PUBLIC PACKET

OREGON BOARD OF DENTISTRY

BOARD MEETING
OCTOBER 25, 2024

Oregon
Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

NOTICE OF REGULAR MEETING

PLACE: **BOARD OFFICE & VIRTUAL VIA ZOOM**
DATE: **October 25, 2024**
TIME: **8:00 a.m. – 1:30 p.m.**

Call to Order – Reza J. Sharifi, D.M.D., President **8:00 a.m.**

OPEN SESSION (Zoom option available)
https://us02web.zoom.us/j/88150501291?pwd=4QyWeXrdjPL0vxSXaeZpG1KpNAMNUz.1
Phone # 1-253 205 0468 Meeting ID: 881 5050 1291 Passcode: 520253

Confirm Quorum & Review Agenda
1. Approval of August 23, 2024 Board Meeting Minutes

NEW BUSINESS
2. Association Reports
   - Oregon Dental Association
   - Oregon Dental Hygienists' Association
   - Oregon Dental Assistants Association

3. Committee and Liaison Reports
   - Committee & Liaison Assignments
   - Next Committee Meeting – DAWSAC Nov 13 @ 6 pm Via Zoom

4 Executive Director's Report
   - Board & Staff Updates
   - Public Meetings Law Training – ORS 192.700
   - OBD Budget Report
   - Customer Service Survey
   - Staff Speaking Engagements
   - Dental Hygiene & Dental Therapy License Renewal
   - FY 2024 Annual Performance Progress Report
   - Customer Service Policy
   - Dental Testing and Regulatory Summit
   - 2025 Board Meeting Dates
   - Governor's Expectations of Agency Leaders

5. Unfinished Business and Rules
   - Memo - Public Rulemaking Hearing 9.24.2024
     - Comments received
     - SOS filing – proposed rule changes
   - Request for update regarding OBD to join CRDTS-SRTA as a member state
     - ODHA
     - OIT Dental Hygiene educators
   - OBD Bylaws revised 8.23.2024

Notes:
(1) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Stephen Prisby at (971) 673-3200.
(2) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

6. Correspondence
   - Email from Director Prisby to Oregon Dental Hygiene Program Leaders
   - Closing Report to OBD per ORS 680.210(2)
   - DPA Clarification Request- Can a RDH adjust appliances outside the mouth? What supervision level is required?
   - Amanda Ghattas request for exemption for radiographic proficiency certification requirement

7. Other
   - CSG D/DH Inaugural commission meeting packet. 8.28.2024
   - CSG D/DH commission meeting minutes 8.28.2024
     (next meeting is 1.21.2025)
   - CSG lawsuit – Virginia Board of Dentistry
   - Dr. Terrence Clark – observations from CODA - OHSU School of Dentistry Site Visit

8. Articles & Newsletters (No Action Necessary)
   - AADB Town hall Announcement

EXECUTIVE SESSION **9:15 a.m.**

The Board will meet in Executive Session pursuant to ORS 192.660(2)(f)(h) and (l); ORS 676.165, ORS 676.175(1) and ORS 679.320 to review records exempt from public disclosure, to review confidential materials and investigatory information, and to consult with counsel.

9. Review New Cases Placed on Consent Agenda
10. Review New Case Summary Reports
11. Review Completed Investigative Reports
12. Previous Cases Requiring Further Board Consideration
13. Compliance & Monitoring
14. Licensing and Examination Issues
15. Consult with Counsel

LUNCH **11:30 a.m.**

OPEN SESSION **12:45 p.m.**
(Zoom option available)
https://us02web.zoom.us/j/88150501291?pwd=4QyWeXrdjPL0vxSXaeZpG1KpNAMNUz.1
Phone # 1-253 205 0468 Meeting ID: 881 5050 1291 Passcode: 520253

Enforcement Actions (vote on cases reviewed in Executive Session)
LICENSURE AND EXAMINATION
16. Ratification of Licenses Issued
17. License and Examination Issues
    - Request for reinstatement of expired license for Peter Ma, DMD
    - Request for reinstatement of expired license for Alisa Stephenson, RDH

The December 13, 2024 Board Meeting will only be conducted virtually (not in person).

ADJOURN **1:30 p.m.**

Notes:
(1) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Stephen Prisby at (971) 673-3200.
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APPROVAL OF MINUTES

DRAFT

OREGON BOARD OF DENTISTRY
MINUTES
AUGUST 23, 2024

MEMBERS PRESENT: Reza Sharifi, D.M.D., President
Aarati Kalluri, D.D.S., Vice President
Sheena Kansal, D.D.S.
Terrence Clark, D.M.D
Michelle Aldrich, D.M.D.
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H., E.P.P.
Ginny Jorgensen
Chip Dunn

STAFF PRESENT: Stephen Prisby, Executive Director
Angela Smorra, D.M.D., Dental Director/ Chief Investigator
Winthrop "Bernie" Carter, D.D.S., Dental Investigator
Haley Robinson, Office Manager
Kathleen McNeal, Licensing Manager
Shane Rubio, Investigator
Gabriel Kubik, Investigator
Dawn Dreasher, Office Specialist

ALSO PRESENT: Joanna Tucker Davis, Assistant Attorney General

VISITORS ALSO PRESENT:
VIA TELECONFERENCE*: Mary Harrison, Oregon Dental Assistants Association; Brett Hamilton, ODA; Lisa Rowley, Oregon Dental Hygienist Association (ODHA); Julie Spaniel, D.D.S.; Jenna Shanks, R.D.H.

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

Call to Order: The meeting was called to order by the President at 8:00 a.m.

President Reza Sharifi welcomed everyone to the meeting and then read the Mission Statement as follows:

> The mission of the Oregon Board of Dentistry is to promote quality oral health care and to protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Dr. Sharifi had the Board Members, Joanna Tucker Davis, and Stephen Prisby introduce themselves.

Mr. Prisby noted one excused absence for Board member Sharity Ludwig, RDH.

NEW BUSINESS

Approval of June 14, 2024 Minutes

Dr. Kansal moved and Mr. Dunn seconded that the Board approve the minutes from the June 14, 2024 Board Meeting as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Brett Hamilton, director of ODA Government Affairs, announced the hiring of the ODA's new Dental Director, Dr. Farag**,** who will start on September 3, 2024. Mr. Hamilton announced ODA's House of Delegates on September 28, 2024 and ODA's regional event at Brasada Ranch on November 1-2, 2024. Mr. Hamilton reported that ODA continues to work with the Oregon Health Authority (OHA) about dental rates and methodology, and that ODA is participating in the rewrite of the dental service rules for OHA. Mr. Hamilton reported that ODA is working with coordinated care organizations (CCOs) as they review new contracts in 2025. Mr. Hamilton urged the Board to adopt the proposed changes to the initial and renewal applications.

Oregon Dental Hygienists' Association (ODHA)

Lisa Rowley, Advocacy Director of ODHA, announced that Jessica August, Dental Sciences Dean for the Portland Community College, has been elected Vice President of the American Dental Hygienist Association (ADHA), their national association.

Ms. Rowley announced that two new dental hygiene education programs in Oregon have received initial accreditation from the Commission on Dental Accreditation (CODA). They are Concord Career College in NE Portland and Rogue Community College in Medford, Oregon. Ms. Rowley explained that Rogue Community College also had an existing program that they are in the process of having accredited.

Ms. Rowley announced that the 2024 Oregon Dental Hygiene Conference will be held Friday and Saturday, November 1-2, at the Salem Convention Center.

Ms. Rowley directed the Board's attention to two letters attached to the meeting packet, a letter from ODHA and a letter from an Oregon dental hygiene program directors, both in support of the OBD becoming a member of the Central Regional Dental Testing Services (CRDTS). Ms. Rowley noted that there are currently six dental hygiene education programs in Oregon, and five of the six programs host CRDTS clinical board examinations. If the Board becomes a member of CRDTS, the Board would be able to appoint one representative to serve on the CRDTS Steering Committee. Ms. Rowley added that dentists and dental hygienists who are licensed in Oregon could become examiners for CRDTS clinical board examinations.

Oregon Dental Assistants Association (ODAA)

Mary Harrison, representative of ODAA, reported that she met with ODA and presented ODAA's webpage, which she explained contained links to various information and will be an excellent resource for everyone. Ms. Harrison announced that ODAA will be meeting with the Lab Association and Hygiene Association this fall. Ms. Harrison reported that ODAA continues to have online courses for relines and sealants. Ms. Harrison announced that the American Dental

Assistants Association is holding their 100th anniversary in Dallas, Texas.

Mr. Prisby addressed the issue of OBD becoming a member of CRDTS by reminding everyone that the issue was on the June 14, 2024 Agenda, and that the Board decided to have DOJ review the bylaws and provide guidance. Mr. Prisby explained that the issue was not on the agenda today because CRDTS was having a concurrent meeting. Mr. Prisby also noted that CRDTS announced they intend to merge with States Resources for Testing and Assessments (SRTA). Mr. Prisby suggested the Board wait for DOJ's assessment and the CRDTS-SRTA merger before deliberating whether the Board will join it.

COMMITTEE AND LIAISON REPORTS

Dr. Sharifi reported that the OBD's committee and liaison assignments for May 2024 - April 2025 was available on the OBD website and noted that the assignments were attached for informational purposes.

Dr. Sharifi reported that he chaired the Rules Oversight Committee Meeting on August 6, 2024. Dr. Sharifi stated that the committee wanted to move the rule changes forward to the Board to review, approve and send to a public rulemaking hearing, but that there were two rules regarding the changing of testing names that needed staff review and DOJ guidance.

Mr. Prisby recommended the Board move the rules forward to public rulemaking processes with one amendment on Page 63 in the packet, wherein the word "radiographs" would be replaced with "radiographic" to comport with the Current Dental Terminology (CDT) code book. Mr. Prisby also asked the Board to vote on the timeline for rulemaking, wherein the issue would be submitted to the Secretary of State (SOS) before their August 30, 2024 deadline. Mr. Prisby suggested the Board have public comments open from September 1, 2024 to October 11, 2024 and set the public rulemaking hearing via Zoom on September 9, 2024. Mr. Prisby further suggested that the Board consider the comments and rule changes officially at the October 25, 2024 Board meeting and put the rule changes in effect on January 1, 2025.

Dr. Sharifi moved and Mr. Dunn seconded that the Board move OARs recommended from August 6, 2024 Rules Oversight Committee as discussed, to Rulemaking Hearing and timeline for rulemaking as presented by Director Prisby. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

Ms. Jorgensen reported that she chaired the DAWSAC meeting on July 17, 2024. Ms. Jorgensen noted that the minutes of that meeting were attached for informational purposes. Ms. Jorgensen reported that Lynn Murray, director of the Central Oregon Dental Assistants Program, provided the results of a study showing an actual percentage of the production added to a dental office with an Expanded Practice Dental Assistant (EFDA). Ms. Jorgensen reported that Ms. Murray also provided information about the process of becoming a dental assistant and how to finance the training, which was shared with the ODAA. Ms. Jorgensen reported that Jill Lomax, Director of the Chemeketa Dental Assisting Program, provided questions to the Board regarding HB 3223. Ms. Jorgensen reported that Alexandria Case from OHSU Continuing Education Department provided information in support of dental assistants being registered in Oregon. Ms. Jorgensen reported that the committee voted to recommend that the Board move the effective date of HB 3223 to July 1, 2026.

The Board discussed the issues related to HB 3223. Mr. Prisby suggested inviting Dental

Assisting National Board (DANB) representatives to the October 25, 2024 Board meeting.

Dr. Sharifi moved and Dr. Kalluri seconded that Director Prisby contact the Governor's Office in support of the July 17, 2024 DAWSAC Committee's recommendation that HB 3223 effective date be amended to be July 1, 2026 not July 1, 2025. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

Dr. Sharifi reported that ADEX sent the OBD a request for an OBD District 2 Dental Hygiene Representative and noted that the request was attached for informational purposes. Ms. Simmons recommended the Board's support for her nomination to the position.

Dr. Sharifi moved and Dr. Clark seconded that the Board approve Kristen Simmons, RDH as OBD's DH ADEX Representative. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

EXECUTIVE DIRECTOR'S REPORT

OBD Budget Status Report

Mr. Prisby presented the attached budget report for the 2023 - 2025 Biennium. Mr. Prisby explained that this report, which is from July 1, 2023 through June 30, 2024, showed revenue of $2,040,949.61 and expenditures of $1,865,171.70. **Attachment #1**

OBD 2025 – 2027 Budget - Agency Request Budget Policy Option Packages

Mr. Prisby reported that the OBD's Agency Request 2025-2027 Budget has been completed with Policy Option Packages (attached). Mr. Prisby pointed out that this is one of many steps in the budget development process and the agency budget document was due and delivered to the DAS CFO on time on July 31. Mr. Prisby reported that the Agency Request Budget 146-page document is posted on the OBD website, and that he notified all Board Members on how to access it on the website. Mr. Prisby explained that due to its size, it is not in this meeting packet. **Attachment #2**

Mr. Prisby reported on Lease negotiations for OBD office space. Mr. Prisby noted that he previously requested DAS Real Estate Services to attempt to renegotiate and lower OBD's monthly lease costs. Mr. Prisby reported that a proposal has been tentatively agreed to that will lower our lease costs approximately $44,000 over the next two years beginning Sept 2024 and slightly increase OBD's monthly costs approximately $850/month beginning in Sept 2026.

Mr. Dunn moved and Dr. Salathe seconded that the Board approve the modification to the Lease as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

OBD Gold Star Certificates for FY 2022 & FY 2023

Mr. Prisby stated that the DAS CFO Gold Star Certificate is awarded to state agencies that provide accurate and complete fiscal year end information in a timely manner. Mr. Prisby announced the OBD has achieved this, from the records he reviewed, for the past 16 years. Mr. Prisby recognized Haley Robinson for her work in achieving the goals of this award. **Attachment #3**

Customer Service Survey – FY 2024

Mr. Prisby presented the attached legislatively mandated survey results for FY 2024, which is July 1, 2023 – June 30, 2024. Mr. Prisby stated that the results of the survey show that the OBD

received positive ratings from the majority of those that submitted a survey. Mr. Prisby recognized OBD staff for their efforts to provide excellent customer service. **Attachment #4**

Dental Hygiene & Dental Therapy License Renewal

Mr. Prisby reported that the license renewal period started on July 8, 2024 and ends on September 30, 2024, and that it is progressing well. Mr. Prisby gave a heartfelt reminder that audits of Continuing Education are planned to be conducted after the renewal period closes, as OBD had done for the dentists who renewed their licenses earlier in the year. Mr. Prisby explained that the audits will commence in October on a select number of those that renewed their licenses. Mr. Prisby noted that the Board has audited licensees for compliance with Continuing Education requirements since 1999.

Governor's Expectations of Agency Leaders – OBD Snapshot of Performance

Mr. Prisby presented the update below:

	Complete	In Progress	Not Applicable	notes
Executive Director Performance Review	X			
Strategic Planning	X			
Managing IT Processes			X	For agencies over 50 FTE
Performance Feedback for Employees	X			Quarterly Check Ins
Measuring Employee Satisfaction		X		DAS
Diversity, Equity and Inclusion Plan	X			
Agency Emergency Preparedness	X			
Agency Hiring Practices	X			
Audit Accountability			X	No Audits to address
New Employee Orientation Updates		X		DAS
Uplift Oregon Benefits Workshop	X			
Intro Manager Training			X	No new managers
Customer Service Training		X		DAS

Agency Head Financial Transactions FY 2024 Report (July 1, 2023 – June 30, 2024)

Mr. Prisby stated Board Policy requires that annually the entire Board review agency head financial transactions for the last Fiscal Year and that acceptance of the report be recorded in the minutes. Mr. Prisby requested that the Board review and, if there are no objections, approve this report, which follows the close of the recent fiscal year. Mr. Prisby offered to answer any questions regarding this report.

Dr. Sharifi moved and Dr. Kansal seconded that the Board approve the agency head FY 2024 financial transactions report. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

License Compact Review

Mr. Prisby summarized issues and concerns regarding implementation and the OBD joining a license compact. Mr. Prisby announced that the CSG's inaugural license compact meeting is scheduled for August 28, 2024. Mr. Prisby announced that he plans to attend the meeting and present the meeting packet and an update at the October 25, 2024 Board meeting. Mr. Prisby stated that he intends to discuss the compact during his next meeting with the Governor's policy advisor. The Board briefly discussed compact issues. **Attachment #7**

2025 Revised Board Meeting Dates & Draft Agenda

Mr. Prisby presented the updated 2025 Board Meeting dates for the Board to consider for next year. Mr. Prisby proposed additional virtual meetings to be proactive and anticipate a busy 2025 legislative session. Mr. Prisby noted that these short 1-hour virtual meetings may be cancelled if not needed. Mr. Prisby pointed out that a draft agenda for the short virtual meetings was included as well. Mr. Prisby thanked the Board for reviewing the agenda and welcomed any questions. The Board briefly discussed the additional virtual meetings. **Attachment #8**

Dr. Kalluri moved and Ms. Jorgensen seconded that the Board approve revised OBD 2025 Board Meeting Dates as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

Board Best Practices Self-Assessment & Score Card

Mr. Prisby stated that as a part of the legislatively approved Performance Measures, the Board needed to affirm or not, that the Best Practices have been completed for the fiscal year. Mr. Prisby explained that the Self-Assessment Score Card is utilized to memorialize this, so that it can be included as a part of the FY 2024 annual progress report. Mr. Prisby announced that he will provide the FY 2024 annual progress report at the October 25, 2024, Board Meeting. **Attachment #6**

Dr. Kalluri moved and Ms. Jorgensen seconded that the Board reviewed and agreed that all 15 board best practices are in compliance on self-assessment score card. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

Tribe-State Government Summit

Mr. Prisby reported that he attended the Tribe-State Government Summit in Canyonville July 23-24, 2024 and enjoyed the Governor's remarks, connecting with the attendees and sharing OBD updates on dental therapy. Mr. Prisby noted that he attached the meeting agenda. **Attachment #9**

UNFINISHED BUSINESS AND RULES

Dr. Sharifi presented the July 30, 2024 draft Oral Health Screening language for Board discussion. Dr. Smorra reported on public feedback on the proposed language.

