



## OREGON BOARD OF DENTISTRY PUBLIC RULE MAKING HEARING

Join Zoom Meeting

<https://us02web.zoom.us/j/85480043465?pwd=hJoa7yP5gDeDZ1t1KTRaVY67wGATKu.1>

Meeting ID: 854 8004 3465

Passcode: 557988

Please send any comments or feedback on proposed rule changes to [information@obd.oregon.gov](mailto:information@obd.oregon.gov)

**September 30, 2025 from 12 pm – 12:30 pm**  
(May end early if no one attends or time allotment not needed)

OAR	818-001-0087	Fees
OAR	818-012-0010	Unacceptable Patient Care
OAR	818-035-0025	Prohibited Acts
OAR	818-035-0030	Additional Functions of Dental Hygienists
OAR	818-042-0040	Prohibited Acts
OAR	818-042-0080	Certification – Expanded Function Dental Assistant (EFDA)
OAR	818-042-0096	Local Anesthesia Functions of Dental Assistants
OAR	818-042-0110	Certification – Expanded Function Orthodontic Dental Assistant (EFODA)
OAR	818-042-0113	Certification – Expanded Function Preventive Dental Assistants (EFPDA)
OAR	818-042-0115	Expanded Functions – Certified Anesthesia Dental Assistant

1 **OAR 818-001-0087 Fees**

2  
3 (1) The Board adopts the following fees:

4 (a) Biennial License Fees:

5 (A) Dental — \$4490;

6 (B) Dental — retired — \$0;

7 (C) Dental Faculty — \$4385;

8 (D) Volunteer Dentist — \$0;

9 (E) Dental Hygiene — \$25579;

10 (F) Dental Hygiene — retired — \$0;

11 (G) Volunteer Dental Hygienist — \$0;

12 (H) Dental Therapy - \$25579;

13 (I) Dental Therapy - retired - \$0;

14 (b) Biennial Permits, Endorsements or Certificates:

15 (A) Nitrous Oxide Permit — \$40;

16 (B) Minimal Sedation Permit — \$75;

17 (C) Moderate Sedation Permit — \$75200;

18 (D) Deep Sedation Permit — \$75400;

19 (E) General Anesthesia Permit — \$1400;

20 (F) Radiology — \$75;

21 (G) Expanded Function Dental Assistant — \$50;

22 (H) Expanded Function Orthodontic Assistant — \$50;

23 (I) Instructor Permits — \$40;

24 (J) Dental Hygiene Restorative Functions Endorsement — \$50;

25 (K) Restorative Functions Dental Assistant — \$50;

26 (L) Anesthesia Dental Assistant — \$50;

27 (M) Dental Hygiene, Expanded Practice Permit — \$75;

28 (N) Non-Resident Dental Background Check - \$100.00;

29 (c) Applications for Licensure:

30 (A) Dental — General and Specialty — \$445;

31 (B) Dental Faculty — \$405;

32 (C) Dental Hygiene — \$210;

33 (D) Dental Therapy - \$210;

34 (E) Licensure Without Further Examination — Dental — \$890.

35 (F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820

36 (d) Examinations:

37 (e) Jurisprudence — \$0;

38 (f) Duplicate Wall Certificates — \$50.

39 (2) Fees must be paid at the time of application and are not refundable.

40 (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which  
41 the Board has no legal interest unless the person who made the payment or the person's legal  
42 representative requests a refund in writing within one year of payment to the Board.

43  
44 **OAR 818-042-0080 Certification – Expanded Function Dental Assistant (EFDA)**

45 The Board may certify a dental assistant as an expanded function assistant:

46 (1) By credential in accordance with OAR 818-042-0120, or

47 (2) If the assistant submits a completed application, pays the fee and provides evidence of;

48 (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a  
49 course of instruction in a program accredited by the Commission on Dental Accreditation; or

50 (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic,~~  
51 ~~Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function~~

~~Dental Assistant examination,~~ Oregon Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

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

##### **Certification - Expanded Function Orthodontic Dental Assistant (EFODA)**

The Board may certify a dental assistant as an expanded function orthodontic assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) Completion of an application, payment of fee and satisfactory evidence of:
  - (a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
  - (b) Passage of the ~~Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination,~~ Oregon Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.

