



PRESIDENT'S MESSAGE

Amy B. Fine, D.M.D.



the Oregon Board of Dentistry.

With the leaves changing vibrant colors and a chill in the air, autumn is moving into full swing. With the season change, I recognize what a natural time it is for us to pause and reflect on 2019. Every year has its ups and down with different challenges and joys. What stands out about 2019 for you? As I recall 2019, I focus on gratitude. I have gratitude as I think about my personal life, the profession of dentistry in Oregon, and for the role of

the Oregon Board of Dentistry. What in your personal life are you thankful for? I am blessed with amazing family and friends that I cherish. This past weekend, I had the joy of strolling through the farmer's market and playing in the leaves with my children and husband. The vibrant leaves and nature's beauty ignited joy in my soul. I have immense gratitude for my colleagues and work family that care for our community.

In addition, I appreciate the professional level of presence of dentistry in Oregon. We are blessed with quality dental education programs in our state- a dental school (Oregon Health and Science University School of Dentistry) and numerous dental hygiene and dental assistant education programs. Not all states are so lucky. I am filled with gratitude for the work that the Oregon Dental Association proactively does to support dental professionals through many avenues. Personally, I am honored that patients choose me to work with them in their oral health journey.

Finally, I am grateful for the Oregon Board of Dentistry. Even though there have been challenges at times, I am honored to be a member of the board. The Oregon Board of Dentistry is the second oldest licensing board in the state of Oregon created by an act of legislature in 1887. The board is a group of our professional peers and public members appointed by the Governor, who volunteer their time, to set standards regarding education, examinations, and licensure. ■

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In addition, they investigate complaints under the guidance of the Dental Practice Act and Rules of the Board. They are to also provide clear interpretation of statutes and rules to licensees and the public.

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. While some decisions are made by the Oregon Board of Dentistry, it is also important for licensees to understand that at times, there are decisions made at the legislative level that are then passed onto the Board of Dentistry to create rules to enforce.

In addition to the board members, the Oregon Board of Dentistry has phenomenal staff members that work hard to meet the organization's needs. I am thankful for their diligence and wealth of knowledge. I also have immense gratitude for previous work done at the board.

Oregon distinctly stands out in the nation for how we have recognized our hygienists' abilities and expanded their scope. Most of all, I am thankful that the dental profession in Oregon has its own regulatory board that understands the challenges and nuances of our industry and has dental professionals actively involved.

As you pause and reflect on 2019, the challenges and joys, I hope you find space to count your blessings and have gratitude for what you have personally and professionally. I encourage you to explore how you too might be involved in supporting and advancing dentistry in Oregon. Wishing you a joyous holiday season and phenomenal 2020. ■

OUR NEW BOARD MEMBER

Reza J. Sharifi, D.M.D.

The Governor appointed and the Senate confirmed Dr. Reza J. Sharifi as our newest Board Member on May 15. He replaces Dr. Julie Ann Smith. Dr. Sharifi's term of service is May 15, 2019 through May 14, 2023.



OBD Staff welcomed him with a new board member orientation on June 7 with assigned assistant attorney general Lori Lindley participating as well.

Reza J. Sharifi, DMD, FACS, Diplomate of the American Board of Oral and Maxillofacial Surgeons was born and raised in Portland, Oregon. He received his undergraduate degree from Portland State University and his Doctor of Dental Medicine degree from

Boston University School of Dental Medicine. He then completed his Oral Surgery residency at Tripler Army Medical Center in Honolulu, Hawaii. He was stationed at Fort Gordon, Georgia as the Assistant Program Director at Dwight D. Eisenhower Army Medical Center Oral Surgery Residency program. After nine years of serving in the United States Army, he decided to return home to Portland. He was honored with numerous awards while serving the military and has extensive experiences of lecturing to his dental colleagues. ■

IMMEDIATE PAST
PRESIDENT'S MESSAGE

Gary Underhill, D.M.D.



Autumn has arrived! It is my favorite time of year! Temperatures are cooling, the air is clean and the trees are turning beautiful shades of red and yellow. It is also time to head out to field and stream to enjoy some of our best outdoor activities.

I recently spent three days in the field with two of my colleagues from the OBD to enjoy some central Oregon outdoor activities. As I did so, I was once again reminded how fortunate I have been to be part of our health care community.

We all start this journey in Dental School or Dental Hygiene School. For some of us this was a fun time, but for others it was not. However, friends and contacts are made which we carry forward. When our class graduated in 1972 the majority of us went into the military for a variety of reasons. The Vietnam conflict was on hot and heavy, so most of us joined our Freshman year to keep from getting drafted. We then entered active duty upon graduation. My wife and I were sent to Fort Rucker Alabama. At that time there were 29 dentists on post with a very active Dental Society. Once again, we met people who are still friends today.