Dr. Sharifi moved and Mr. Dunn seconded that the Board approve the updated Oral Health Screening language as presented to allow two options when it is utilized. The motion passed with

RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

CORRESPONDENCE

- June 14, 2024 Letter from Oregon Society of Oral and Maxillofacial Surgeons re Substance Abuse Application Questions.
- July 3, 2024 Email from Paula Russell sharing Oregon Tech Dental Hygiene Program's request for comments regarding DH accreditation. Dr. Clark confirmed that he is scheduled for the OHSU accreditation visit in October, 2024.
- August 5, 2024 Email from Mary Harrison regarding HB 3223. Ms. Harrison clarified that it was a letter from her, personally, and not from the ODAA.
- August 11, 2024 Email from Jenna Shanks asking the Board to authorize RDHs to administer Botox and dermal fillers under the indirect supervision of a dentist. Ms. Shanks presented comments, and the Board discussed issues regarding Botox and dermal fillers.

Dr. Clark moved and Ms. Simmons seconded that the Board move the issue of dental hygienists administering Botox and dermal fillers to the December 13, 2024 Board meeting for further discussion. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

OTHER

Items were in the Board meeting packet for informational purposes.

- Request to Update Mental Health Questions. The Board discussed the issues related to updating the application and renewal questions regarding mental health.

Dr. Clark moved and Dr. Kansal seconded to revisit updating application/license renewal questions with new language which addresses mental health issues. The motion passed with RS, AK, SK, TC, MA, KS and CD voting Aye and OS and GJ voting Nay.

- OHA – Mandatory Questionnaire all Licensees complete when they renew their license.
- Radiation Protection Services – RAC Meeting PowerPoint Presentation June 2024.
- OGECA – Public Rulemaking
- CGS D/DH inaugural license compact commission meeting agenda.
- The Board discussed what level of certified dental assistant would be eligible for OAGD IV Placement Certification and Techniques.

Dr. Sharifi moved and Ms. Simmons seconded that the Board approve the OAGD IV Placement Certification and Techniques for the collection of blood products for dental assistants. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

- Tribes – Open Comment Period (none received)
- Open Public Comment Period

ARTICLES AND NEWS

- General Announcement regarding Oregon Wellness Program Changes
- American Dental Therapy Association – news & meeting
- OHA hires new Dental Director
- OHA Strategic Plan Summary

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS

192.606 (1)(2)(f), (h) and (L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

OPEN SESSION: The Board returned to Open Session at 12:40 p.m.

Note the Board Members' votes are identified by their initials.

CONSENT AGENDA
2025-0002, 2025-0007, 2025-0018, 2025-0022, 2025-0012, 2025-0021, 2025-0016

Dr. Kalluri moved and Dr. Sharifi seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

COMPLETED CASES
2024-0093, 2024-0169, 2024-0002, 2025-0005, 2024-0156, 2024-0115, 2024-0116, 2024-0114, 2024-0144, 2024-0099, 2024-0163, 2024-0059, 2024-0119, 2024-0081, 2024-0138, 2024-0177, 2024-0151, 2024-0159, 2024-0173, 2024-0087, 2024-0064, 2024-0063, 2024-0157, 2024-0154, 2025-0001, 2024-0069, 2024-0142, 2023-0175, 2024-0175, 2024-0091, 2024-0135, 2024-0078, 2024-0076

Dr. Kalluri moved and Mr. Dunn seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0170
Mr. Dunn moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding the Licensee to complete all CE within the Licensure period. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

GABRIELA ARANDA, D.D.S.; 2024-0158
Dr. Kansal moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

MARK S. AUSTIN, D.D.S.; 2024-0150
Dr. Clark moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $1,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

KEITH M. BRANNEN, D.M.D.; 2024-0167
Dr. Salathe moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $3,000.00 civil penalty to be paid within 60 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0058
Ms. Jorgensen moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that all CE is completed within the Licensure period. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

EDARIZ C. CASTILLA, D.D.S; 2024-0146
Ms. Simmons moved and Dr. Salathe seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order to incorporate a reprimand and a $1,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

ESTHER J. CHUNG, D.D.S.; 2024-0161
Dr. Aldrich moved and Mr. Dunn seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

JEFFREY P. DEWEY, D.D.S.; 2024-0145
Mr. Dunn moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a $6,000.00 civil penalty to be paid within 90 days of the effective date of the Order, and complete the outstanding balance of continuing education for the April 1, 2020 to March 31, 2022 licensure period within 60 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

KATHERINE M. GRAHAM, D.M.D.; 2024-0148
Dr. Kansal moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $1,500 civil penalty to be paid within 30 days of the effective date of the order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

ROBIN Y. KWON, D.D.S.; 2024-0040
Dr. Clark moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0089
Dr. Salathe moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure he provides duplicates of diagnostic records to patients, or patient guardians, within 14 calendar days of receipt of written request. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0029
Ms. Jorgensen moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he always documents that he completed review of the patient's current medical history, and documents such, especially for patients having extractions completed; that he documents his radiographic findings; and that he discusses

possible adverse wound healing surgical outcomes with patients who are HIV+ and who are smokers. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0166
Ms. Simmons moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding the Licensee to complete all required continuing education on time. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0171
Dr. Aldrich moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding the Licensee to ensure that all required CE is completed within the Licensure period. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

KHUYEN T. NGUYEN, D.M.D.; 2024-0023
Mr. Dunn moved and Dr. Kansal seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a $2,000 civil penalty, payable within 60 days of the effective date of the Order; and a requirement that for 24 months from the effective date of the Order the Licensee will provide patient schedules, chart notes, and referrals, when requested by the Board. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

ARIELLE A. PEARSON, D.M.D.; 2024-0168
Dr. Kansal moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $1,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0149
Dr. Clark moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding the Licensee to ensure that a Healthcare Provider BLS Certification is maintained while licensed. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

JOHN C. SCHILT D.D.S.; 2024-0152
Dr. Salathe moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a $2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0147
Ms. Jorgensen moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to ensure that a Healthcare Provider BLS Certification is maintained while licensed. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0020
Ms. Simmons moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that he documents radiographic findings, and documents the strength of the local anesthetic administered, the name and strength of the

vasoconstrictor used with local anesthetics. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0014
Dr. Aldrich moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that he documents in the patient treatment record notes the escort's name when performing procedures with sedated patients, and that he documents in the patient treatment record notes that he has given the patient implant specification in writing. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0176
Mr. Dunn moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding the Licensee to ensure all required CE is completed within the Licensure period. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0107
Dr. Kansal moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure that he documents patient contact information, specifically telephone numbers, on completed referral forms to subsequent treating healthcare providers. The motion passed with RS, AK, SK, TC, OS, KS, GJ and CD voting Aye and Dr. Aldrich recused herself.

ANDREW S. TOMS, D.D.S.; 2024-0101
Dr. Clark moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and four hours of Board approved continuing education in the area of patient dental record documentation within 30 days from the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

PREVIOUS CASES REQUIRING BOARD ACTION

2021-0166
Dr. Salathe moved and Dr. Kalluri seconded that the Board grant the Licensee's request for early completion of HPSP. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

2024-0001
Ms. Jorgensen moved and Dr. Kansal seconded that the Board reaffirm the previous Board decision and deny the request for a written summary of the investigative work product. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

THALIA-RAE PERRYMAN (CRIDDLE), D.M.D.; 2023-0191
Ms. Simmons moved and Mr. Dunn seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand and a $2,000.00 civil penalty to be paid within 30 days of the effective date of the Order. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

RATIFICATION OF LICENSES

Dr. Aldrich moved and Dr. Kalluri seconded that the Board ratify the licenses presented in tab 16.

The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

BOARD REVISED BYLAWS FOR CONSIDERATION

Mr. Dunn moved and Dr. Sharifi seconded that the Board approve the revised OBD Bylaws as presented. The motion passed with RS, AK, SK, TC, MA, OS, KS, GJ and CD voting Aye.

OREGON GOVERNMENT ETHICS COMMISSION

OGEC Chapter 244 ethics training commenced training as requested by Director Prisby. A full recording of the training is available on the OBD website.

ADJOURNMENT

The meeting was adjourned at 3:21 p.m. Dr. Sharifi stated that the next Board meeting would take place on October 25, 2024.

_____

Reza J. Sharifi, D.M.D., President
President

ASSOCIATION REPORTS

COMMITTEE REPORTS

Oregon Board of Dentistry Committee and Liaison Assignments
May 2024 - April 2025
STANDING COMMITTEES

Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)

Purpose: To review, discuss and make recommendations to the Board on addressing workforce shortages in accordance with HB 3223 (2023).

Committee:
Terrence Clark, D.M.D., Co-Chair
Ginny Jorgensen, Co-Chair
Amberena Fairlee, D.M.D., ODA Rep
Laura Vanderwerf R.D.H., ODHA Rep
Kari Hiatt, ODAA Rep.
Kari Kuntzelman, DT, DT Rep
Gail Wilkerson
Alyssa Kobylinsky
Lynn Murray
Terri Dean
Alexandria Case
Jessica Andrews
Amanda Nash

Licensing, Standards and Competency

Purpose: To improve licensing programs and assure competency of licensees and applicants.

Committee:
Sheena Kansal, D.D.S., Chair
Terrence Clark, D.M.D.
Sharity Ludwig, R.D.H.
Chip Dunn
Julie Spaniel, D.D.S., ODA Rep.
Heidi Klobes, R.D.H., ODHA Rep.
Jill Lomax, ODAA Rep.
.Kristen Moses, R.D.H., DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules.

Committee:
Reza Sharifi, D.M.D., Chair
Aarati Kalluri, D.D.S.
Olesya Salathe, D.M.D.
Kristen Simmons, R.D.H.
Ginny Jorgensen
Philip Marucha, D.D.S., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Alexandria Jones, DT Rep.

Dental Therapy Rules Oversight

Purpose: To draft, refine and update dental therapy rules.

Committee:
Sheena Kansal, D.D.S., Chair
Kristen Simmons, R.D.H.

Ginny Jorgensen
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.
Amy Coplen, R.D.H., ODHA Rep.
Bonnie Marshall, ODAA Rep.
Wilbur Rodriguez, DT Rep.
Kari Kuntzelman, DT Rep.
Miranda Davis, D.D.S., DT Rep.

Communications

Purpose: To enhance communications to all constituencies.

Committee:
Michelle Aldrich, D.M.D., Chair
Aarati Kalluri, D.D.S.
Olesya Salathe, D.M.D.
Alayna Schoblaske, D.M.D., ODA Rep.
Alicia Riedman, R.D.H., ODHA Rep.
Linda Kihs, ODAA Rep.
Jason Mecum, DT Rep.

Dental Hygiene

Purpose: To review issues related to Dental Hygiene.

Committee:
Sharity Ludwig, R.D.H, Chair
Kristen Simmons, R.D.H.
Sheena Kansal, D.D.S.
David J. Dowsett, D.M.D., ODA Rep.
Daniel Tovar, R.D.H., ODHA Rep.
Bonnie Marshall, ODAA Rep.
Mark Kobylinsky, R.D.H., DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process.

Committee:
Terrence Clark, D.M.D., Chair
Kristen Simmons, R.D.H.
Chip Dunn
Jason Bajuscak, D.M.D., ODA Rep
Jill Mason R.D.H., ODHA Rep.
Mary Harrison, ODAA Rep.
Yadira Martinez, R.D.H., DT Rep.

Anesthesia

Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.

Committee:
Reza Sharifi, D.M.D., Chair
Sheena Kansal, D.D.S.
Julie Ann Smith, D.D.S., M.D.
Brandon Schwindt, D.M.D.
Mark Mutschler, D.D.S.
Normund Auzins, D.M.D.
Ryan Allred, D.M.D.

Jay Wylam, D.M.D.
Michael Doherty, D.D.S.
Eric Downey, D.D.S

Administrative Workgroup

Purpose: To consult with Executive Director on administrative issues as needed.

Committee:

Reza Sharifi, D.M.D., Chair
Sharity Ludwig, R.D.H
Chip Dunn

LIAISONS

Stephen Prisby, Executive Director and current OBD Board Members choose assignments and interest in other entities as they arise.
American Assoc. of Dental Administrators (AADA)
American Assoc. of Dental Boards (AADB)
American Board of Dental Examiners (ADEX)
CDCA WREB CITA
CRDTS
CSG

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT

October 25, 2024

Board & Staff Updates

The OBD welcomed Dawn Dreasher as our new Office Specialist on August 19, 2024. Dawn graduated from the University of Colorado with a BA in Philosophy. At law firms in Chicago and Denver, she served as a legal assistant in the areas of real estate and civil litigation. She also brings to the OBD her experience as an executive assistant in the reinsurance industry. She spent many years as a youth mentor in the BSA scouting program and continues to enjoy exploring the beautiful Pacific Northwest wilderness with her husband and two adult children.

The Board will have openings in spring 2025. Mr. Chip Dunn will have served two terms (8 years), and is due to complete his second term of service on March 31, 2025. He joined the Board on May 3, 2017. The Board has begun soliciting interest for this Public Board Member Position.

Dr. Aarati Kalluri's term of service will end on March 31, 2025. Dr. Sheena Kansal's term of service will end April 18, 2025. Both are eligible for another term of service. Both have indicated a willingness to serve another term. I conveyed that information to the Governor's Office.

I attached a document to provide an overview of board service. I am happy to answer any questions about board service and the steps in the process to joining the OBD as a board member. It also includes the description of the two mandatory trainings all board members must complete annually. **Attachment #1**

Public Meetings Law Training for Board and Commission Members

(Wednesday, December 4th from 9:30 am to 12:00 pm) This online training session is designed for individual governing body members that are subject to Oregon Public Meetings Law, and the public officials who help support the meeting and governing body members. This session satisfies the Public Meetings Law training requirement in ORS 192.700. The course content will cover the individual responsibilities of governing body members, how the statutes apply to convening a public meeting, a general overview of executive session provisions, and a look at the grievance process. This session is two and a half hours. I will send the link to this meeting to all board members. I will plan to attend as well.

ORS 192.700 Annual training requirements.

(1)(a) The Oregon Government Ethics Commission shall annually prepare training on the requirements of ORS 192.610 to 192.705 and best practices to enhance compliance with those requirements. The commission may delegate the preparation and presentation of trainings to another organization, except that the commission must approve the content of training prepared by another organization prior to presentation of the training.

(b) At the discretion of the commission, trainings prepared under this section may be presented in live sessions or be made available for viewing online. Training sessions may be presented to multiple governing bodies at any one time and may be presented in a prerecorded format.

(2)(a) Every member of a governing body of a public body with total expenditures for a fiscal year of $1 million or more shall attend or view training prepared under this section at least once during the member's term of office and shall verify the member's attendance using the method prescribed by the commission.

(b) A member of a governing body who, under paragraph (a) of this subsection, is not required to attend training is nevertheless encouraged to attend training given under this section.

(3) The commission shall, at least once every five years, adjust the expenditure threshold for mandatory training described in subsection (2)(a) of this section to account for changes in inflation and shall by rule establish a new threshold, rounded to the nearest $100,000, for mandatory training attendance under this section.

(4) This section does not apply to governing bodies of state government, as defined in ORS 174.111. [2023 c.417 §3]

OBD Budget Report

Attached is the budget report for the 2023 – 2025 Biennium. This report, which is from July 1, 2023 through August 31, 2024 shows revenue of $2,394,793.41, and expenditures of $2,131,759.89. **Attachment #2**

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2024 – September 30, 2024, which is the start of FY 2025. The results of the survey show that the OBD received positive ratings from the majority of those that chose to submit a survey. **Attachment #3**

Staff Speaking Engagements

I joined other health regulatory licensing board executive directors to give a brief overview of OBD licensing and other activities to the OHA's Health Care Workforce Committee Zoom Meeting on September 11, 2024.