#### **OAR 818-042-0113**

##### **Certification — Expanded Function Preventive Dental Assistants (EFPDA)**

The Board may certify a dental assistant as an expanded function preventive dental assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
  - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the

American Dental Association; or  
(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the ~~Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant examination, or the Coronal Polishing (CP) examination,~~ Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

#### **OAR 818-012-0010 Unacceptable Patient Care**

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographic and other imaging are of diagnostic quality.
- (6) Render services which the licensee is not licensed to provide.
- (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (8) Fail to maintain patient records in accordance with OAR 818-012-0070.
- (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
- (12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(14) 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.

(15) Fail to advise a patient of any recognized treatment complications.

(16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.

(17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

#### **OAR 818-035-0025 Prohibited Acts**

A dental hygienist may not:

(1) Diagnose and treatment plan other than for dental hygiene services;

(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;

(3) Extract any tooth;

~~(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);~~

(4) Perform intraoral adjustment of fixed and removable prosthesis or appliances.

(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);

(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;

(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;

(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(9) Place or remove healing caps or healing abutments, except under indirect supervision.

(10) Place implant impression copings, except under indirect supervision.

(11) Any Act in violation of Board statute or rules.

#### **OAR 818-035-0030 Additional Functions of Dental Hygienists**

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

(a) Make preliminary intra-oral and extra-oral examinations and record findings;

(b) Place periodontal dressings;

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;

(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.

(h) Apply temporary soft relines after manufacturer required denture preparation to complete dentures for the purpose of tissue conditioning.

(i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:



- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.
- (3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:
- (a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
- (b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
- (4) Perform extraoral adjustment of fixed and removable prosthesis or appliances.
- (5) A dental hygienist with a local anesthesia endorsement may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s) in Botulinum Toxin Type A, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP). Alternatively, a dental hygienist with a local anesthesia endorsement may meet the requirements of subsection (4) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

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

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

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

- (1~~56~~) Remove teeth or parts of tooth structure.
- (1~~67~~) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
- (1~~78~~) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (1~~89~~) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (~~12~~20) Apply denture relines except as provided in OAR 818-042-0090(2).
- (2~~01~~) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (2~~42~~) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (2~~23~~) Perform periodontal assessment and periodontal probing.
- (2~~34~~) Place or remove healing caps or healing abutments, except under indirect supervision.
- (2~~45~~) Place implant impression copings, except under indirect supervision.
- (2~~56~~) Perform intraoral adjustment of fixed and removable prosthesis or appliances.
- (27) ~~Any a~~Act in violation of Board statute or rules.

#### **OAR 818-042-0096 Local Anesthesia Functions of Dental Assistants**

- (1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
- (2) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant Certificate, and has successfully completed a Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.
- (23) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

#### **OAR 818-042-0115**

##### **Expanded Functions — Certified Anesthesia Dental Assistant**

- (1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:
- (a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.
- (b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.
- (c) Perform phlebotomy for dental procedures in accordance with OAR 818-042-0117.
- (2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.