After arriving in Enterprise Oregon, it wasn't two weeks before the President of the Eastern Oregon Dental Society came over and took me to lunch. Dr. Dennis Turner and other members of our local dental community became some of our closest friends. Early on, a senior member of our dental society was instrumental in calming down an angry patient of mine. He sent neither the patient nor myself a bill. I have seen my colleagues go through financial problems, divorce, and loss of family with major support coming from their colleagues.

I have now been on the OBD for five years, and it has become like family to me. During this time, many cases have come before the Board. On occasion, it is obvious that the Licensee needs help. It is nice to have resources available where people can receive the help they need. The ODA was very helpful recently in such a circumstance.

I am now in the twilight of my career, and as I look back I realize what a blessing it has been to be part of this profession. I would encourage all of you, especially the younger members to get involved. You can join the dental or dental hygiene association. You can be a part of a study club or volunteer to serve on the OBD or an OHA Committee. Throughout the state there are many advocacy groups and boards that need healthcare volunteers with your expertise & experience. There are many opportunities for service, and I promise you, the rewards will be greater than you can imagine! ■

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

Manage your subscriptions on the OBD website.

A WORD FROM THE
EXECUTIVE DIRECTOR

Stephen Prisby



Brevity, Equity, Fairness, Focus, and Courtesy - these words are on my desk, and are what I strive for every day at the Oregon Board of Dentistry (OBD). I will keep my article brief and to the point, as there are many other articles which will highlight important information that we feel you should be aware of in this Newsletter.

In 2019 we said thank-you and farewell to Dr. Julie Ann Smith after eight years of service from 2011 – 2019 as a Board Member. She served as OBD President, Chair of the Anesthesia Committee, chaired other workgroups and committees, and helped shape the OBD's 2017-2020 Strategic Plan. We are all fortunate that the Board attracts people with her professional acumen, respect for the profession, level of engagement and professional courtesy.

The Governor appointed and the Senate confirmed Dr. Reza J. Sharifi as our newest Board Member on May 15, 2019. He replaced Dr. Julie Ann Smith on the Board. Dr. Sharifi's term of service is May 15, 2019 through May 14, 2023. We also welcomed a new dental investigator, Dr. Winthrop "Bernie" Carter, who you will learn about later in this newsletter.

The 2019 Legislative session concluded with new pieces of legislation that affect our Licensees and all state agencies. New laws and OBD Committee work have funneled a variety of rules to our Board and to public rulemaking hearings. We encouraged feedback and input from the dental community on proposed rule changes. Please see the article later in this newsletter for more information on these 34 rule changes, which are effective January 1, 2020.

Once again, the only piece of legislation that came from the OBD was our budget bill, HB 5013. Also once again, I am happy to report that there are no fee increases of any type for 2020. We managed our budget well, and have an adequate surplus at the start of the 2019 - 2021 Biennium.

Another year is wrapping up, and I wish you all happy holidays and a great start to 2020. If you have any questions or comments, I look forward to hearing from you. Stephen.Prisby@state.or.us or 971-673-3200. ■

Cone Beam CT - Reminder

The OBD would like to remind licensees that they must comply with OAR 818-012-0010(13) when ordering Cone Beam CT scans. Failure to comply with this administrative rule is considered unacceptable patient care.



"(13) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs."

BOARD STAFF

Stephen Prisby, *Executive Director*
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Winthrop "Bernie" Carter, D.D.S.
Dental Investigator

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 Coordinator*
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From Left to Right: Stephen Prisby, Dr. Bernie Carter, Shane Rubio, Teresa Haynes, Haley Robinson, Ingrid Nye, Samantha VandeBerg, and Dr. Daniel Blickenstaff.

NEW STAFF INTRODUCTIONS



We welcomed Dr. Winthrop (Bernie) Carter as our new dental investigator on February 1, 2019. Dr. Carter comes to the OBD after completing 15 years at the OHSU School of Dentistry. Dr. Carter also chaired the OHSU Department of Periodontology for over nine years. A total of 47 periodontal residents have been trained by Dr. Carter. Dr. Carter also completed over 20 years of active duty with the US Navy prior to arriving in Portland in 2002.