I was invited and presented to the House Interim Committee On Behavioral Health and Health Care during Legislative Days in Salem on September 23, 2024 with other health board executive directors. The executive directors were asked specific questions about licensing activities and also to share feedback on license compacts that are operating nationwide for many different types of healthcare practitioners. **Attachment #4**

Dr. Angela Smorra gave a "Record Keeping, Board Protocols, and OBD Update" presentation to the Marion Dental Research Group Study Club in Salem on October 16, 2024.

I was contacted by KFF Health News/CBS regarding the Board's dental implant rules, dental implant CE and patient protection for a news story they are planning later this year. I was interviewed via Zoom on September 18, 2024. **Attachment #5**

Dental Hygiene & Dental Therapy License Renewal

The renewal period started on August 1st and ended September 30th.

- Preliminary Dental Therapy license renewal shows **8 renewed** (2 let their DT license expire)
- Preliminary Dental Hygiene license renewal shows **1918 Renewed for 2024.**

Past Years:

- In 2023 1908
- In 2022 1884
- In 2021 1888
- In 2020 1948
- In 2019 1946
- In 2018 1954

FY 2024 Annual Performance Progress Report
Attached is the OBD's FY 2024 Annual Performance Progress Report which was submitted to DAS and the Legislative Fiscal Office before the due date. Most state agencies are required to complete this report annually. **Attachment #6**

OBD Customer Service Policy
DAS directed all agencies to develop an internal customer service policy which aligns with the Governor's expectations of all agencies to focus on our customers. OBD Staff have reviewed the directive and a draft policy will be available to the Board at the December board meeting and sent to DAS by the end of the year. **Attachment #7**

Dental Testing and Regulatory Summit
The American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB), ADEX, CDCA-WREB-CITA and educators multi-day meeting fest, was held in Louisville, Kentucky, September 24 - 29, 2024. This is the first time all these organizations held all their meetings in concert, so that attendees could attend in the most economical way. Attached are meeting programs and agendas from those organizations. It was well attended with participants from all over the US and five past OBD Board Members also attended the summit. **Attachment #8**

2025 Board Meeting Dates
The Board approved the updated meeting dates at the August Board Meeting. There will be five one-hour virtual meetings along with the six regular board meetings in 2025. Any virtual meetings may be cancelled if there is no need to conduct it. **Attachment #9**

Governor's Expectations of Agency Leaders
In January 2023, Governor Kotek sent a letter to state agencies outlining 11 specific expectations for operations in Oregon state government. The purpose of this report is to update Governor Kotek on progress made in meeting expectations in the second quarter of 2024. This is the sixth quarterly report the Department of Administrative Services (DAS) has produced on this topic. The first five reports are available on the DAS Strategic Initiatives and Enterprise Accountability website. This report focuses on six of the 11 measures. The focus of these measures is to provide detail about the structure that has been put in place to support agencies, what agencies have done to meet the expectations, and some preliminary data on outcomes. References to the OBD have been highlighted in the report on pages #17, 20, 22 & 24. **Attachment #10**

Thank you for your interest in becoming an Oregon Board of Dentistry (OBD) Board Member. Volunteers like you are crucial to the foundation of a government duly represented by its citizens.

A Board term of service is four years. Board members may serve two terms. The Governor appoints the Board member and the Senate confirms them. The Governor's office will review and consider the applicant's geographic location, ethnic background, diversity, disciplinary history (if any) and other factors important to the Governor.

- An Oregon licensed Dentist, who resides in Oregon, may apply for a dentist position on the Board.
- An Oregon licensed Dental Hygienist, who resides in Oregon, may apply for a dental hygienist position on the Board.
- Any interested Oregon citizen may apply for a public position on the Board.

An OBD Board Member is actively involved, within the context of the agency's regulatory governance model, policy-making, strategic planning, and oversight responsibilities necessary for the success and well-being of the OBD, consumers, Licensees and other stakeholders.

Requirements:

- Commitment to the mission of the OBD and willing to actively seek information that helps guide discussions and decisions regarding achievement of the mission.
- Commitment to complete training and professional development required by State of Oregon.
- Understanding and acceptance of the OBD's legal, fiscal and ethical responsibilities to OBD and Oregon. A Board Member is a public official and subject to transparency and ethics requirements.
- Maintain the confidentiality of relevant investigatory information and other private records.
- Active participation with other Board members in assessing the performance of the OBD's Executive Director.
- Active collaboration with other Board members in decision making.
- Ability to maintain an objective viewpoint on issues that impact Licensees you may be familiar with or know in some way.
- Ability to maintain an objective viewpoint on larger issues that impact oral health care in the state.
- Willingness to volunteer to serve on committees or to serve when asked by the Chair.
- Willingness to volunteer to attend national meetings with American Association of Dental Boards and testing agencies.
- Support OBD decisions by speaking with one voice.
- Prepare in advance for OBD meetings.
- Regular attendance at and active meaningful participation in OBD meetings (there are typically six meetings per year) and related OBD committee meetings, strategic planning and ad hoc committees.
- Maintain a positive working relationship with the OBD Board Members, Executive Director and OBD Staff.
- Understanding of Executive Limitations: Constraints on Board authority that establish the prudence and ethical boundaries within which all Board activity and decisions must take place.
- Understanding of Governance Process: Understanding the ways in which the Board conceives, carries out and monitors its own tasks.
- Understanding of Board – Executive Director Linkage: The delegation of power between the Board and the Executive Director and monitoring its use.
- Understanding the roles and duties each Board member plays and the executive director: respecting these boundaries and roles.
- Board members receive a small per diem for every day of full Board service currently is set at $178 per day (annually it can adjust) Board members are also reimbursed for travel expenses for Board business.

Some next steps may include:

- A brief phone interview with the Executive Director.
- Complete required documents with the Governor's Office including interest form, resume and oath of office.
- Attendance at Senate Committee Meeting, and short interaction with Senators at the meeting regarding your interest in serving on the OBD.
- Attendance at OBD new Board Member onboarding orientation ½ day meeting at the OBD's downtown Portland Office.

It truly is a volunteer position, with Board members needing to be engaged in all areas that impact safe dentistry, dental therapy & dental hygiene - licensure, discipline, education, etc…Statute and rule allow a per diem which in 2024 - 2025 was set at $178 per full day of board service.

Board Members typically attend 6 regular board meetings and 2 - 4 committee meetings per year. The Board also undergoes strategic planning every three to four years. All Board Members are required to complete mandatory training which is completed through the state's Workday system. All this work roughly translates to about 130 - 160 hours of work per year. This time commitment may vary for individuals especially at start of service as a new Board Member. Board Meeting packets can sometimes total over 1200 pages for a board meeting.

The OBD strives to meet in person for regular board meetings. It utilizes remote meetings for special board meetings, committee work, weather issues or for emergency meetings to consult on unsafe licensees that need the Board's immediate attention.

For more information you can review Oregon Revised Statutes - ORS 679.230 & 679.250 and the OBD website to look at past history of meetings and minutes, newsletters along with other Board documents.

Please go to the Governor's website:
Governor of Oregon : Boards & Commissions : State of Oregon

The actual interest form is located on the governor's website. Please submit the application materials, as well as a cover letter and resume, to the Governor's Office, ideally a few months before the next board position you are applying for is open. The application materials are maintained on file for one year.

Please let me know if you need more information or give me a call at 971-673-3200.
Stephen.Prisby@OBD.Oregon.Gov

Sincerely,
Stephen Prisby
Executive Director

The Mission of the Oregon Board of Dentistry is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

DAS – CHRO – 2024 Annual Board/Commission Member Required Training

State law and policy requires all current board and commission members to complete two online courses administered by the Department of Administrative Services (DAS) annually for the duration of their appointment.

To meet the requirement, the following two courses will be assigned to all current board and commission members:...

Show All

Program Length	Delivery Mode
2 items	Self-Directed

Come for a job.
Stay for a career.
Make a difference...
for a lifetime!
OREGON CHIEF HUMAN RESOURCES OFFICE

Start Program

Interested in your team doing this program?

Enroll My Team

Items in this Program | Program Information

Item 1

DAS – CHRO – 2024 Preventing Discrimination and Harassment

Everyone working on behalf of Oregon state government should be committed to creating and maintaining a respectful workplace and treating all individuals with fairness, dignity, an...

Show All

Duration	Lessons	Delivery Mode
1 hour	1	Self-Directed

Item 2

DAS - EIS - 2024 Information Security Training: Foundations

This foundational course introduces employees to information security, safe computing, safe remote and mobile computing, insider threats, physical security and more. Information securit...

Show All

Duration	Lessons	Delivery Mode
40 minutes	1	Self-Directed

ENTERPRISE information services
DAS - EIS
Information Security Training: Foundations

Oregon Board of Dentistry

Date run: 9/25/2024

For the Month of **AUGUST 2024** AY 2025 FY 2025

3400 BOARD OF DENTISTRY *REVENUE*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
0205	OTHER BUSINESS LICENSES	178,747.00	2,111,716.00	3,495,149.00
0210	OTHER NONBUSINESS LICENSES AND FEES	750.00	9,600.00	14,900.00
0410	CHARGES FOR SERVICES	1,805.50	16,924.00	148,355.00
0505	FINES AND FORFEITS	7,000.00	182,080.70	240,000.00
0605	INTEREST AND INVESTMENTS	5,621.70	71,326.46	60,000.00
0975	OTHER REVENUE	40.00	3,145.98	14,001.00
Grand Total		**193,964.20**	**2,394,793.14**	**3,972,405.00**

3400 BOARD OF DENTISTRY *TRANSFER OUT*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	101,051.75	267,000.00
Grand Total		**0.00**	**101,051.75**	**267,000.00**

3400 BOARD OF DENTISTRY *PERSONAL SERVICES*

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
3110	CLASS/UNCLASS SALARY & PER DIEM	59,008.84	797,996.60	1,548,096.00
3115	BOARD MEMBER STIPENDS	4,648.00	34,899.00	46,900.00
3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,585.00
3170	OVERTIME PAYMENTS	0.00	2,224.73	6,669.00
3180	SHIFT DIFFERENTIAL	0.00	1.00	0.00
3190	ALL OTHER DIFFERENTIAL	660.74	8,836.03	41,510.00
3210	ERB ASSESSMENT	15.33	183.96	404.00
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	10,789.28	149,478.80	288,767.00
3221	PENSION BOND CONTRIBUTION	2,769.52	39,613.45	72,030.00
3230	SOCIAL SECURITY TAX	4,879.53	63,995.83	130,994.00
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	255.14	3,143.62	5,391.00
3250	WORKERS' COMPENSATION ASSESSMENT	10.40	142.42	351.00
3260	MASS TRANSIT	358.00	4,854.05	10,681.00
3270	FLEXIBLE BENEFITS	11,156.44	145,775.21	301,948.00
Grand Total		**94,551.22**	**1,251,144.70**	**2,458,326.00**

3400 BOARD OF DENTISTRY *SERVICES AND SUPPLIES*

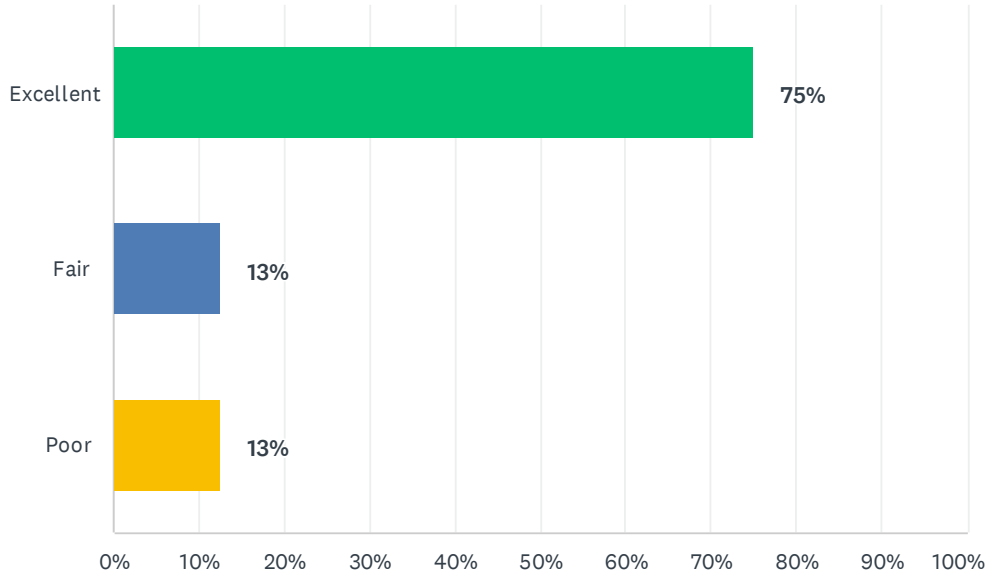
D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
4100	INSTATE TRAVEL	250.58	7,938.24	55,194.00
4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,220.00
4150	EMPLOYEE TRAINING	1,256.95	14,198.66	58,929.00
4175	OFFICE EXPENSES	784.25	13,163.28	99,149.00
4200	TELECOMM/TECH SVC AND SUPPLIES	805.93	10,744.98	27,088.00
4225	STATE GOVERNMENT SERVICE CHARGES	2,039.61	49,967.45	94,114.00
4250	DATA PROCESSING	77.00	61,198.69	163,405.00
4275	PUBLICITY & PUBLICATIONS	0.00	1,726.44	16,145.00
4300	PROFESSIONAL SERVICES	11,495.04	232,085.83	458,367.00
4315	IT PROFESSIONAL SERVICES	0.00	0.00	161,038.00
4325	ATTORNEY GENERAL LEGAL FEES	3,824.10	144,557.83	338,907.00
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	120.00	766.00

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien_To_Date	Financial Plan
4400	DUES AND SUBSCRIPTIONS	375.00	1,546.80	11,331.00
4425	LEASE PAYMENTS & TAXES	8,191.40	114,202.42	206,576.00
4475	FACILITIES MAINTENANCE	0.00	0.00	634.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	2,550.25	26,449.43	142,660.00
4650	OTHER SERVICES AND SUPPLIES	4,882.60	73,407.16	94,383.00
4700	EXPENDABLE PROPERTY $250-$5000	0.00	0.00	6,343.00
4715	IT EXPENDABLE PROPERTY	0.00	28,256.23	25,521.00
Grand Total		**36,532.71**	**779,563.44**	**1,968,770.00**

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	**BOARD OF DENTISTRY**	Revenue	***REVENUE***	193,964.20	2,394,793.14	2,214,539.62
		Revenue Total		**193,964.20**	**2,394,793.14**	**2,214,539.62**
		Expenditures	***PERSONAL SERVICES***	94,551.22	1,251,144.70	1,320,143.52
			SERVICES AND SUPPLIES	36,532.71	779,563.44	1,012,504.39
			TRANSFER OUT	0.00	101,051.75	139,215.00
		Expenditures Total		**131,083.93**	**2,131,759.89**	**2,471,862.91**

Q1 How would you rate the timeliness of services provided by the Oregon Board of Dentistry?

Answered: 8 Skipped: 0

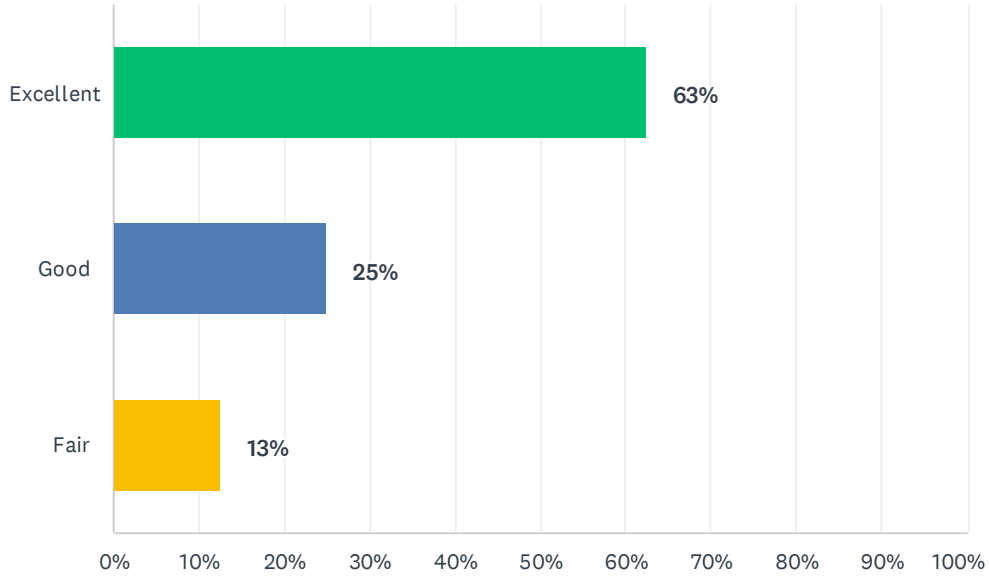


ANSWER CHOICES	RESPONSES	
Excellent	75%	6
Fair	13%	1
Poor	13%	1
TOTAL		8

Attachment #3

Q2 How do you rate the ability of the Oregon Board of Dentistry to provide services correctly the first time?

