Hygienist” (EPDH). Dental hygienists in Oregon work under the supervision of a dentist, however, an EPDH is permitted to provide most hygiene services, without the supervision of a dentist, at locations and populations identified by the Oregon State Legislature as historically underserved in regards to preventative oral healthcare.

We have catalogued our most commonly asked questions about the EPP. For more information, please refer to the Oregon Dental Practice Act (DPA), specifically ORS 680.205, OAR 818-035-0065, OAR 818-035-0066, and OAR 818-035-0100.

Question: Is an EPDH permitted to provide dental hygiene services without supervision to all Oregonians?

Answer: No. An EPDH may only provide services to patients identified in ORS 680.205(1) and OAR 818-035-0066.

Question: Does the word “Expanded” in the Expanded Practice Permit mean that it allows an EPDH to perform “expanded” services that dental hygienists without the permit are not permitted to provide?

Answer: No. The EPP only allows an EPDH to work without supervision at certain locations and/or on certain populations (ORS 679.205(1) and OAR 818-035-0066) as outlined in the DPA. It does not “expand” the duties dental hygienists are permitted to perform.

Question: If a dental hygienist with an EPP is working at a dental office (such as a private practice, group practice, etc.) and the dentist is out of the office, is that dental hygienist working under the general supervision of the dentist or are they working without supervision and utilizing their EPP?

Answer: This is perhaps the most common misunderstanding of the EPP’s function. The EPP allows a dental hygienist to treat the populations and locations outlined in ORS 680.205(1) and OAR 818-035-0066, without supervision. When working on populations other than those outlined in the previous citations, all dental hygienists (with or without the EPP) work under the general supervision of a licensed dentist. Having an EPP has nothing to do with the dentist being in the office or not. In OAR 818-001-0002(5), the DPA defines “general supervision” as “supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are

performed”. Again, the EPP is only applicable to certain locations and/or populations outlined in ORS 679.205(1) and OAR 818-035-0066.

Question: May an EPDH who also holds a Nitrous Oxide Permit administer nitrous oxide to patients while practicing under their EPP?

Answer: No. The DPA expressly prohibits nitrous oxide administration by an EPDH with a Nitrous Oxide permit. Hygienists who hold a Nitrous Oxide Permit (regardless of whether or not they also hold an EPP) may only administer nitrous oxide to patients under the indirect supervision of a licensed dentist, which requires that a licensed dentist authorize the procedures; additionally, the dentist must remain on the premises while the procedures are performed.

Question: What is a Collaborative Agreement?

Answer: A Collaborative Agreement is an approved agreement between a licensed dentist and an EPDH, which allows that EPDH to perform some or all of the following services while practicing under their EPP: Administering local anesthesia (if the EPDH also has a local anesthesia endorsement); administering temporary restorations without excavation; and prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement. The Collaborative Agreement should also contain agreed-upon referral parameters.

Question: Do EPDHs need to have a Collaborative Agreement to practice under their EPP?

Answer: No. However, the EPDH may not provide any of the services listed in the previous answer while working under the EPP unless they have a current Collaborative Agreement that has been approved by the OBD.

Question: What additional record keeping requirements exist for an EPDH who had entered into a Collaborative Agreement with a licensed dentist?

Answer: Every time an EPDH with a Collaborative Agreement provides any of the services referenced in the Collaborative Agreement, (administering local anesthesia; placing temporary restorations without excavation; and prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs), the EPDH must document in the patient’s official chart the name of the licensed dentist on the Collaborative Agreement, and the date the Collaborative Agreement became effective. For more information, see OAR 818-035-0100.

Question: How do I obtain an Expanded Practice Permit?

Answer: There are two pathways to obtain an EPP; the application packets for both pathways are available on our website under “Forms and Brochures”. Hygienists who have completed a course of study, before or after graduation from a dental hygiene

program, which included 500 hours of practice on the populations described in ORS 680.205(1) should apply by Pathway Two. Hygienists who did not complete a program that included the necessary hours should apply by Pathway One. Pathway One involves completion of at least 2,500 hours of supervised dental hygiene clinical practice or clinical teaching hours, and completion of at least 40 hours of continuing education (CE) directly related to clinical dental hygiene or dental public health. The applicant may choose the CE courses, provided they are sponsored by CE Providers that have been approved by the OBD. The list of Board-Approved CE Providers for EPPs is available on our website by clicking here or by going to www.oregon.gov/dentistry and clicking “Education/Continuing Education”.