**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818  
**OREGON BOARD OF DENTISTRY**

**FILED**

08/25/2025 8:57 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: The Board intends to amend rules in the Dental Practice Act.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/10/2025 4:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Stephen Prisby  
971-673-3200  
stephen.prisby@obd.oregon.gov

1500 SW 1st Ave  
Portland, OR 97201

Filed By:  
Stephen Prisby  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 09/30/2025

TIME: 12:00 PM - 12:30 PM

OFFICER: Hearings Officer

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-673-3200

SPECIAL INSTRUCTIONS:

Zoom info on website and contact OBD Staff for any assistance

NEED FOR THE RULE(S)

The OBD regularly updates the Dental Practice Act. The OBD's various committees have met to consider the rule changes brought forward in the rulemaking process.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

The Dental Practice Act, committee meeting minutes and board meeting minutes can all be accessed on the OBD Website or by contacting an OBD staff at 971-673-3200 or at [information@obd.oregon.gov](mailto:information@obd.oregon.gov)

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

This is unknown and challenging for the Board to measure or quantify. Board and Committee members represent diversity in Oregon and were integral in the discussions leading to the proposed rule changes.

FISCAL AND ECONOMIC IMPACT:

The Board anticipates little or no meaningful impact on our Licensees to comply with these proposed rule changes.



COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

The Board anticipates little or no meaningful impact on our Licensees to comply with these proposed rule changes.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Board and Committee members represent diversity in Oregon in practice size, facility type and ownership as well. Small and large business interests are involved in Board rulemaking activities. The professional associations had representation on all committees that helped develop and approve these proposed rule changes.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

818-001-0087, 818-012-0010, 818-035-0025, 818-035-0030, 818-042-0040, 818-042-0080, 818-042-0096, 818-042-0110, 818-042-0113, 818-042-0115

AMEND: 818-001-0087

RULE SUMMARY: Select fees are increasing that were approved by the Oregon Legislature which were included in the OBD's 2025 -2027 Budget.

CHANGES TO RULE:

818-001-0087

Fees ¶¶

(1) The Board adopts the following fees:¶¶

(a) Biennial License Fees:¶¶

(A) Dental -~~\$4490~~;¶¶

(B) Dental - retired - ~~\$0~~;¶¶

(C) Dental Faculty - ~~\$4385~~;¶¶

(D) Volunteer Dentist - ~~\$0~~;¶¶

(E) Dental Hygiene -~~\$25579~~;¶¶

(F) Dental Hygiene - retired - ~~\$0~~;¶¶

(G) Volunteer Dental Hygienist - ~~\$0~~;¶¶

(H) Dental Therapy - ~~\$25579~~;¶¶

(I) Dental Therapy - retired - ~~\$0~~;¶¶

(b) Biennial Permits, Endorsements or Certificates:¶¶

(A) Nitrous Oxide Permit - ~~\$40~~;¶¶

(B) Minimal Sedation Permit - ~~\$75~~;¶¶

(C) Moderate Sedation Permit - ~~\$75200~~;¶¶

(D) Deep Sedation Permit - ~~\$75400~~;¶¶

(E) General Anesthesia Permit - ~~\$1400~~;¶¶

(F) Radiology - ~~\$75~~;¶¶

(G) Expanded Function Dental Assistant - ~~\$50~~;¶¶

(H) Expanded Function Orthodontic Assistant - ~~\$50~~;¶¶

(I) Instructor Permits - ~~\$40~~;¶¶

(J) Dental Hygiene Restorative Functions Endorsement - ~~\$50~~;¶¶

(K) Restorative Functions Dental Assistant - ~~\$50~~;¶¶

(L) Anesthesia Dental Assistant - ~~\$50~~;¶¶

(M) Dental Hygiene, Expanded Practice Permit - ~~\$75~~;¶¶

(N) Non-Resident Dental Background Check - ~~\$100.00~~;¶¶

(c) Applications for Licensure:¶

(A) Dental - General and Specialty - \$445;¶

(B) Dental Faculty - \$405;¶

(C) Dental Hygiene - \$210;¶

(D) Dental Therapy - \$210;¶

(E) Licensure Without Further Examination - Dental - \$890.¶

(F) Licensure Without Further Examination - Dental Hygiene and Dental Therapy - \$820¶

(d) Examinations:¶

(e) Jurisprudence - \$0;¶

(f) Duplicate Wall Certificates - \$50.¶

(2) Fees must be paid at the time of application and are not refundable.¶

(3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200, 680.205, 679.615

AMEND: 818-012-0010

RULE SUMMARY: The rule is being expanded to include reference to storage of medications, injectables and written informed consent prior to administering botox products or dermal fillers.