Answered: 8 Skipped: 0

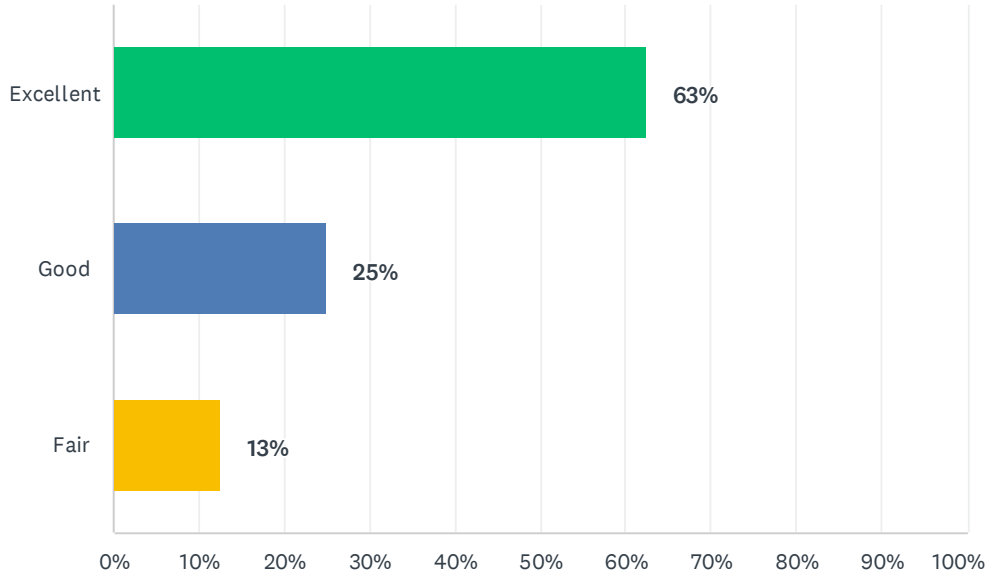


ANSWER CHOICES	RESPONSES	
Excellent	63%	5
Good	25%	2
Fair	13%	1
TOTAL		8

Attachment #3

Q3 How do you rate the helpfulness of the Oregon Board of Dentistry employees?

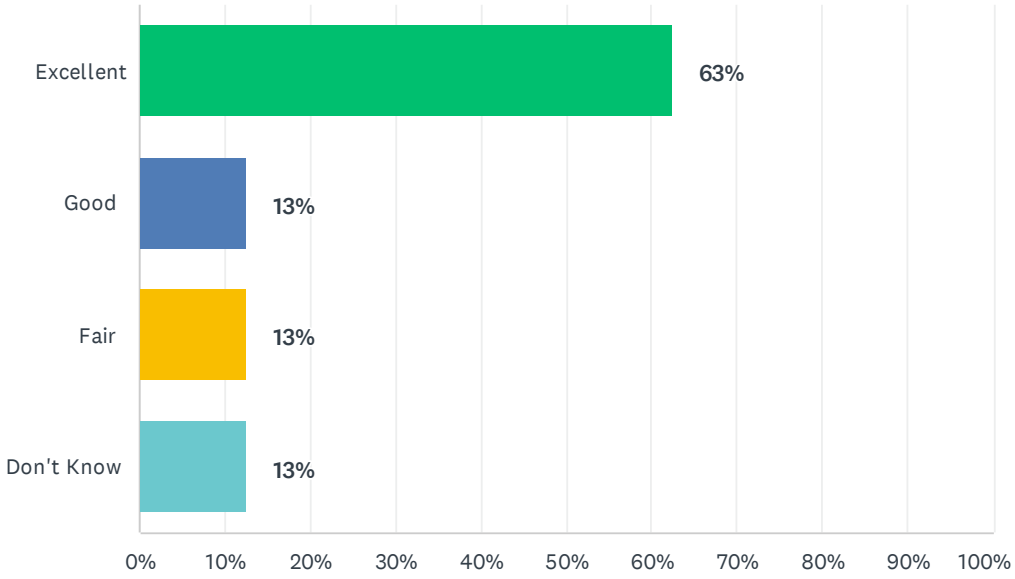
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	63%	5
Good	25%	2
Fair	13%	1
TOTAL		8

Q4 How do you rate the knowledge and expertise of the Oregon Board of Dentistry employees?

Answered: 8 Skipped: 0

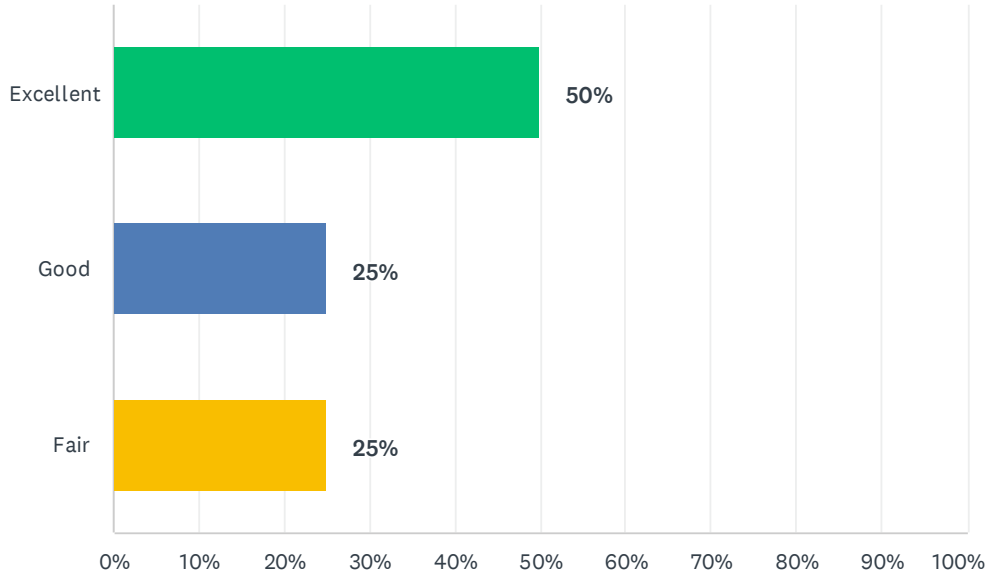


ANSWER CHOICES	RESPONSES	
Excellent	63%	5
Good	13%	1
Fair	13%	1
Don't Know	13%	1
TOTAL		8

Attachment #3

Q5 How do you rate the availability of information at the Oregon Board of Dentistry?

Answered: 8 Skipped: 0

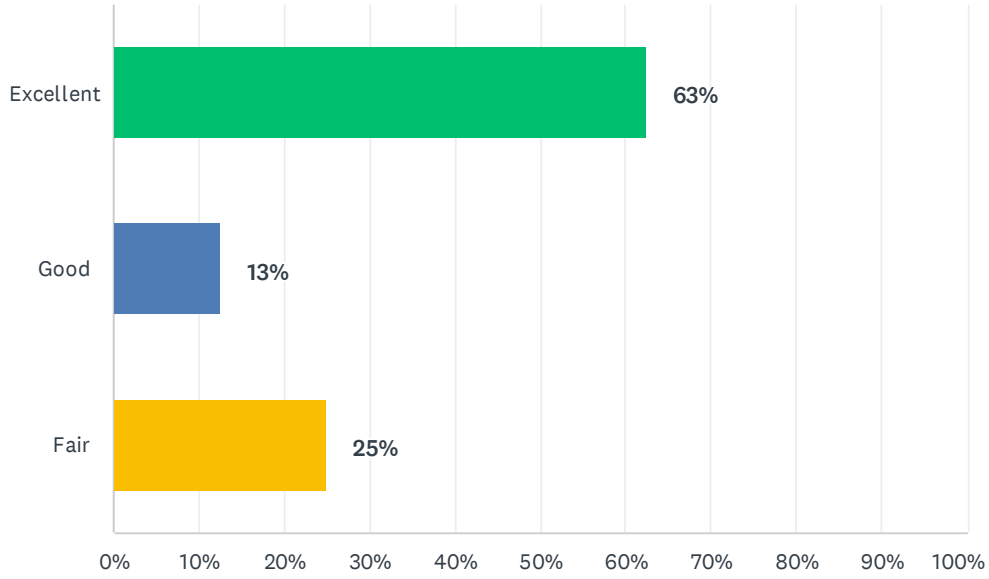


ANSWER CHOICES	RESPONSES	
Excellent	50%	4
Good	25%	2
Fair	25%	2
TOTAL		8

Attachment #3

Q6 How do you rate the overall quality of service provided by the Oregon Board of Dentistry?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	63%	5
Good	13%	1
Fair	25%	2
TOTAL		8

Attachment #3

Staff:
Brian Nieubuurt, LPRO Analyst
Alexandra KihnStang, LPRO Analyst
Timothy Merrill, Committee Assistant

HOUSE INTERIM COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

Oregon State Capitol
900 Court Street NE, Room , Salem, Oregon 97301
Phone: 503-986-1509
Email: hbhhc.exhibits@oregonlegislature.gov

AGENDA

Posted: SEP 13 12:30 PM

MONDAY

Date: **September 23, 2024**
Time: **8:30 AM**
Room: **HR F**

Informational Meeting

Invited testimony only

Health Professional Regulatory Board Licensing Update

Rachel Prusak, Executive Director, Oregon State Board of Nursing
Nicole Krishnaswami, Executive Director, Oregon Medical Board
Todd Younkin, Executive Director, Mental Health Regulatory Agency
Stephen Prisby, Executive Director, Oregon Board of Dentistry
Ray Miller, Executive Director, Oregon Board of Licensed Social Workers
Christy Hennigan, Licensing Director, Oregon Board of Pharmacy
Gary Runyon, Pharmacist Consultant, Oregon Board of Pharmacy

For information on Language Access Services/Para más información sobre los Servicios de Acceso Lingüístico:
https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx

To access links to a livestream or recordings of legislative meetings:
https://www.oregonlegislature.gov/citizen_engagement/Pages/Legislative-Video.aspx

OREGON BOARD OF DENTISTRY

Stephen Prisby, OBD Executive Director

The Board of Dentistry was created by an Act of the Legislature in 1887. The oldest health licensing board in Oregon.

The mission of the Oregon Board of Dentistry is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

OREGON BOARD OF DENTISTRY

FUNDING

The activities of the Board are mainly funded from license application, renewal, and permit fees paid by licensees, as well as dental assistants for certifications.

The Board licenses Dentists, Dental Hygienists and Dental Therapists. The Board regulates dental assistants but does not license them.

The OBD's 2023-2025 Budget is approximately $4.2 million.

OREGON BOARD OF DENTISTRY

Ten Members serve on the Board:

- Six Dentists
- Two Dental Hygienists
- Two Public Members

There are 8 staff members equivalent to 7.5 FTE.

All board members are appointed by the Governor and confirmed by the Senate. A term is four years in length. They can serve two terms.

Attachment #4

OREGON BOARD OF DENTISTRY

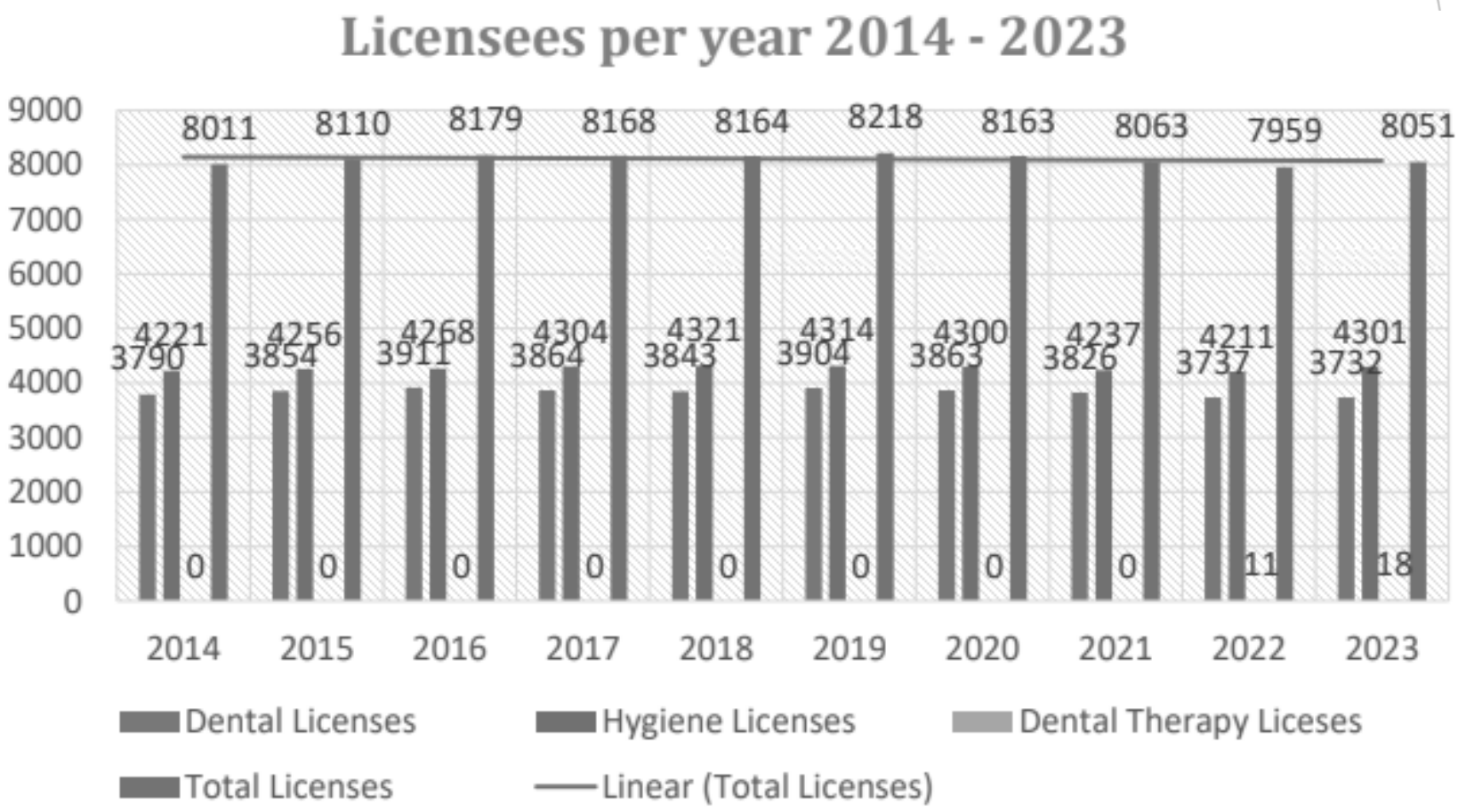
OBD Strategic Priorities & Goals

AGENCY GOALS for 2023 - 2025 include:

- Implement 2022 - 2025 Strategic Plan Initiatives
  - **Licensure Evolution**
    - Develop and implement rules based on legislative changes
    - Successfully implement Dental Therapy Rules
  - **Dental Practice Accountability**
    - Ensure Licensee dictates clinical care provided to patients
    - Assert OBD jurisdiction over dental practices regardless of ownership model
  - **Community Interaction and Equity**
    - Increase ease of access to OBD services and information
    - Ensure equity exists in investigation outcomes
  - **Workplace Environment**
    - Increase workplace flexibility through hybrid work models
    - Increase workplace satisfaction
  - **Technology & Processes**
    - Improve investigation management and archived files
    - Improve resource efficiencies
- Advance the Governor's priorities for state agencies
  - Increased accountability and prioritize customer service
  - Improving access to the OBD's services and information
  - Removing barriers that prevent people from getting assistance

OREGON BOARD OF DENTISTRY

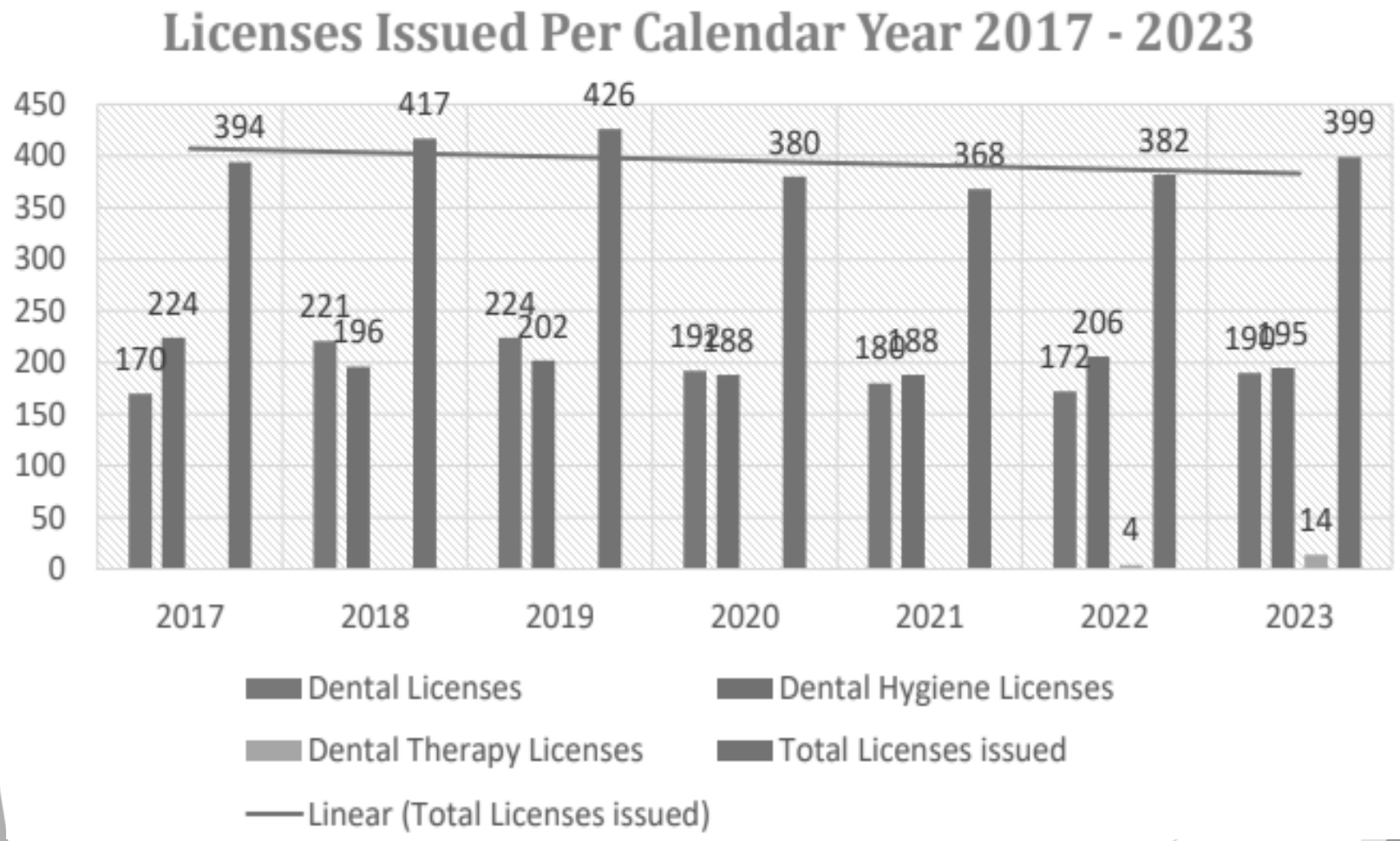
As of August 1, 2024, Oregon had 3765 dentists, 4288 dental hygienists and 22 dental therapists.(8075 total Licensees)



Attachment #4

OREGON BOARD OF DENTISTRY

The Board issues about 400 new licenses per calendar year.