Dr. Carter has practiced General Dentistry for 14 years, Periodontics for 30 years, and Implant surgery for 25 years. ■

Safe Sedation Practices

The OBD would like to remind licensees that they must comply with OAR 818-026-0020(4)(5) when sedating patients, or using a qualified provider:



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

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

ENFORCEMENT NEWS

Shane Rubio, *Investigator*

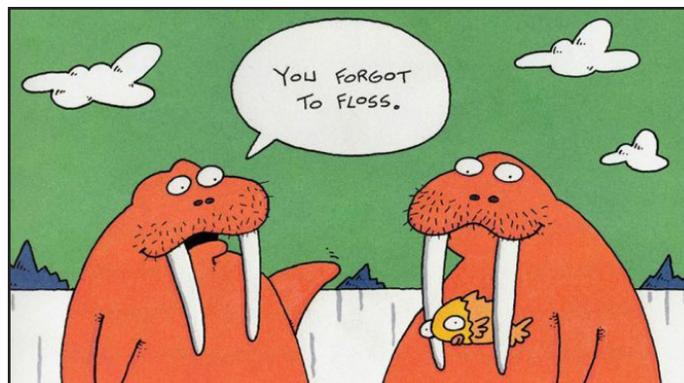


I am the intake investigator for the Board, and in most cases, the first person you will have contact with should an issue arise. If a complaint is filed, you as the Licensee will receive a letter from me with a summary of the complaint, a request for the patient chart with radiographs, continuing education completion certifications for a specific licensure period, proof of a valid

Healthcare Provider BLS/CPR certification, sterilization records and a written narrative about the allegation. For many licensees, a complaint can be a stressful event. I understand this, and I make every attempt to make myself available should questions or concerns arise.

During the latest renewal cycle, a common issue that has come up is the maintaining of a Healthcare Provider BLS/CPR certification. Please be aware that if you hold an active license (practicing or not), it is required that you keep a valid certification at all times. Please review the rule below which can also be found in the Dental Practice Act:

To sum up OAR 818-012-0030(18)- all Licensees must maintain at a minimum, a valid Healthcare Provider BLS/CPR certification while holding an active license. Any lapse in certification (even if not currently practicing) could lead to a Board investigation and possible action against the Licensee. ■





OREGON FIRST STATE TO ALLOW DENTISTS TO OFFER ANY VACCINE TO ADULTS AND CHILDREN

Oregon is the first state to allow dentists to offer any vaccination to patients of any age. On May 6, 2019, Governor Kate Brown signed into law Oregon House Bill 2220, which enables dentists to prescribe and administer vaccines. Just two other states – Minnesota and Illinois – allow dentists to administer vaccines, but only to protect against the flu and only in adult patients.

At its October 25, 2019 Board meeting, the OBD approved rules and procedures for the new law's implementation. Two new Oregon Administrative Rules: 818-012-0006 & 818-012-0007, which are effective January 1, 2020, go into the details and specifics about the training required before a dentist may administer any vaccine.

The OBD brought together representatives from the Oregon Health Authority (OHA), Oregon Dental Association (ODA), Oregon Health and Science University (OHSU) School of Dentistry and the Oregon Board of Pharmacy (OBP) to draft rules for the Board to consider. These draft rules went through the public rulemaking process, and were further fine-tuned before being approved.

OHSU School of Dentistry Dean Phillip Marucha, Ph.D., D.M.D., who partnered with the ODA to draft the bill, said "This simple convenience can help bridge gaps in care and prevent the spread of infectious disease. We're offering Oregonians another option that can make it easier to stay healthy."

"Oregon dentists are always looking for ways to improve our patients' health and well-being," said former Oregon Dental Association President James McMahan, D.M.D. "We sponsored HB 2220 to increase access to care, providing additional opportunities for patients to receive life-saving vaccines from highly trained practitioners they already know and trust"

The OBD thanks all interested parties on this endeavor, as it was truly a collaborative approach to expand the scope of practice for better health for Oregonians. ■

Please do your best to ensure patient records are transferred appropriately if retiring, relocating or closing a practice.

818-012-0070 Patient Records

"(4) When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct."