CHANGES TO RULE:

818-012-0010

Unacceptable Patient Care ¶¶

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:¶¶

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.¶¶
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.¶¶
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.¶¶
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.¶¶
- (5) Fail to ensure radiographic and other imaging are of diagnostic quality.¶¶
- (6) Render services which the licensee is not licensed to provide.¶¶
- (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.¶¶
- (8) Fail to maintain patient records in accordance with OAR 818-012-0070.¶¶
- (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.¶¶
- (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.¶¶
- (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.¶¶
- (12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.¶¶
- (13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶¶
- (14) 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.¶¶
- (15) Fail to advise a patient of any recognized treatment complications.¶¶
- (16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.¶¶
- (17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.140(1)(e), 679.140(4), 680.100

AMEND: 818-035-0025

RULE SUMMARY: The rule is being amended to include procedures and define prohibited practices.

CHANGES TO RULE:

818-035-0025

Prohibited Acts ¶

A dental hygienist may not:¶

- (1) Diagnose and treatment plan other than for dental hygiene services;¶
- (2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035-0065;¶
- (3) Extract any tooth;¶
- (4) ~~Fit or adjust any correctional or~~ Perform intraoral adjustment of fixed and removable prosthetics or appliance except as provided by OAR 818-035-0030(1)(h)s;¶
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);¶
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;¶
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;¶
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- (9) Place or remove healing caps or healing abutments, except under indirect supervision.¶
- (10) Place implant impression copings, except under indirect supervision.¶
- (11) Act in violation of Board statutes or rules.

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.020(1)

AMEND: 818-035-0030

RULE SUMMARY: The rule is being amended to expand the scope of practice to include extraoral procedures and include administering botox related products with training and supervision requirements.

CHANGES TO RULE:

818-035-0030

Additional Functions of Dental Hygienists ¶¶

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:¶¶

(a) Make preliminary intra-oral and extra-oral examinations and record findings;¶¶

(b) Place periodontal dressings;¶¶

(c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;¶¶

(d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;¶¶

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.¶¶

(f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.¶¶

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.¶¶

(h) Apply temporary soft relines after manufacturer required denture preparation to complete dentures for the purpose of tissue conditioning.¶¶

(i) Perform all aspects of teeth whitening procedures.¶¶

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:¶¶

(a) Determine the need for and appropriateness of sealants or fluoride; and¶¶

(b) Apply sealants or fluoride.¶¶

(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist: ¶¶

(a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit. ¶¶

(b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry. ¶¶

(4) Perform extraoral adjustment of fixed and removable prosthesis or appliances.¶¶

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

Statutory/Other Authority: ORS 679, 680

Statutes/Other Implemented: ORS 679.025(2)(j)

AMEND: 818-042-0040

RULE SUMMARY: The rule is being amended to clarify prohibited acts.

CHANGES TO RULE:

818-042-0040

#### Prohibited Acts

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

- (1) Diagnose or plan treatment.¶
- (2) Cut hard or soft tissue.¶
- (3) Any Expanded Function duty (OAR 818-042-0070 and OAR 818-042-0090) or Expanded Orthodontic Function duty (OAR 818-042-0100) or Restorative Functions (OAR 818-042-0095 or Expanded Preventive Duty (OAR 818-042-0113 and OAR 818-042-0114) or Expanded Function Anesthesia (OAR 818-042-0115) without holding the appropriate certification.¶
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.¶
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.¶
- (6) Administer any drug except as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) and as provided in OAR 818-042-0070, OAR 818-042-0090 and OAR 818-042-0115.¶
- (7) Prescribe any drug.¶
- (8) Place periodontal packs.¶
- (9) Start nitrous oxide.¶
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.¶
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.¶
- (12) Use hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.¶
- ~~(13)~~ Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
- ~~(13)~~ Use lasers, except laser-curing lights.¶
- ~~(14)~~ Use air abrasion or air polishing.¶
- ~~(15)~~ Remove teeth or parts of tooth structure.¶
- ~~(16)~~ Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
- (178) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
- ~~(18)~~ Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
- ~~(19)~~ Apply denture relines except as provided in OAR 818-042-0090(2).¶
- ~~(20)~~ Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
- ~~(21)~~ Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
- ~~(22)~~ Perform periodontal assessment and periodontal probing.¶
- ~~(23)~~ Place or remove healing caps or healing abutments, except under indirect supervision.¶
- ~~(24)~~ Place implant impression copings, except under indirect supervision.¶
- ~~(25)~~ Any aPerform intraoral adjustment of fixed and removable prosthesis or appliances.¶
- ~~(26)~~ Act in violation of Board statutes or rules.

Statutory/Other Authority: ORS 680, ORS 679

Statutes/Other Implemented: ORS 679.020, 679.025, 679.250



AMEND: 818-042-0080

RULE SUMMARY: The rule is being amended to clarify criteria for certification.

CHANGES TO RULE:

818-042-0080

Certification - Expanded Function Dental Assistant (EFDA) ¶

The Board may certify a dental assistant as an expanded function assistant:¶

(1) By credential in accordance with OAR 818-042-0120, or¶

(2) If the assistant submits a completed application, pays the fee and provides evidence of:¶

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon ~~Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the~~ Expanded Functions with Infection Control examination, or equivalent successor examination, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assistanting examination, or equivalent successor examinations, administered by the ~~Dental Assisting National Board, Inc. (DANB);~~ or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0096

RULE SUMMARY: The rule is being amended to clarify and expand the criteria to earn this certificate.

CHANGES TO RULE:

818-042-0096

Local Anesthesia Functions of Dental Assistants

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

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

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

Statutory/Other Authority: ORS 679, ORS 679.600

Statutes/Other Implemented: ORS 679.600

AMEND: 818-042-0110

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

CHANGES TO RULE:

818-042-0110

Certification - Expanded Function Orthodontic Dental Assistant (EFODA) ¶¶

The Board may certify a dental assistant as an expanded function orthodontic assistant:¶¶

(1) By credential in accordance with OAR 818-042-0120, or¶¶

(2) Completion of an application, payment of fee and satisfactory evidence of;¶¶

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or¶¶

(b) Passage of the Oregon ~~Basic, Infection Control, Certified Dental Assistant~~ Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examination, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant (COA) or Infection Control Examination, and administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed hand piece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0113

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

CHANGES TO RULE:

818-042-0113

Certification - Expanded Function Preventive Dental Assistants (EFPDA) ¶¶

The Board may certify a dental assistant as an expanded function preventive dental assistant:¶¶

(1) By credential in accordance with OAR 818-042-0120, or¶¶

(2) If the assistant submits a completed application, pays the fee and provides evidence of:¶¶

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶¶

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon ~~Basic or Expanded Functions with Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination;~~ or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assistant (EFDA) examination, or the Coronal Polish (CP) examinationing exam or Coronal Polishing exam, or equivalent successor examinations, administered by the ~~Dental Assisting National Board, Inc. (DANB),~~ or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679

AMEND: 818-042-0115

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

CHANGES TO RULE:

818-042-0115

Expanded Functions - Certified Anesthesia Dental Assistant ¶¶

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:¶¶

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.¶¶

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.¶¶

(c) Perform phlebotomy for dental procedures: in accordance with OAR 818-042-0117.¶¶

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

Statutory/Other Authority: ORS 679

Statutes/Other Implemented: ORS 679.020(1), 679.025(1), 679.250(7)