Attachment #4

OREGON BOARD OF DENTISTRY

Licensing Basics

8075 Licensees – Dentists, Dental Hygienists and Dental Therapists

The license application process is online – Instructions are provided online and there is a licensing database, where applicants upload all their documents and track the application process.
OBD offers customer service options in person, by phone and email.

Licensing Application/Renewal Process

Online via the licensing database
Frequency of required renewal? Biennial, so renew every 2 years

Average processing time? Just under 7 Days for new apps, unless criminal background, licensed in other states or other issues.
Renewals are automatic

How many current applicants in licensing queue?
31 applicants

OREGON BOARD OF DENTISTRY

Licensing Application/Renewal Process

Penalties for late renewal? YES, per OAR 818-021-0085, fees vary depending on time frame: $50 late fee up to $750

Biggest obstacles/challenges to timely application/renewal processing?
Staffing, holidays, technology, user error.

Anything the Legislature can assist with?
Appreciate being asked, and ideally health boards would be part of conversation early if any proposed legislation would change or update the Dental Practice Act.

OREGON BOARD OF DENTISTRY

Fees - There are two types of application fees: By Examination is most commonly used pathway for licensees passing clinical exams within the past five years. License Without Further Examination (LWOFE) is for licensees applying by past credentialing, experience and continuing education. LWOFE fees are higher due to the increased workload by staff to review.

Fees	Rate
Application Fees:	
Dentists	$445
Dental Hygienists	$210
Dental Therapists	$210
LWOFE – Dentists, Dental Hygienist and Dental Therapists	$820
2-Year License renewal fee:	
Dental	$440
Dental Hygiene	$255
Dental Therapists	$255
Anesthesia Permits:	
Nitrous Oxide	$40
Minimal Sedation	$75
Moderate Sedation	$75
Deep Sedation	$75
General Anesthesia	$140

OREGON BOARD OF DENTISTRY

Temporary Licenses

Temporary Volunteer Practice Approval Authorization for volunteer allowed per statute (HB 4096)2022 and rule. These are issued for a maximum of 30 days per calendar year without compensation.
So far in 2024, we have issued 10 Temporary Authorizations.

Out-of-State Licensees

Licensing process – same for all applicants no matter where they live.

Interstate Compacts – CSG Dental/Dental Hygiene License Compact Commission had their inaugural meeting on Aug 28th with 9 states participating.
A lot of bureaucracy and steps before a license privilege would be issued (maybe in 2026). I provided the Board a 7-page document with my review of the concerns and issues in joining a license compact. That was submitted with this presentation and should be available on OLIS.

License Suspension

Average # of suspensions per year? One to two per year.

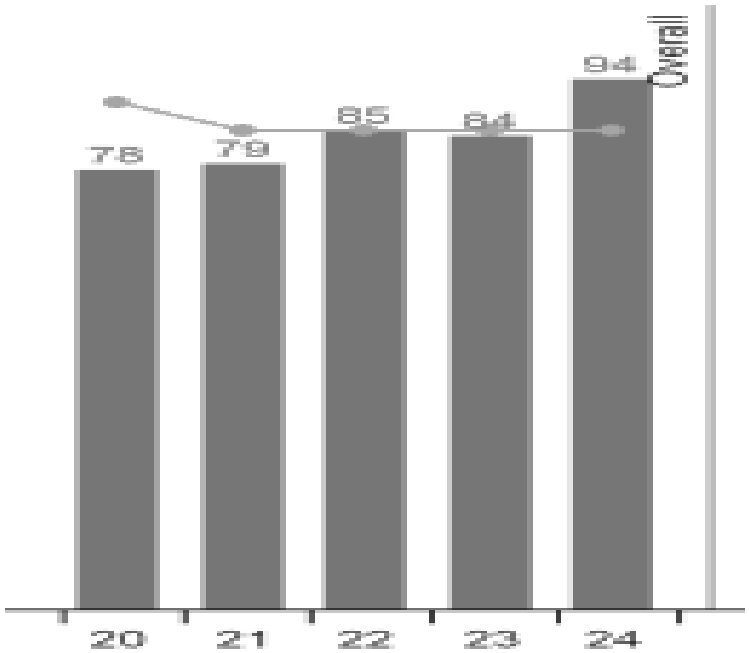
OREGON BOARD OF DENTISTRY

Time to License

Average time to License applicant is under 7 days once all required documentation is in their license portal.

Customer Service Survey Results for FY 2024

94% of Surveys received rated overall service as "Good" or "Excellent" in Fiscal Year 2024



OREGON BOARD OF DENTISTRY

The OBD is always a resource for the Legislature on anything related to Dental Practice Act statutes, rules or proposed changes when requested of it.

stephen.prisby@obd.oregon.gov

Stephen Prisby, OBD Executive Director

971-673-3200

Oregon
Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

TO: Oregon Board of Dentistry Board Members
FROM: Stephen Prisby, OBD Executive Director
DATE: June 12, 2024
SUBJECT: License Compacts – Issues to Consider

The Oregon Board of Dentistry (OBD) was created by an Act of the Legislature in 1887. The authority and responsibilities of the Board are contained in Oregon Revised Statutes Chapter 679 (Dentists and Dental Therapists), Chapter 680.010 to 680.205 (Dental Hygienists), and Oregon Administrative Rules, Chapter 818. These statutes charge the OBD with the responsibility to regulate the practice of dentistry, dental therapy and dental hygiene, and also enforce all provisions in statute as well.

The Mission of the OBD is to promote quality oral health care and protect all communities in the state of Oregon by equitably and ethically regulating dental professionals.

This document intends to capture the important mission critical issues regarding the OBD's participation in a license compact. It seems short-sighted not to assess and highlight potential issues since more than seven states have passed legislation to enact the CSG License Compact and the AADB License Compact also has state support. It seems logical to assume legislation will be introduced in Oregon, requiring the OBD to join a license compact.

While license compacts offer various benefits, there are also potential problems and challenges to consider. Here are some potential concerns and issues associated with joining a dental/dental hygiene license compact. The OBD 2025-2027 budget revenue projections are included as there is no doubt any participation in a license compact will have an impact on the Board's revenue and operations. The OBD's expenses to administratively comply with any new legislation and participation in a compact may be significant.

We thankfully will have data on the CSG Dental/Dental Hygiene License Compact during the rest of 2024 and into 2025 as that license compact takes form and its commission meets and prepares for creation of its bylaws, policies, rulemaking and other administrative functions. I will request documents from the participating states and the CSG on behalf of the OBD so it can better understand the number of meetings, costs, level of complexity and staff time needed regarding the work of this new administrative body.

These are some concerns I note from my research and review of available documents related to the Oregon Board of Dentistry participating in a licensing compact.

Loss of State & Board Autonomy: Participating in a license compact may require states to relinquish some degree of autonomy over their licensing standards and regulations. States may need to adhere to uniform standards established by the compact, limiting their ability to tailor licensure requirements to their state's specific needs or preferences.

Complexity and Variability: License compacts can be complex to implement and administer, particularly if they involve multiple states with different regulatory frameworks and procedures. Variability in requirements and processes across participating states can create confusion and administrative burdens for professionals and licensing authorities.

Legal and Regulatory Challenges: Compacts may face legal and regulatory challenges related to interstate commerce, state sovereignty, and constitutional issues. Disputes over jurisdiction, enforcement, or interpretation of compact provisions could arise, leading to legal uncertainty and potential conflicts. The CSG Compact would require legal issues be addressed and litigated in Washington D.C.

Potential for Weakened Standards: Critics argue that license compacts could potentially lead to a race to the bottom in regulatory standards if not implemented effectively. Concerns may arise about maintaining consistent and rigorous standards for licensure, particularly if states prioritize ease of mobility over public safety and consumer protection. States still have very different levels of regulatory oversight and uneven consumer protections in the oral healthcare arena.

Oregon specific requirements & continuing education (CE) that may be overlooked, not taken seriously and/or ignored by people practicing via a Compact:

- Oregon Jurisprudence Examination
- Cultural Competency CE
- Pain Management CE
- Dental Implant CE - requires 56 hrs initially and 7 hours every renewal cycle
- Sedation Permits - Oregon has four permits, these do not align with other states and have fees and different requirements listed under Division 26 in the Dental Practice Act
- BLS for Health Care Professionals certification required to be maintained at all times for all Licensees even if not practicing or in a non-clinical position
- Suicide Prevention CE – potentially adding CE requirements like many other Oregon health licensing boards
- Registration and utilization of the Oregon Prescription Drug Monitoring Program
- Healthcare Interpreters utilized to comply with OHA and OBD rules

Participation in Oregon Health Care Workforce Reporting Program (HWRP) which collaborates with our Board and 16 others to collect data on health care professionals in Oregon. The Dentists, Dental Therapists and Dental Hygienists are surveyed when renewing their licenses. The HWRP uses this important practitioner data from renewing licensees to estimate supply at

the state and county levels and to inform educational investments and policy recommendations. This data may not be captured by those practicing in Oregon via a Compact.

Dental Therapy: Dental Therapists in Oregon may only practice under an Oregon Licensed Dentist and under provisions of specific ORS and OAR. A seven-page Collaborative Agreement has to be filed with the Board and updated annually or when any parameters of the agreement change. Would dentists practicing in Oregon via a Compact (located outside Oregon) be able to supervise and enter into a collaborative agreement with Oregon Dental Therapists?

Dental Hygiene: Dental Hygienist who have an Expanded Practice Permit (EPP) and other Dental Hygienists without the EPP may not be understood by dentists practicing via a Compact. It is not clear how a license compact could account for this expansion in scope for those with an EPP versus a dental hygienist who does not have it. Those that possess an EPP have to complete 36 hours of CE versus a dental hygienist without an EPP have to complete 24 hours of CE. Some EPP holders also choose to utilize their expanded scope and enter into collaborative agreements with Oregon licensed dentists for additional procedures. Would dentists practicing in Oregon via a Compact (located outside Oregon) be able to supervise and enter in a collaborative agreement with Oregon Dental Hygienists who possess an EPP?

Dental Assistants: Dentists supervise dental assistants and the rules regarding various procedures and certification can be somewhat complicated and the level of supervision required as well for certain procedures and functions.

Military & Spouses: The Civil Rights Division enforces the Servicemembers Civil Relief Act (SCRA), which provides servicemembers and their dependents with certain civil protections related to military service. Congress added a new provision to the SCRA in January 2023, which allows service members and their spouses to use their professional licenses and certificates when they relocate due to military orders, in certain circumstances. The 2023 Congressional action now mandates licenses for military and their spouses be immediately licensed, basically with few requirements or impediments to practicing in Oregon. So their issues of license portability are in essence resolved already without the state needing to join a license compact, which previously had been one driving reason for needing a license compact.

Teledentistry/Telehealth: Out of state practitioners could create a lot of issues and unforeseen problems from a regulatory agency's perspective. Would you be comfortable with having a Dentist in another state like Maine, directing clinical care and supervising Dental Hygienists, Dental Therapists and Dental Assistants serving Oregonians?

Administrative and Operational Challenges: Managing the administrative and operational aspects of a license compact could be resource-intensive and require ongoing coordination among participating states. Licensing boards may need to invest in technology, infrastructure, and staff training to effectively implement and maintain compact provisions. A separate Commission would add another layer of bureaucracy for the Board's Staff & Licensees to interact with and of course would require wholesale amendments and updates to the statutes and rules in the Dental Practice Act.

Loss of Revenue: The OBD relies on licensing fees as the main source of revenue and may experience a reduction of revenue if professionals are allowed to practice across state lines without obtaining separate licenses. This loss of revenue could impact funding/staffing/work for any and all of the regulatory activities, professional development, Oregon Wellness Program and other programs supported by licensing fees. The Compact fees would need to be set carefully to ensure the OBD has the resources to effectively function.

Overall, while license compacts may offer benefits in terms of mobility, access to services, and baseline regulatory consistency, they also present various challenges and considerations that must be carefully weighed and addressed to ensure their effectiveness and success. It is essential for Boards, policymakers, licensing authorities, and interested parties to evaluate the potential implications of joining a license thoroughly and develop strategies to mitigate any drawbacks or risks associated with participation.

The CSG's inaugural D/DH Compact Commission Meeting is going to be held in August 2024 and all commission meetings are public. There will be minutes taken and posted on the compact's website ddhcompact.org after each meeting. Oregon has a wonderful opportunity to observe with elevated interest the start-up of the CSG License Compact to see if it is worth pursuing at some point.

OBD SOURCES OF REVENUE

The Board of Dentistry's funding is 100% Other Funds generated primarily from fees paid by Licensees and applicants for new licenses, license renewals and various permits. A small portion (generally less than six percent) of the Board's revenue is from miscellaneous revenues generated from civil penalties, the sale of documents, late fees, interest and dental assistant certifications fees.

PROGRAM FUNDED

The Oregon Revised Statutes directs that all money received by the Board be used only for the administration and enforcement of ORS 676.850 and 680.010 to 680.205 and all referenced in Chapter 679.

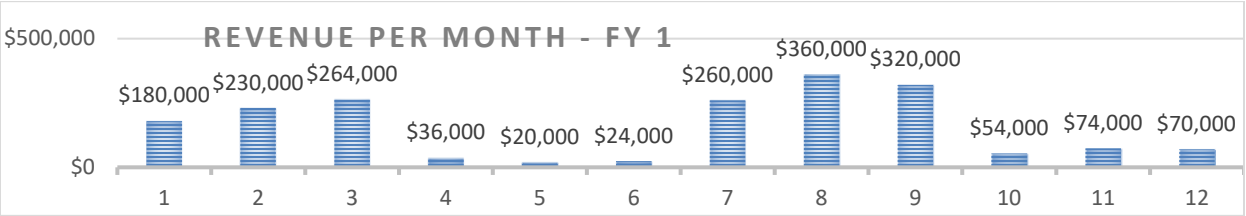
BACKGROUND FOR THE OBD 2025-2027 REVENUE ESTIMATES

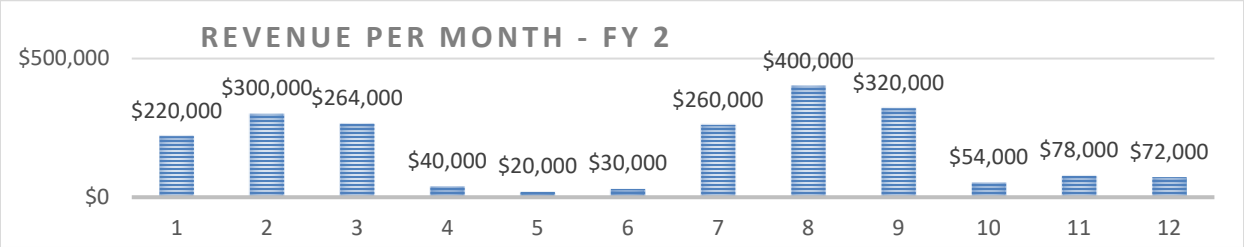
Licenses regulated by the Board are issued to expire and be renewed every year in two distinct timeframes. The result is that our biennial revenue is primarily received at different times during each biennium. Half of the dentists renew spring each year and half our dental hygienists and dental therapists renew in the fall each year. The agency aims for a minimum beginning balance of a minimum of three months of operating expenses at the beginning of every biennium.