HEALTH PROFESSIONALS' SERVICES PROGRAM UPDATE

Oregon's Health Professionals' Services Program (HPSP) is beginning its tenth year of operation. The state's HPSP began July 2010 following the legislative consolidation of professional health boards' 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. If you have any questions or concerns regarding HPSP, feel free to contact Ms. Robinson. She can speak with you anonymously about the program and the enrollment process. You can also learn more about HPSP by visiting www.RBHMonitoring.com. ■

SCHEDULED BOARD MEETINGS

2020

- February 21, 2020
- August 21, 2020
- April 24, 2020
- October 23, 2020
- June 19, 2020
- December 18, 2020

BOARD MEMBERS

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

Second term expires 2022

Yadira Martinez, R.D.H.
Vice President
Hillsboro

Second term expires 2022

Gary Underhill, D.M.D.
Enterprise

Second term expires 2022

Reza Sharifi, D.M.D.
Portland

First term expires 2023

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

CULTURAL COMPETENCY

AND REMINDERS ABOUT

CONTINUING EDUCATION REQUIREMENTS

While reviewing the recent rule changes, you may have noticed that effective January 1, 2021, you must incorporate two (2) hours of Cultural Competency CE into your existing continuing education requirements. This means licensees who renew their licenses starting in 2021 must complete this requirement prior to their expiration date. However, licensees do not need to wait until 2021 to take this type of course for it to count towards their continuing education. Lastly, please note that these two hours are not in addition to the 24, 36 or 40 hours of CE required for the renewal of a license, but are calculated within those hours.

So the first question you might have is, “what is cultural competency?” The Oregon Health Authority (OHA) and the Oregon Board of Dentistry define cultural competency continuing education as:

“Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to health care practice in a manner that recognizes the context and complexities of provider-patient interactions and preserves the dignity of individuals, families and communities. Continuing education in cultural competency should teach attitudes, knowledge and skills to care effectively for patients from diverse cultures, groups and communities.”

You may have additional questions, such as, “why is this required?” And, “how do I meet this requirement?” The 2019 Legislative session yielded HB 2011, which directs most health regulatory licensing boards to require their licensees to complete this type of CE. The OBD supports the legislation, and is here to help you meet this requirement. The OHA is regularly updating their website <https://www.oregon.gov/oha/OEI/Pages/CCCE-HB2611-2013.aspx> to assist you in taking classes on this subject. You also may fulfill the CE requirement outside of the OHA. No one is bound to using the OHA for this type of CE.

The OBD has generally given its licensees wide latitude to complete any and all continuing education requirements. You may take classes online (except initial Healthcare Provider BLS/CPR Certification), use free providers and can always check with us before taking the class to see if it meets our criteria and rules. We audit approximately 15% of all licensees each renewal cycle, and those involved in disciplinary matters are checked for compliance as well.

Also note in the recent rule changes, that OAR 818-001-0002 was updated to include a rule defining the standard of BLS/CPR certification that a Licensee is required to hold:

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

TREATING SLEEP-RELATED DISORDERED BREATHING

As more and more dentists are treating Sleep-Related Disordered Breathing (SRDB), the Board is starting to see an increase in the number of complaints related to dentists treating Obstructive Sleep Apnea (OSA) and SRDB.

Dentists can (and do) play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders, and are well-positioned to identify patients at greater risk of SRDB and OSA. Since sleep-related disordered breathing can be caused by a number of multifactorial medical issues, a physician’s diagnoses of SRDB (based on a patient’s medical history, symptoms from a medical evaluation, and findings from either polysomnography or a home sleep apnea test) is necessary before a dentist can treat the SRDB.

Oral Appliance Therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of Continuous Positive Airway Pressure (CPAP), and dentists are the only health care provider with the knowledge and expertise to provide OAT. Working in conjunction with physicians, dentists can help treat these disorders.

Dentists have long been aware of the importance of the maintenance of their patient’s airway. Many dentists and their hygienists regularly screen their patient’s Mallampati score, and grade their patient’s tonsils to evaluate a patient’s airway. But again, dentists may not diagnose SRDB and sleep apnea; a physician must make the diagnosis and then prescribe oral appliance therapy before the dentist can treat it.

In children, a dentist can and should refer the patient to a pediatric otolaryngologist for evaluation and treatment of suspected airway obstruction caused by hypertrophic tonsils.

It is the Board’s position that the diagnosis of SRDB or OSA is outside the scope of the practice of dentistry, and the diagnosis must be made by a physician prior to oral appliance therapy by a dentist. ■



DID YOU KNOW?

In addition to reporting child abuse, pursuant to ORS 124.050, as of January 1, 2015, dentists are also 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

CUTTING CORNERS

Daniel Blickenstaff, D.D.S., M.Sc.



If there was a recurring theme throughout many of the Board complaints related to dentistry, it is that the dentist had “cut a corner” somewhere during the treatment.

Take for example, the initial comprehensive exam. There may not have been a review of the patient’s medical history, or periodontal pocket charting documented. The radiographic images may have been of poor,

non-diagnostic quality, and the dentist failed to have new radiographic images taken.