Question: What are the most common mistakes made by dental hygienists attempting to obtain an EPP via Pathway One?

Answer: Most of the errors derive from misunderstanding the CE requirements. In order to count towards the 40-hour requirement, the CE must be (1) sponsored by CE Providers that have been approved by the Board – a list is available on our website; and (2) directly related to clinical dental hygiene or dental public health. Courses related to practice management and/or patient relations will not be counted towards the requirement.

Question: Aside from the documents in the EPP application packets, what additional materials must be submitted with an EPP application?

Answer: A copy of the hygienist’s current BLS for Healthcare Providers card, proof that the hygienist holds current professional liability insurance, and a check for the permit fee.

Question: How is the EPP renewed?

Answer: Once added to the dental hygienist’s license, the EPP is renewed on the same schedule as the license. CE hours and renewal fees are not prorated.

Question: Are there any additional requirements for an EPDH that have not been mentioned above?

Answer: Yes. An EPDH must complete 36 hours of continuing education each renewal cycle. An EPDH must maintain professional liability insurance at all times, even when not practicing under the permit. An EPDH must, at least once each calendar year, refer each patient or resident to a dentist who is available to treat that patient or resident.

As always, you are welcome to contact the OBD with any questions you may have about continuing education, renewals, or any other topic. We can be reached at information@oregon-dentistry.org, or 971-673-3200. Our staff is happy to assist. ■

CLARIFICATION ON RADIOGRAPHS



The Oregon Board of Dentistry (Board) regularly receives questions about the requirement for radiographs/Xrays, and how often they are required. The decision when to take or not to take radiographs is the responsibility of an Oregon licensed Dentist or an Expanded Practice Permit Dental Hygienist and is based on factors including the patient’s oral health, patient’s age, the risk for disease and any sign or symptoms of oral disease that a patient may be experiencing.

The Board does not have a time requirement for how often radiographs or X-rays are to be taken. So if your Dentist says we (the Board) require X-rays every year, that is not true. The Dentist is the one who decides if the radiographs are needed, not the patient. They are an important diagnostic tool and it is the responsibility of the treating Dentist to determine how often they are needed.

The Board takes the following into consideration when it reviews care provided by our Licensees:

Oregon Revised Statute (ORS) 679.140(4) states:

“In determining what constitutes unacceptable patient care, the board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice Dentistry in this state, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals and the desirability of reasonable experimentation in the furtherance of the dental arts.”

To put this in perspective, in order to diagnose dental pathology and do an adequate examination on a new or existing patient, the Dentist must have adequate dental radiographs, periodontal probings if appropriate and a current medical history.

If during the dental examination pathology is diagnosed, the Dentist is obligated to tell the patient what the problem is, to explain the treatment options, explain the risks of providing or not providing the treatment, and answer questions. The Dentist is also required to document in the patient’s records any dental pathology that is diagnosed during the examination.

When treatment is provided, the Dentist is expected to have obtained the patient’s informed consent prior to providing the treatment. The Board expects that the treatment is acceptable; i.e. crowns fit appropriately, restorations are not placed over caries, and that periodontal disease is treated (including home health maintenance instruction).

Further, Oregon Dentists and Expanded Practice Permit Dental Hygienists should follow the guidelines established by the American Dental Association and the Food and Drug Administration. ■