Revenue stream- uneven every year due to Licensees renewing in spring & fall

Every year one half of our dentists renew their 2-year license between Jan – March 31.
Every year one half of our dental hygienists and dental therapists renew their 2-year license between July – Sept 30. Example of the uneven revenue typically received per Fiscal Year (FY) shown below. The OBD began licensing dental therapists in November 2022 and we forecast

that it will have a minimal impact on revenue in the current biennium or in the 2025 - 2027 biennium.





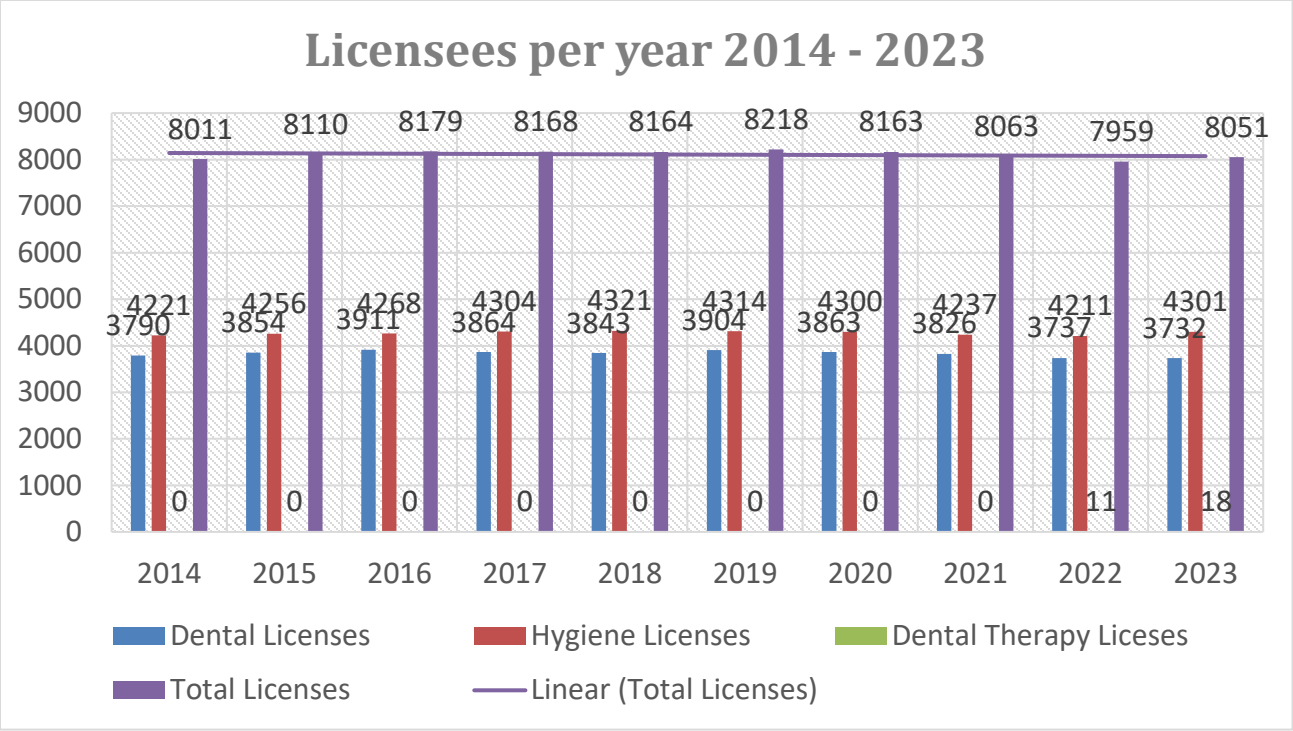
OBD Revenue Estimates

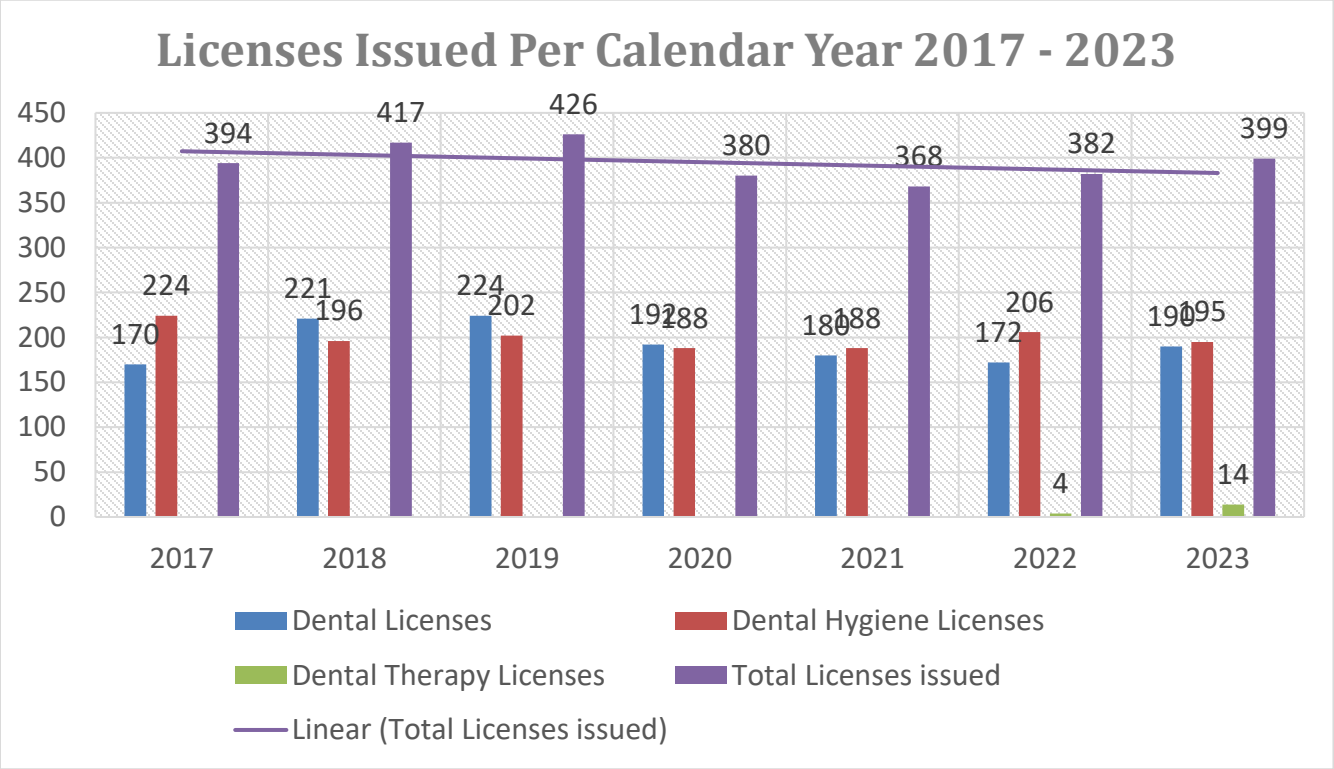
At this point, I am projecting revenue for the 2025-27 biennium to be approximately 10% higher than the 2023-25 budget biennium. The main driver for this revenue increase is the fee increases that were approved by the Legislature in the OBD's 2023-25 budget, and effective July 1, 2023. The revenue growth will not be due to any significant increase in the number of Licensees in Oregon during the 2025-27 biennium.

These estimates are based on the current fees, without any increases for 2025-27, though in the future projections those may need to be considered and included.

Revenue	FY 19-21 Actual	FY 21-23 Actual	FY 23-25 ESTIMATE	FY 25-27 ESTIMATE
OTHER BUSINESS LICENSES	3,197,000	3,096,000	3,400,000	3,765,000
OTHER NONBUSINESS LIC & FEES	14,900	22,200	14,000	14,000
CHARGES FOR SERVICES	25,100	25,600	146,000	146,000
FINES AND FORFEITS	243,000	191,000	240,000	240,000
INTEREST AND INVESTMENTS	49,000	49,000	60,000	60,000
OTHER REVENUE	14,700	7,000	9,000	9,000
TOTAL	3,543,700	3,390,000	3,869,000	4,265,000

Numbers have been rounded.





PROJECTIONS going up to 2030

A slight trend upward in licensees projected due to:

Dental Therapy Programs being implemented and more widely recognized in the United States

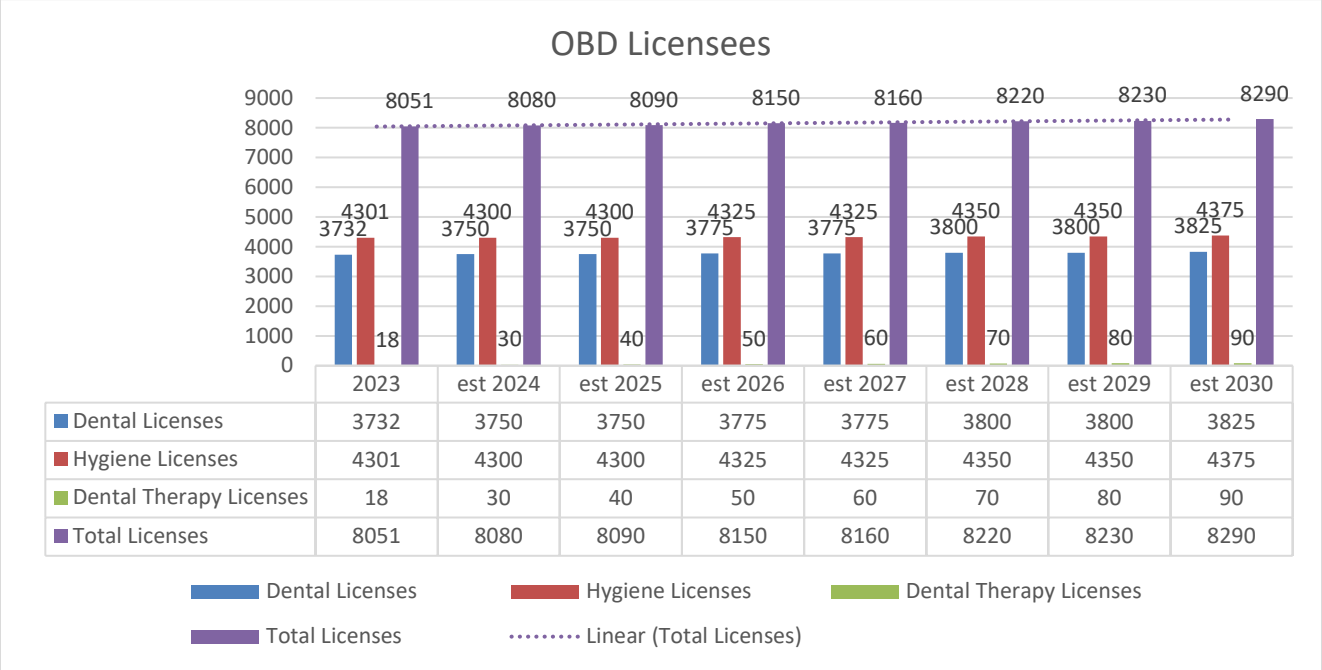
New dental hygiene and dental schools being built which will expand workforce

Many oral healthcare workforce initiatives at state and national level to expand workforce

Other initiatives to support retention and wellness of oral healthcare workforce

An important issues which could impact projections is a dental/dental hygiene license compact. It is unclear if that could increase Oregon license base (revenue), but more likely it could decrease license base. Licensees might logically choose the least expensive route for initial licensure and forego maintaining licensure in multiple states.

Calendar Year	2023	est 2024	est 2025	est 2026	est 2027	est 2028	est 2029	est 2030
Dental Licenses	3732	3750	3750	3775	3775	3800	3800	3825
Hygiene Licenses	4301	4300	4300	4325	4325	4350	4350	4375
Dental Therapy Licenses	18	30	40	50	60	70	80	90
Total Licenses	8051	8080	8090	8150	8160	8220	8230	8290



Summary

The OBD like all state agencies is charged with being a good steward of its resources and also to plan for upcoming challenges. The OBD is also directed to fulfill its mission and all its statutory requirements. The OBD is funded by a finite number of Licensees and this is not growing in any substantial way. There will be revisions and changes to the revenue projections as more information becomes available.

Outlook

CBS News/KFF Health News: Interview about dental implants

From Brett Kelman <BrettK@kff.org>
Date Thu 8/22/2024 11:14 AM
To PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Cc Werner, Anna <WernerA@cbsnews.com>; Keller, Nicole <KellerN@cbsnews.com>; ROBINSON Haley * OBD <haley.robinson@obd.oregon.gov>

Mr. Prisby,

Good afternoon. My name is Brett Kelman. I'm a journalist with KFF Health News. If you are not familiar with KFF Health News, we are a nonprofit newsroom that covers matters of health care and public health. Our journalism appears in news publications across the country. Copied on this email are two of my journalism colleagues, Anna Werner and Nicole Keller of CBS News. The three of us work together on news stories, often focused on dentistry.

Currently, we are working on a series of in-depth stories, set to publish later this year, that are focused on dental implants. One of those stories will explore how implant dentistry has rapidly expanded despite a lack of a standardized minimum training, which many believe has contributed to a rising rate of implant failures. Considering this, I was exceptionally interested to discover that Oregon set a minimum standard for implant training that took effect this year. The state appears to be on forefront of tackling this issue.

Anna, Nicole and I would be very interested in learning more about Oregon's steps so we can include it in our future coverage. Ideally, we would want to interview the Board of Dentistry president or vice president about the decision to enact this new rule. Or, if another board member or staff member spearheaded this change, we would be very interested in interviewing them.

Could you or your staff help us try to set this up? Ideally, we would want to do the interview over Zoom next week or the week after.

If you have any questions or want to discuss this further, please don't hesitate to email back or call or text my cell phone – 615 218 8496. We are really excited about this possibility. Hoping to hear back. Thanks.

P.S.: I contacted you with this request because I did not see anyone identified as a point of contact for media organizations on your website. If there is another point-of-contact you would prefer I coordinate with, feel free to direct me. Thanks.

Brett Kelman (He/Him)
Correspondent, **KFF Health News**
Nashville, TN

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KFF

The independent source for health policy research, polling, and news.

KFF Health News, formerly known as Kaiser Health News or KHN, is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF.