We have also seen corners being cut during treatment planning. There have been a number of implants placed with little to no thought as to how the implant was going to be restored, or no diagnostic models were made. A treatment plan for upper anterior crowns/veneers may have been made without a diagnostic wax-up, which would allow the patient to see what the finished product would look like. Before beginning restorative treatment, the dentist should ask themselves: “Is the periodontium sound?” “Is there enough bone for an implant?” “Is there enough boney support for the tooth to support a fixed bridge?” “Are corners getting cut so that the restorative portion of the treatment plan can be charged out?”

In some complaints, we found that the patient’s treatment consultation had been glossed over - especially the part regarding fees, and when they needed to be paid. Many Board complaints stem from the fact that the dentist had their front office staff handle a patient’s concerns, rather than speaking with the patient themselves. Ultimately, it is a better use of the dentist’s time to answer a patient’s questions and concerns directly, than to have the patient complain to the Board to try to resolve the issue.

Failure to stop and take a final root canal film to verify that the fill is acceptable before inserting a post or preparing the tooth for a crown, or not taking a radiographic image to verify that the transfer-coping is fully seated before taking a final impression, are further examples of corner-cutting that the Board sees on a regular basis.

Additionally, don’t cut corners when it comes to documentation. Spend time adequately documenting in the patient records the treatment that was provided, and any conversations that you had with the patient. Good documentation is the most successful defense in many Board complaints. Insufficient time to accomplish these goals seems to be related to the underlying goal of increasing office productivity. A lot more money can be produced if a crown prep is completed in an hour, than if an evaluation is completed in an hour. Thus, the goal of maximizing productivity in the short-term contributes to “cutting corners.”

Cutting corners results in poor communication between dentists and patients, insufficient or no informed consent, having to re-do work if the therapeutic outcome was not the desired or anticipated outcome, and unnecessary complaints being generated to the Board of Dentistry. The highest quality of dental care should be the goal for all patients. Obviously, specific circumstances for each patient may result in a “Plan B”, or “Plan C” option being accepted and executed. The “Plan A” option should always be presented to the patient first. ■



SERV-OR

State Emergency Registry of Volunteers in Oregon



The State Emergency Registry of Volunteers in Oregon (SERV-OR) is putting out a call to dental professionals to recruit, train, and deploy dentists, dental hygienists and dental assistants during public health emergencies in Oregon. The SERV-OR program is continually working to promote engagement across healthcare professions in our ongoing efforts to be prepared to protect the health and safety of Oregonians during large-scale disasters. If you’ve ever thought about volunteering your time, energy, and invaluable medical skills to a worthwhile and potentially life-saving cause, the registry, and your fellow Oregonians, could use you.

Of the 3,000 medical volunteers currently registered with SERV-OR statewide, only 47 work in the dental industry. Though SERV-OR already consists of a strong cadre of engaged volunteers in various professions, it is evident that there is a true need for additional dental professionals.

As a member of SERV-OR, you will be registered, trained, and contacted in the event of an emergency. As with any volunteer program, your participation in any one event is entirely voluntary. Duties of volunteers can vary widely depending on the type and magnitude of the crisis. You may be asked to staff a Federal Medical Station, help maintain a sterile healthcare environment, operate an emergency hotline providing information to the public within the scope of your expertise, or respond in the community to urgent wellness needs following a public health crisis such as an outbreak or other interruption that may cause a lapse in regular services. These, among many other tasks, are essential to maintaining or restoring the public’s health during or following an emergency.

During non-emergency times, SERV-OR volunteers may participate in free disaster-related trainings alongside like-minded professionals. These trainings are designed to enhance individual preparedness, as well as coordination and familiarity with fellow volunteers and other emergency service agencies.

For those licensed medical professionals that qualify to be SERV-OR members, including previously licensed professionals who have retired fewer than 10 years’ prior, tort and workers’ compensation liability coverage is offered by the state of Oregon when participating in a state sanctioned deployment.

As a volunteer, you’ll gain personal satisfaction, a chance to make a difference in your community, and the knowledge that you are part of an effective, official response system.

For more information about SERV-OR, please visit serv-or.org, or contact the volunteer coordinator, Sophie Miller-DeSart, at Sophie.Miller-DeSart@state.or.us or 971-291-2033. ■

Division 42 - Dental Assisting

The OBD would like to remind licensees that per OAR 818-042-0020, certifications held by their dental assistants must be properly displayed at all times:



“(3) The supervising dentist or dental hygienist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.”