REFLECTIONS

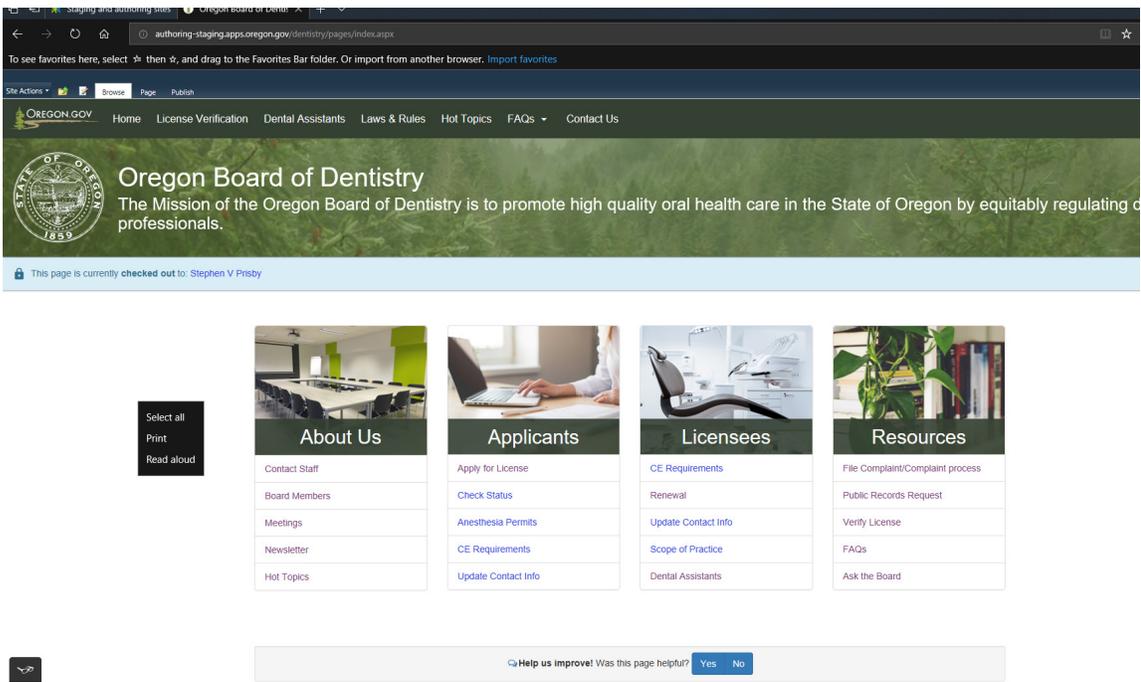
by Paul Kleinstub, D.D.S., M.S.

In the past 28 years as an Investigator, Chief Investigator/Dental Director, and Interim Executive Director for the Oregon Board of Dentistry, I think I've seen most everything from both licensees and complainants. I quickly learned that depending on the outcome of an investigation, the licensee or the complainant would not be happy with the Board's decision. Since I was the point of contact for the complainant and the licensee, I would be bearing the brunt of the dissatisfaction with the Board's decision. Sometimes doing this job I felt like that really short person in the nudist colony who continues to get a lot of negative feedback because, as part of the job, I kept getting my nose in other peoples' business. But hey, that's what I signed on for and it has been a most interesting ride. Now there's a new sheriff in town, Dr. Daniel Blickenstaff, and he's a lot more fun than I am. 'Nuff said, bye, bye. ■



2018 WEBSITE REDESIGN

The OBD like most state agencies has to transition to a new web platform for our website before the end of 2019. The current platform is being phased out and so the OBD (during the second half of 2018) has been preparing for this with a new website. The transition from V3 to V4.x Sharepoint platform is to create a clean, mobile & user friendly website. Staff, Licensees and other important stakeholders will need time to adjust to the new website and thank you for your patience as you navigate the new website. We appreciate your feedback to make your experience even better. Office Manager, Teresa Haynes and Executive Director Stephen Prisky led the OBD's efforts on this project.



- The project will create a website that:
- Is based on identified information needs and key user tasks
 - Is streamlined for easy management and maintenance
 - Uses Oregon E-Government templates and SharePoint features
 - Content meets a key user task or information need
 - Content is presented in a way users can access easily
 - Content is current, clear accurate and concise
 - Content can be accessed using any computer or mobile device
 - Site follows State of Oregon E-Government guidelines

OREGON BOARD OF DENTISTRY
1500 SW 1ST AVENUE, SUITE #770
PORTLAND, OR. 97201

IT'S THE LAW!

You must notify the OBD within 30 days of any change of address. An online Address Change Form is on the OBD's website at www.oregon.gov/dentistry. All address changes must be made in writing, by fax, mail, or email.

Our Mission: *The mission of the Oregon Board of Dentistry is to promote high quality oral health care in the State of Oregon by equitably regulating dental professionals.*



Licensees are required to report any change of address within 30 days.

CHANGE OF ADDRESS FORM

Licensee Name: _____
Print Name Phone

Licensee Number: _____

New Mailing Address: _____

New Email Address: _____

Above is designated as my mailing address: Home Office Other

Mail or Fax to: OREGON BOARD OF DENTISTRY
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
Phone: (971) 673-3200
Fax: (971) 673-3202