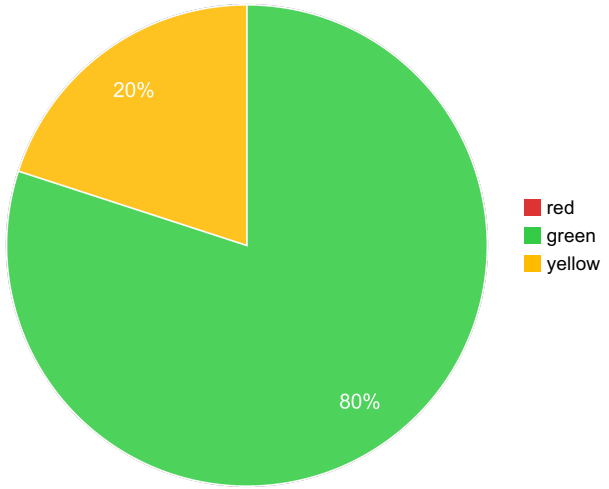
Board of Dentistry

Annual Performance Progress Report

Reporting Year 2024

Published: 8/27/2024 1:29:33 PM

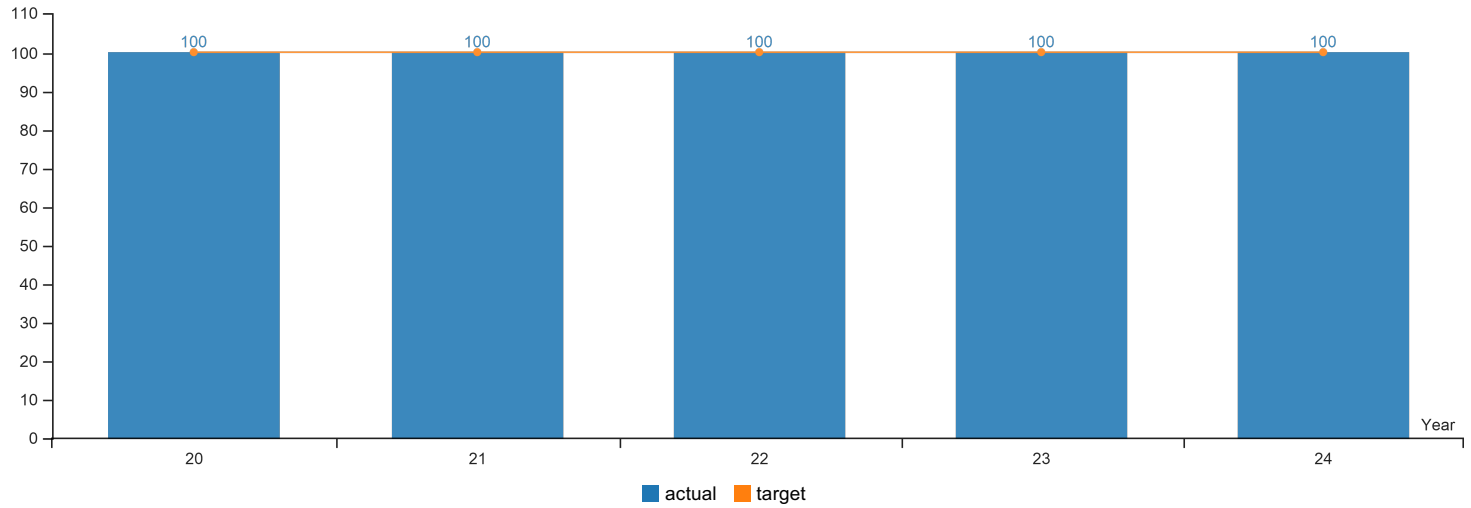
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	80%	20%	0%

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2020	2021	2022	2023	2024
Percent of Licensees in Compliance with Continuing Education Requirements					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

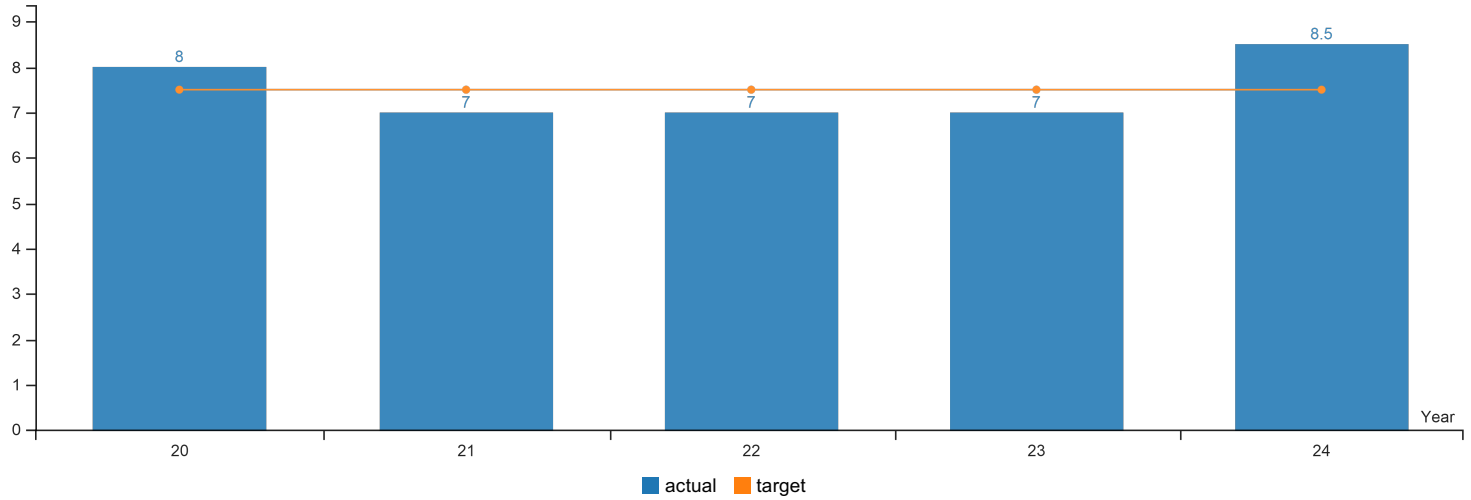
For FY 2024 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. The Board monitors their compliance with questions on their license renewal forms, it is requested in investigations and also verified in audits each renewal cycle. Board Staff follows up and ensures all licensees meet their CE requirement.

Factors Affecting Results

Board staff work with licensees to communicate the requirements to be in compliance with Board rules.

KPM #2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = negative result*



Report Year	2020	2021	2022	2023	2024
Average time to Investigate Complaints					
Actual	8	7	7	7	8.50
Target	7.50	7.50	7.50	7.50	7.50

How Are We Doing

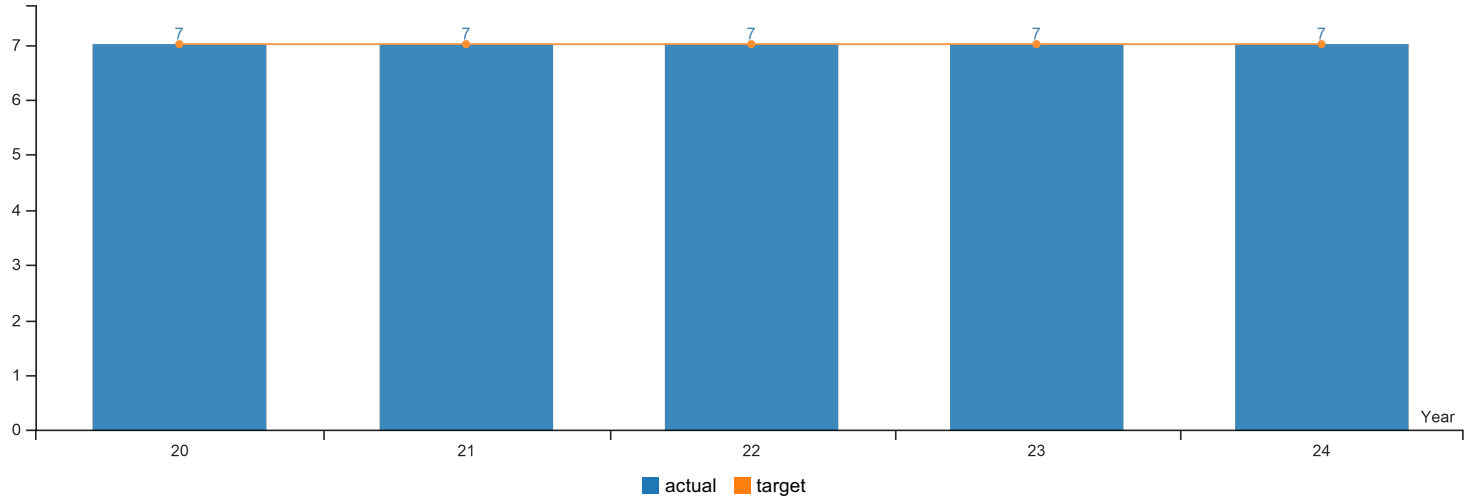
The investigators worked diligently to close the cases and bring forward to the regularly scheduled Board Meetings. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, the complexity of the case, the timely responses of all involved and their cooperation as well.

Factors Affecting Results

The total number of investigations opened in FY 2024 was 178 compared to 213 in FY 2023. The number of cases closed in FY 2024 was 176 compared to 170 in FY 2023. Staff turnover impacted case dispostion and time to close cases, though the OBD is fully staffed at the time of this report.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2020	2021	2022	2023	2024
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

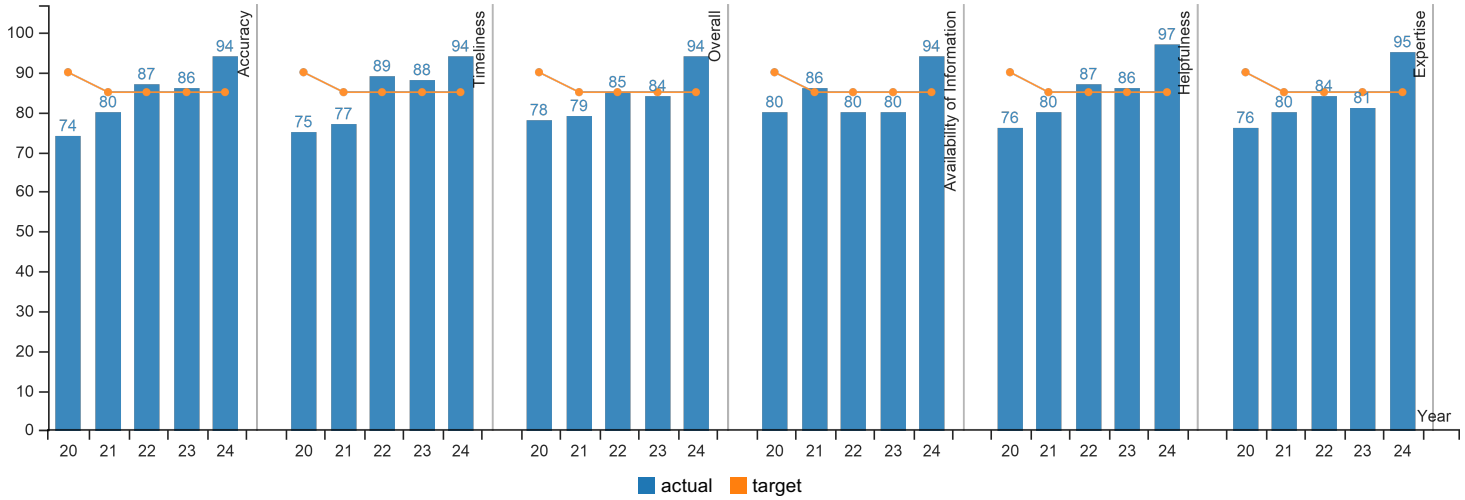
How Are We Doing

For FY 2024 we accomplished this goal. Although there were delays due to other agencies, schools, states and entities working remotely. Once all required documentation and paperwork is completed via the online portal, then licenses were issued with minimal delay.

Factors Affecting Results

It is one of our top priorities that applications and renewals be processed accurately and efficiently.

KPM #4	Customer Satisfaction with Agency Services - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jul 01 - Jun 30



Report Year	2020	2021	2022	2023	2024
Accuracy					
Actual	74%	80%	87%	86%	94%
Target	90%	85%	85%	85%	85%
Timeliness					
Actual	75%	77%	89%	88%	94%
Target	90%	85%	85%	85%	85%
Overall					
Actual	78%	79%	85%	84%	94%
Target	90%	85%	85%	85%	85%
Availability of Information					
Actual	80%	86%	80%	80%	94%
Target	90%	85%	85%	85%	85%
Helpfulness					
Actual	76%	80%	87%	86%	97%
Target	90%	85%	85%	85%	85%
Expertise					
Actual	76%	80%	84%	81%	95%
Target	90%	85%	85%	85%	85%

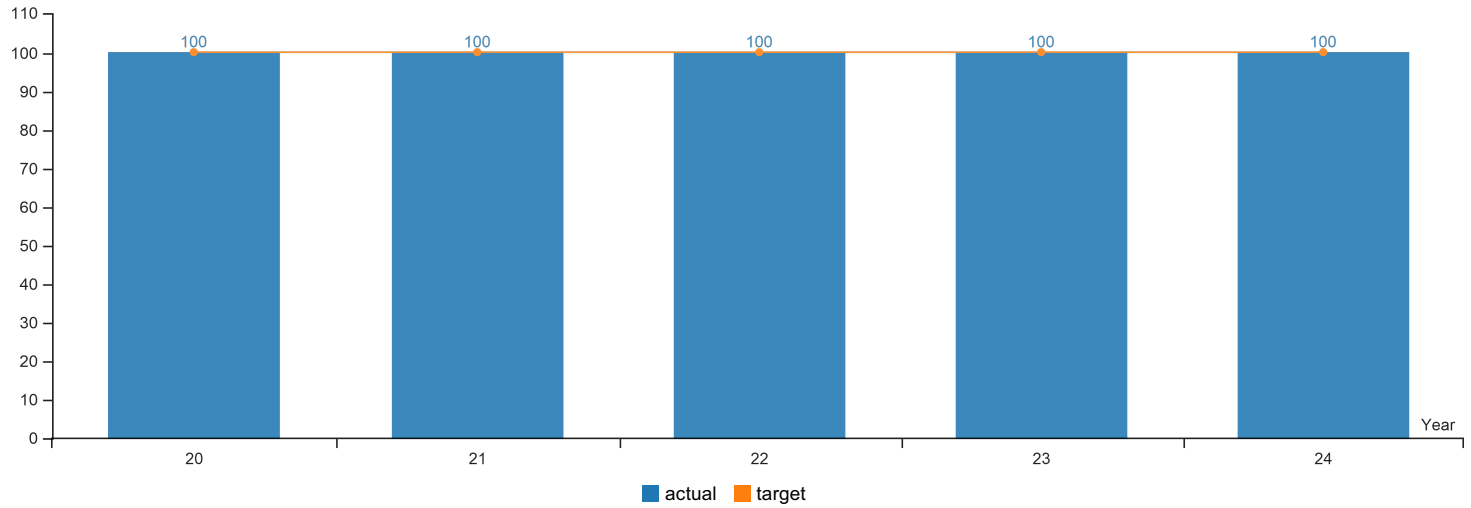
For FY 2024 we accomplished this goal. In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board. The overall results were positive.

Factors Affecting Results

People choose to respond to surveys and we will continue to promote the survey and encourage feedback. We receive direct feedback outside the survey and it is good to know how the OBD's actions are impacting others and the information received is always useful.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2020	2021	2022	2023	2024
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2024 we accomplished this goal. Annually at the August Board Meeting the Board reviews the 15 metrics outlined on the Board Best Practices document. It conducted a 360-degree performance review of the Executive Director in March 2024. The current Executive Director has had an annual review every year since 2015.

Factors Affecting Results

The Board Members are engaged and dedicated to their responsibilities, duties and obligations serving Oregon in their capacity. The Board reviewed the Board Best Practices' Assessment document at its August 23, 2024, Board Meeting and unanimously agreed that all 15 metrics were met.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.	✓	
2. Executive Director receives annual performance feedback.	✓	
3. The agency's mission and high-level goals are current and applicable.	✓	
4. The Board reviews the Annual Performance Progress Report.	✓	
5. The Board is appropriately involved in review of agency's key communications.	✓	
6. The Board is appropriately involved in policy-making activities.	✓	
7. The agency's policy option budget packages are aligned with their mission and goals.	✓	
8. The Board reviews all proposed budgets.	✓	
9. The Board periodically reviews key financial information and audit findings.	✓	
10. The Board is appropriately accounting for resources.	✓	
11. The agency adheres to accounting rules and other relevant financial controls.	✓	
12. Board members act in accordance with their roles as public representatives.	✓	
13. The Board coordinates with others where responsibilities and interest overlap.	✓	
14. The Board members identify and attend appropriate training sessions.	✓	
15. The Board reviews its management practices to ensure best practices are utilized.	✓	
Total Number	15	
Percentage of total:	100%	

At the August 23, 2024 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.

Enterprise Customer Service Standards Policy

Created in partnership with an enterprise workgroup, including Agency Directors, Deputy Directors, HR Directors and Agency Program Staff.

Attachment #7

Customer Service

Customer Service:

Timely, accessible, equitable, and responsive support-based interactions between agencies and customers.

Customer Service

Phones

Mail

In person

External Partners

Internal customers

Our customers and the way we provide customer service varies.

Web based

Electronically

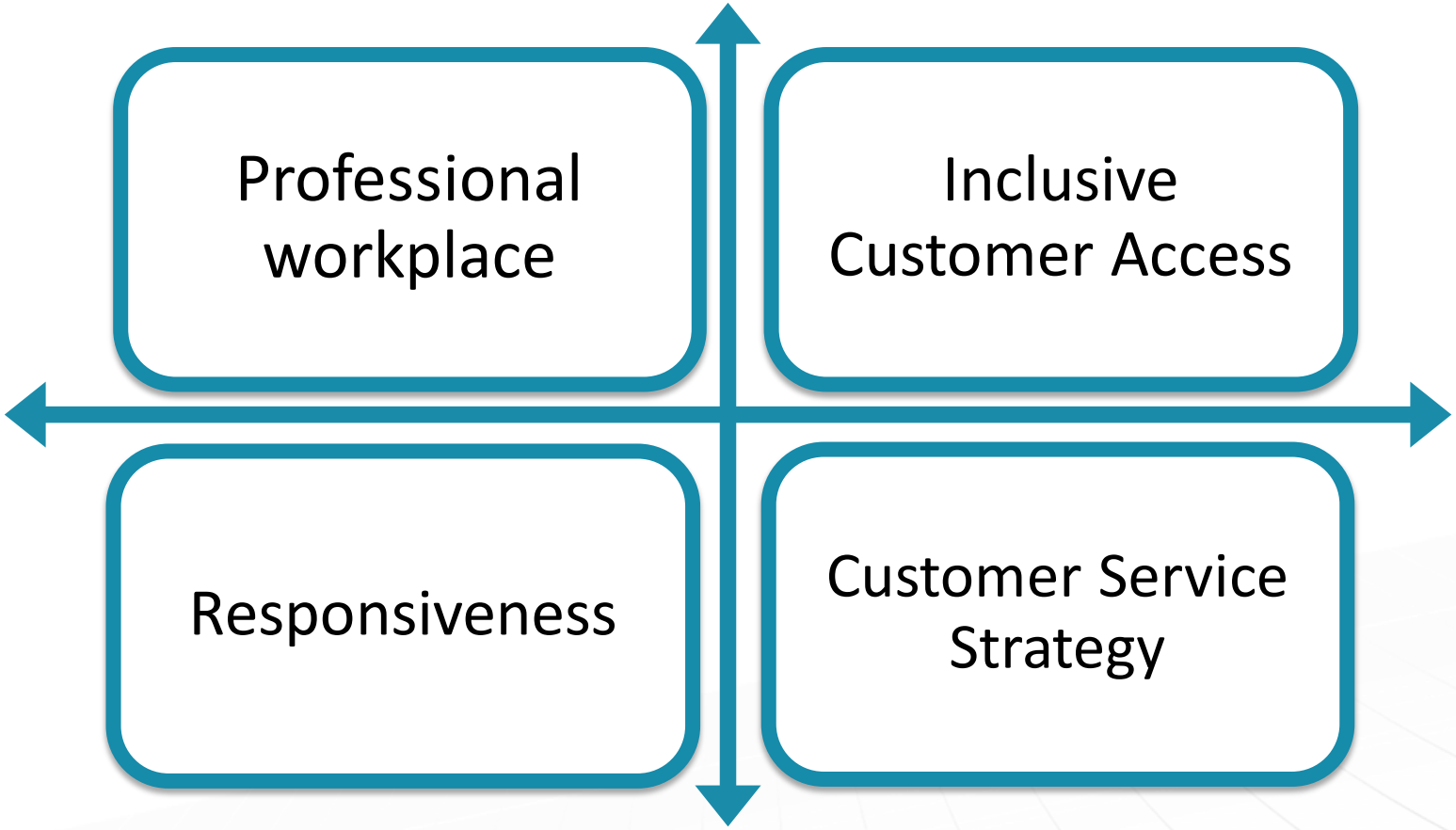
Members of the public

Attachment #7

Purpose of the Policy

- Ensure universally accessible and responsive communication with Oregonians and agency business partners.
- Reinforce an equitable customer service culture across the enterprise.
- Continuously measure customer service feedback.
- Continuously drive improvement.