DENTAL PRACTICE ACT RULE CHANGES

EFFECTIVE JANUARY 1, 2020

The Oregon Board of Dentistry and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be adopted, amended or repealed. OARs are written within the agency's statutory authority granted by the Legislature. The Board held two public rulemaking hearings on September 17 and October 11, along with accepting public comment on the proposed rule changes from late August until October 11, 2019.

At the October 25, 2019 Board meeting, the Board adopted two (2) new vaccine rules, two (2) temporary rules and amended 30 other rules. These 34 rule changes are effective January 1, 2020.

Official Notice of rulemaking is provided in the Oregon Secretary of State's Bulletin. Due to space constraints in this newsletter, a brief summary of the 34 rule changes is provided. The full text of the OARs and all rules can be found at our website <http://www.oregon.gov/dentistry> (Look under the Hot Topics Tab)

ADOPT Two New Rules:

ADOPT: 818-012-0006

RULE TITLE: Qualifications - Administration of Vaccines

RULE SUMMARY: Due to the passage of HB 2220 (2019), dentists are allowed to prescribe and administer vaccines after meeting certain training requirements and criteria.

ADOPT: 818-012-0007

RULE TITLE: Procedures, Record Keeping and Reporting

RULE SUMMARY: Due to the passage of HB 2220 (2019), dentists are allowed to prescribe and administer vaccines after meeting certain training requirements and criteria.

ADOPT Two Temporary Rules:

ADOPT: 818-021-0018

RULE TITLE: Temporary Dental License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

RULE SUMMARY: The passage of SB 688 and HB 3030 (2019) require the Board to create new rules for temporary licenses.

ADOPT: 818-021-0019

RULE TITLE: Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

RULE SUMMARY: The passage of SB 688 and HB 3030 (2019) require the Board to create new rules for temporary licenses.

AMEND 30 Rules:

AMEND: 818-001-0002

RULE TITLE: Definitions

RULE SUMMARY: Dental anesthesiology is being added as a new dental specialty area, and standard for BLS for Healthcare Provider is clarified.

AMEND: 818-012-0005

RULE TITLE: Scope of Practice

RULE SUMMARY: A word was misspelled and is being corrected.

AMEND: 818-012-0030

RULE TITLE: Unprofessional Conduct

RULE SUMMARY: The rule change specifies that certain dentists are required to register with the Prescription Drug Monitoring Program (PDMP).

AMEND: 818-012-0070

RULE TITLE: Patient Records

RULE SUMMARY: The rule change requires that the patient records be legible, and adds requirements for documentation when placing implants.

AMEND: 818-015-0007

RULE TITLE: Specialty Advertising

RULE SUMMARY: Dental Anesthesiology has been added as a Board recognized dental specialty.

AMEND: 818-021-0010

RULE TITLE: Application for License to Practice Dentistry

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting requirements of licensure.

AMEND: 818-021-0011

RULE TITLE: Application for License to Practice Dentistry Without Further Examination

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting licensure requirements.

AMEND: 818-021-0012

RULE TITLE: Specialties Recognized

RULE SUMMARY: Dental Anesthesiology is being added to the dental specialties that may advertise as a specialist.

AMEND: 818-021-0017

RULE TITLE: Application to Practice as a Specialist

RULE SUMMARY: The Board is allowing clinical practice hours spent teaching to be recognized as part of the criteria to be licensed as a specialist.

AMEND: 818-021-0020

RULE TITLE: Application for License to Practice Dental Hygiene

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting licensure requirements.

AMEND: 818-021-0025

RULE TITLE: Application for License to Practice Dental Hygiene Without Further Examination

RULE SUMMARY: Due to the passage of SB 824 (2019), the Board is expanding recognition of testing agencies for meeting requirements of licensure.

AMEND: 818-021-0060

RULE TITLE: Continuing Education — Dentists

RULE SUMMARY: Due to the passage of HB 2011 (2019), the Board will require two hours of continuing education on the topic of cultural competency effective January 1, 2021.

AMEND: 818-021-0070

RULE TITLE: Continuing Education — Dental Hygienists
RULE SUMMARY: Due to the passage of HB 2011 (2019), the Board will require two hours of continuing education on the topic of cultural competency effective January 1, 2021.

AMEND: 818-021-0088

RULE TITLE: Volunteer License
RULE SUMMARY: The rule change revises hourly volunteer requirements to coincide with a two-year licensure period.

AMEND: 818-026-0030

RULE TITLE: Requirements for Anesthesia Permits
RULE SUMMARY: The rule change removes some duplicative language, and moved the reference to anesthesia monitors to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0040

RULE TITLE: Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit
RULE SUMMARY: The reference to anesthesia monitors is being moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0050

RULE TITLE: Minimal Sedation Permit
RULE SUMMARY: The rule change clarifies what records and medications must be documented and also adds the anesthesia monitor criteria.

AMEND: 818-026-0055

RULE TITLE: Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation
RULE SUMMARY: The rule change clarifies that indirect supervision is acceptable for dental assistants completing duties referenced in rule.

AMEND: 818-026-0060

RULE TITLE: Moderate Sedation Permit
RULE SUMMARY: The reference to anesthesia monitors has been moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0065

RULE TITLE: Deep Sedation Permit
RULE SUMMARY: The reference to anesthesia monitors has been moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0070

RULE TITLE: General Anesthesia Permit
RULE SUMMARY: The reference to anesthesia monitors has been moved to each individual anesthesia permit rule, to help licensees understand the criteria needed for anesthesia monitors.

AMEND: 818-026-0080

RULE TITLE: Standards Applicable When a Dentist Performs Dental Procedures, and a Qualified Provider Induces Anesthesia
RULE SUMMARY: The rule change has clarified the criteria for monitoring, sedating and discharging patients, and the records required.

AMEND: 818-042-0040

RULE TITLE: Prohibited Acts
RULE SUMMARY: The rule change has added other dental assistant certifications referenced and renumbered it.

AMEND: 818-042-0050

RULE TITLE: Taking of X-Rays — Exposing of Radiographic Images
RULE SUMMARY: The rule change updates language regarding radiographs.

AMEND: 818-042-0070

RULE TITLE: Expanded Function Dental Assistants (EFDA)
RULE SUMMARY: The rule change updates language in reference to dentures and deletes reference to teeth whitening procedures.

AMEND: 818-042-0080

RULE TITLE: Certification — Expanded Function Dental Assistant (EFDA)
RULE SUMMARY: The number of procedures has been reduced throughout the rule making it easier to certify dental assistants as EF-DAs.

AMEND: 818-042-0095

RULE TITLE: Restorative Functions of Dental Assistants
RULE SUMMARY: Duplicative language has been removed in the title, with no change to the rule itself.

AMEND: 818-042-0110

RULE TITLE: Certification — Expanded Function Orthodontic Assistant (EFODA)
RULE SUMMARY: The rule change expands the options for the criteria for the EFODA certification.

AMEND: 818-042-0113

RULE TITLE: Certification – Expanded Function Preventive Dental Assistants (EFPDA)
RULE SUMMARY: The rule change expands the options for the criteria for the EFPDA certification.

AMEND: 818-042-0116

RULE TITLE: Certification – Anesthesia Dental Assistant
RULE SUMMARY: The rule change recognizes other options to be certified as an anesthesia dental assistant. ■

818-021-0115 Display of Licenses

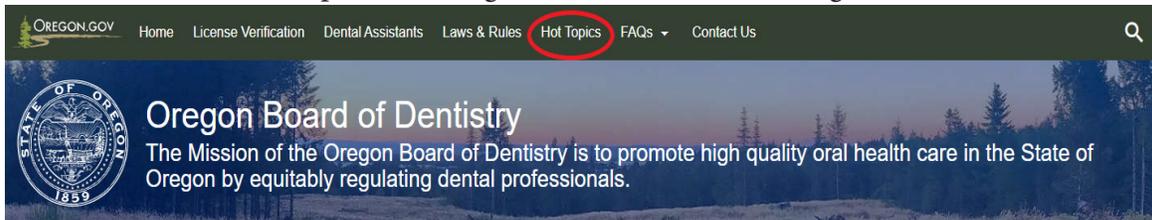
"Every licensee of the Board shall have conspicuously displayed their current license in every office where that licensee practices in plain sight of the licensee's patients."

Please contact the Board if you need additional copies of your license - there is no charge for this service.





The OBD has a new website (www.oregon.gov/dentistry), and a new webpage titled “Hot Topics”. The OBD keeps this page updated with current topics including the most recent rule changes.



Prescription Drug Monitoring Program (PDMP)

In February 2018, legislation was passed along with rules enacted by the Oregon Health Authority requiring all dentists with an active Drug Enforcement Administration (DEA) registration to register with the PDMP.

Expanded Functions Dental Assistants - Placing Retraction Material Subgingivally

- Did you know that dental assistants in Oregon who are EFDA certified, and who have completed a Board Approved course, can place retraction material subgingivally?
- In October 2015, the Oregon Board of Dentistry amended OAR 818-042-0090 Additional Functions of EFDAs to allow EFDAs to place retraction material subgingivally.

- 818-042-0090
- Additional Functions of EFDAs
- Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:
- (1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.
- (2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
- (3) Place retraction material subgingivally.

- If you are interested in your EFDA being able to place retraction material subgingivally, below is the URL to access application forms to become an instructor, as well as a list of instructors who are already approved:

www.oregon.gov/dentistry/Pages/dental-assistants.aspx

HbA1c Testing

At its Board Meeting on December 14, 2018, the Board of Dentistry recognized that it is within the scope of practice for a licensee to perform in-office A1C diabetes screening test for at-risk patients. The Board noted that: a) such testing is not presumed to be the standard of care; and b) for A1C screenings beyond the normal range, licensees should refer patients to a physician for a formal evaluation, diagnosis, and treatment. For information regarding HbA1c testing, the American Dental Association has published a guide to point of care, diabetes testing and reporting:

www.oregon.gov/dentistry/Documents/ADA_Guide_to_Point_of_Care_Diabetes_Testing_and_Reporting.pdf

Dental Hygienists – Silver Nitrate and Silver Diamine Fluoride

Dental hygienists in the State of Oregon can administer and dispense silver diamine fluoride and silver nitrate. Silver nitrate is considered an antimicrobial agent. Pursuant to OAR 818-035-0030(1)(e) a dental hygienist can “Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions”.

Cultural Competence Continuing Education

HB2011 was signed by Governor Brown on May 30, 2019. The OBD is working on drafting new rules related to continuing education which should go into effect in 2020.

The OBD considers cultural competency relevant to the current practice of all licensees, and licensees may use this CE towards their required CE hours.

RECOGNIZING THE DRUG ABUSER

Modus Operandi Often Used by the Drug-Abusing Patient Include:

- Must be seen right away;
- Wants an appointment toward end of office hours;
- Calls or comes in after regular business hours;
- Traveling through town, visiting friends or relatives (not a permanent resident);
- Feigning physical problems, such as abdominal or back pain, kidney stone, or migraine headache in an effort to obtain narcotic drugs;
- Feigning psychological problems, such as anxiety, insomnia, fatigue or depression in an effort to obtain stimulants or depressants;
- States that specific non-narcotic analgesics do not work or that he/she is allergic to them;
- Contends to be a patient of a practitioner who is currently unavailable or will not give the name of a primary or reference physician;
- States that a prescription has been lost or stolen and needs replacing;
- Deceives the practitioner, such as by requesting refills more often than originally prescribed;
- Pressures the practitioner by eliciting sympathy or guilt or by direct threats; Utilizes a child or an elderly person when seeking methylphenidate or pain medication.

What You Should Do When Confronted by a Suspected Drug Abuser:

DO:

- Perform a thorough examination appropriate to the condition.
- Document examination results and questions you asked the patient.
- Request picture I.D. or other I.D. and Social Security number. Photocopy these documents and include in the patient's record.
- Call a previous practitioner, pharmacist or hospital to confirm the patient's story.
- Confirm a telephone number, if provided by the patient.
- Confirm the current address at each visit.
- Write prescriptions for limited quantities.

DON'T:

- "Take their word for it" when you are suspicious.
- Dispense drugs just to get rid of drugseeking patients.
- Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.

Additional information on DEA's Diversion Control Program is available at: www.DEAdiversion.usdoj.gov

ACUTE OPIOID PRESCRIBING GUIDELINES

The Oregon Health Authority

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. 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.

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."

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. ■

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 towards the three hours of CE related to medical emergencies. It may not be counted toward CE required to maintain nitrous oxide or minimal sedation permits.

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.

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:

What type of BLS/CPR certification am I required to maintain while licensed?

Answer: Healthcare Provider Level

The CPR certification standard is the American Heart Association’s BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial CPR course must be a hands-on course; online CPR courses will not be approved by the Board for initial CPR certification: After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal.

***All licensees are required to maintain this certification at all times while licensed, regardless of whether or not you are currently practicing! ***

QUESTION:

When do I need to submit proof of my CE to the Board?

Licensees are required to submit proof of CE upon request of the Board or Board staff. The Board audits approximately 15% of licensees’ CE during each renewal cycle. Additionally, you may be asked to provide proof of your CE in the event that a complaint is filed against you.

OREGON BOARD OF DENTISTRY
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Email:
Information@oregondentistry.org

IT'S THE LAW!

You must notify the OBD within 30 days of any change of address. An online Update Contact Info 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