Policy Topics



Attachment #7

Policy Topics - Details

Professional Workplace

- Respectful
- Supports values and mission of:
  - Oregon state government
  - Agency

Inclusive Customer Access

- Offer universal communication preferences
- Establish minimum operating hours
- Post contact information
- Maintain accessible websites with relevant information

Policy Topics - Details

Responsiveness

- Acknowledge receipt within one business day
- Current out of office replies
- Provide alternate contact information
- Establish service level goals for response times (call centers)

Customer Service Strategy

- Service level goals based on customer feedback
- Self service and accessible tools
- Continuous improvement processes
- Utilize available technology
- Plan for unplanned high-volume events

Agency Policy

Agencies will develop an internal Customer Service policy and will submit to DAS, along with their agency customer service KPM, prior to implementation.

AADA
American Association of Dental Administrators

40th Annual Conference

Galt House Hotel
140 N Fourth St, Louisville, KY
September 25-26, 2024

WEDNESDAY, SEPTEMBER 25

8:00 AM – 8:30 AM	**Breakfast**
	Location: East Tower, First Floor - Sampson
8:30 AM – 12:00 PM	**AM Presentations and Discussions**
	Location: East Tower, First Floor - Wilkinson
8:30 AM – 9:00 AM	Welcome and Introductions
9:00 AM – 10:00 AM	Align Technologies – Overview of Digital Imaging and Other New Technology *Jared Bloehs, Regional Manager (IN, KY, MI, OH)* *Brian DePrez, Digital Platform Territory Manager* *Lauren Kline, LDF, BSDH, Digital Adoption Specialist* *Sarah St. Claire, MS, RDH, General Practitioner Territory Manager*
10:00 AM – 10:15 AM	**Break**
10:15 AM – 11:15 AM	Ethical Considerations in Teledentistry and the Integration of Emerging Technologies: Privacy, Confidentiality, and Patient-Centered Care *Tiffany Grant, MBA, BAS, RDH, CEO – Access Teledentistry*
11:15 AM – 12:00 PM	Lightning Round #1 Universal Licensure Issues *Rusty Hickham (LA)* Licensure of Foreign Trained Dentists *Bruce Bronoske (WA)* *Debbie Gardner (WA)*
12:00 PM – 1:00 PM	**Lunch**
	Location: East Tower, First Floor - Sampson
1:00 PM – 4:30 PM	**PM Presentation and Discussions**
	Location: East Tower, First Floor - Wilkinson
1:00 PM – 1:45 PM	Lightning Round #2 Unlicensed Practice *Denny Hydrick (MS)* Unapproved and Office-Based Dental Assisting Schools *Katherine Landsberg (DANB)*
1:45 PM – 2:45 PM	Dental Workforce Issues: Exploring Trends and Embracing the Future *Kerri Friel, CDA, COA, RDH, M.A, Community College of Rhode Island*
2:45 PM – 3:00 PM	**Break**
3:00 PM – 4:30 PM	State Board Roundtable
6:00 PM – 8:00 PM	**Network Reception**
	Location: West Tower, Second Floor - Violet

AADA
American Association of Dental Administrators

40th Annual Conference

Galt House Hotel
140 N Fourth St, Louisville, KY
September 25-26, 2024

THURSDAY, SEPTEMBER 26

8:30 AM – 9:00 AM	**Breakfast**
	Location: East Tower, First Floor - Sampson
9:00 AM – 12:00 PM	**Presentations and Discussions**
	Location: East Tower, First Floor - Wilkinson
9:00 AM – 9:30 AM	AADA Committee Update
9:30 AM – 11:00 AM	Business Session
11:00 AM – 12:00 PM	Membership Benefits Discussion and Conclusion

Attachment #8

CDCA WREB CITA

The National Exam Standard

General Assembly Meeting Preliminary Agenda

Business Session I
9:00 AM – 11:00 AM

Grand Ballroom A/B, 3rd Floor East Tower
Friday, September 27, 2024

Welcome

9:00 am Call to order, *Dr. Mark Armstrong, Chair*

- State Roll Call
- Welcome Guests
- Approval of Agenda
- Approval of Minutes, January 2024 Virtual General Assembly

- Chairman's Report
- State of CDCA-WREB-CITA Address, *Dr. Mark Armstrong, Chair*
- Report of the Nominations Committee, *Dr. David Baasch, Committee Chair*
  - *Elections*
- CEO Report, Mr. Alexander Vandiver, MBA
- Election Speeches (if needed)
- Dental Testing & Regulatory Summit Panel :30-:45 minutes
  - Featuring Representatives of ADEX, AADA, AADB & CDCA-WREB-CITA
- Caucus Instructions
- In Memorium, *Ms. Betty Howard, RDH, Secretary*

11:00 am State Caucuses (in various rooms)

(12:00 pm Lunch in Archibald Cochran, West Tower)

Business Session II
1:30 pm - 5:00 pm

Grand Ballroom A/B, 3rd Floor East Tower
Friday, September 27, 2024

1:30 pm Return to order, *Dr. Mark Armstrong*

- Report from the Director of Examinations, *Dr. Benjamin Wall*
- Report of the Finance Committee, *Dr. Greg Waite*
- Report of the Credentials Committee, *Dr. Mina Paul*
- William Collins Service Awards, presented in groups by *Dr. Rudy Ramos, Vice Chair*
- Emeritus Requests, *Dr. Rudy Ramos, Vice Chair*

A Message from Kosair for Kids

(Break 15 minutes)

3:15 pm Town Hall

4:15 pm General Assembly Closing Session

- ADEX's Dr. Stan Kanna Award, *Dr. Conrad McVea, President of ADEX*
- Shampaine-Low Award Presentation, *Dr. David Perkins, Committee Chair*
- Unfinished/New Business, *Dr. Mark Armstrong*
- Closing Messages, *Dr. Mark Armstrong*
    - Upcoming meeting schedule/locations
    - Churchill Downs – badges/instructions

5:00 pm Adjournment

(All Attendee Reception @ Churchill Downs 7:00 pm)

AADB 141st Annual Meeting
September 28 - 29, 2024

The Galt House Hotel
140 N. Fourth Street
Louisville, KY 40202

Saturday, September 28th Meeting Agenda

*****Please note the times listed below are in Eastern Time*****

7:00 a.m. - 5:00 p.m.	**Registration** - *Outside of ArchCoch Room*
7:00 a.m. - 8:00 a.m.	**Hot Breakfast Buffet** - Cochran *Room*
7:15 a.m. - 8:00 a.m.	**AADB Board of Directors Meeting** - *Walnut Room* Dale Chamberlain, DDS AADB President
8:00 a.m. - 5:15 p.m.	**AADB Attorney Round Table Meeting** - *Poplar Room* *This closed session is for Attorneys who represent State/Territory Dental Boards.*
8:00 a.m. - 9:00 a.m.	**AADB Member Investigator Caucus** - *Holly Room* W. Blake Strickland Executive Director Board of Dental Examiners of Alabama
8:00 a.m. - 9:00 a.m.	**AADB Member Hygienist Caucus** - *Willow Room* Diane Klemann, RDH AADB Dental Hygiene Board Member *This closed session is for AADB member hygienists.*
8:00 a.m. - 9:00 a.m.	**AADB Member Administrator Caucus** - Dogwood *Room* Dr. Arthur 'Rusty' Hickham Louisiana State Dental Board AADB Administrator Member
9:15 a.m. - 11:15 a.m.	**Board Member Orientation and Certification Course** CE (2) - *Archibald Room* AADB Lawyers Committee Board of Director Members
11:15 a.m. - 12:00 p.m.	**Break for Lunch** - Cochran Room

General Session Archibald Ballroom

12:00 p.m. - 12:20 p.m. **AADB President's Opening Remarks**
Dale Chamberlain, DDS, AADB President

12:20 p.m. - 12:30 p.m. **Executive Director's Welcome & Report**
Kimber Cobb, RDH, AADB Executive Director

12:30 p.m. - 1:30 p.m. **Provider Well-Being & Stigma: Balancing protection of the public with helping our colleagues** CE (1)
Robert G. McNeill, DDS, MD, MBA, FACD, FICD
Panel: Hana Alberti, DDS
Brett H. Kessler, DDS
Mark Staz, MA

1:30 p.m. - 2:15 p.m. **Partnering for Patient Safety: A Collaborative Approach** CE (.75)
Alan Budd, DMD
John William Claytor, DDS, MAGD

2:15 p.m. - 2:30 p.m. **Exhibits & Networking Break**

2:30 p.m. - 4:30 p.m. **Business Meeting**

Treasurer's Report
Clifford Feingold, DDS, AADB Treasurer

AADB Update
Arthur Chen-Shu Jee, DMD, AADB Vice President
Panel: Clifford Feingold, DDS, AADB Treasurer
Bobby J. Carmen, DDS, MAGD, AADB Secretary

Nomination Speeches

AADB Citizen of the Year Award Presentation

4:30 p.m. - 5:15 p.m. **AADB Representative Reports**
CDEL: Barbara Mousel, DDS
Donald P. Bennett, DDS
Catherine Watkins, DDS
Arthur C. Jee, DMD

CODA: Carolyn Brown, DMD
Maxine Feinberg, DDS
Lisa Nowlin, DDS

JCNDE: Julie W. McKee, DMD
Jeetandra Patel, DDS

DANB: Frank A. Maggio, DDS

5:15 p.m. - 5:30 p.m. **Exhibits & Networking Break**

5:30 p.m. - 6:15 p.m. **Presidential Reception** - ***Willow Room***
Please join President Dale Chamberlain, DDS, the AADB Board of Directors, the AADB team, and invited speakers for light hors d'oeuvres and drinks.

Sunday, September 29th Meeting Agenda

*****Please note the times listed below are in Eastern Time*****

7:00 a.m. - 9:00 a.m. **Registration** - *Outside of ArchCoch Room*

7:00 a.m. - 7:30 a.m. **Continental Breakfast Buffet** - Cochran Room

8:00 a.m. - 12:00 p.m. **AADB Attorney Round Table Meeting** - *Poplar Room*
This closed session is for Attorneys who represent State/Territory Dental Boards.

7:30 a.m. - 8:30 a.m. **Regional Caucus Meetings**
North Caucus – Willow Room
South Caucus – Holly Room
East Caucus – Walnut Room
West Caucus – Dogwood Room

8:30 a.m. - 8:45 a.m. **Exhibits & Networking Break**

General Session Archibald Ballroom

8:45 a.m. - 9:00 a.m. **Sponsorship Recognition**
ACADENTAL
DANB
DOCS
EBAS
QUAD A
DentalACE

9:00 a.m. - 10:30 a.m. **Attorney Round Table** CE (1.5)
Susan Rogers
Executive Director and General Counsel, Oklahoma State Board of Dentistry

10:30 a.m. - 11:15 a.m. **Caucus Reports**
North: Frank Maggio, DDS, AADB Caucus Chair
South: Melodie Jones, DMD, AADB Caucus Chair
East: Maxine Feinberg, DDS, AADB Caucus Chair
West: Byron Killpack, DDS, AADB Caucus Chair
Administrator: Arthur 'Rusty' Hickham, DDS, Administrator Caucus Chair
Hygiene: Diane Klemann, RDH, Hygiene Caucus Chair
Investigator: W. Blake Strickland, Investigator Caucus Chair

11:15 a.m. - 12:00 p.m. **AADB State Dental Board Forum: State/Jurisdictions Board Issues** CE (.75)
Bobby J. Carmen, DDS, MAGD, AADB Secretary

Submit Election Ballots

12:00 p.m. **Adjournment**

AADB Caucuses by State

North	South	East	West
Illinois	Alabama	Connecticut	Alaska
Indiana	Arkansas	Delaware	Arizona
Iowa	Florida	District of Columbia	California
Michigan	Georgia	Maine	Colorado
Minnesota	Kentucky	Maryland	Hawaii
Missouri	Louisiana	Massachusetts	Idaho
Nebraska	Mississippi	New Hampshire	Kansas
North Dakota	North Carolina	New Jersey	Montana
Ohio	Puerto Rico	New York	Nevada
South Dakota	South Carolina	Pennsylvania	New Mexico
Wisconsin	Tennessee	Rhode Island	Oklahoma
	Virginia	Vermont	Oregon
	Virgin Islands	West Virginia	Texas
			Utah
			Washington
			Wyoming

Attachment #8

Updated 09 19 2024

Remaining OBD 2024 Board Meeting Dates

October 25, 2024

December 13, 2024 - VIrtual Only

OBD 2025 Board Meeting Dates

BOARD MEETING	Notes
Friday, February 7, 2025	legislative/budget issues (virtual only) 1 hour
Friday, February 28, 2025	full meeting - in person & virtual
Friday, March 14, 2025	legislative/budget issues (virtual only) 1 hour
Friday, April 4, 2025	legislative/budget issues (virtual only) 1 hour
Friday, April 25, 2025	full meeting - in person & virtual
Friday, May 9, 2025	legislative/budget issues (virtual only) 1 hour
Friday, May 30, 2025	legislative/budget issues (virtual only) 1 hour
Friday, June 13, 2025	full meeting - in person & virtual
Friday, August 22, 2025	full meeting - in person & virtual
Friday, October 24, 2025	full meeting - in person & virtual
Friday, December 12, 2025	full meeting - in person & virtual

Updated Board Meeting Dates adopted by the Board at Aug 23, 2024 Board Meeting

Progress Report

OREGON AGENCY EXPECTATIONS

Sept. 30, 2024

Covering April 1, 2024 - June 30, 2024

Office of Strategic Initiatives and Enterprise Accountability

oregon.gov/das/pages/strategic-initiatives-and-enterprise-accountability.aspx

DAS
DEPARTMENT OF ADMINISTRATIVE SERVICES

Attachment #10

Table of Contents

Introduction

In January 2023, Governor Kotek sent a letter to state agencies outlining 11 specific expectations for operations in Oregon state government. The purpose of this report is to update Governor Kotek on progress made in meeting expectations in the second quarter of 2024.

This is the sixth quarterly report the Department of Administrative Services (DAS) has produced on this topic. The first five reports are available on the DAS Strategic Initiatives and Enterprise Accountability website.

This report focuses on six of the 11 measures. We focus on these measures to provide detail about the structure that has been put in place to support agencies, what agencies have done to meet the expectations, and some preliminary data on outcomes.

In the current reporting period (April-June 2024), Oregon state agencies have made the following progress:

Audit Accountability – Agencies submitted information on 67 internal and external audits, from which 117 recommendations (36%) were implemented, 155 recommendations (48%) were not implemented but not yet due, and 38 (19%) were not yet implemented and overdue.

Diversity Equity and Inclusion Plans – All agencies (83) met the expectation to submit a DEI plan and meet with the Office of Cultural Change for feedback.

Increased Number of Strategic Plans – 75 of 77 agencies submitted a strategic plan to DAS, an immense improvement from June 2023 when just 32 agencies reported having strategic plans.

Slightly Decreased Rate of Employee Performance Feedback – In the last report, the enterprise was at 95% compliance with employee performance feedback. In this period, agencies have decreased compliance to 94%, and 51 out of 64 agencies achieved 90% or higher.

Decreased Time to Fill Vacancies –The average time it took to fill vacant positions decreased slightly to 67 days.

Mixed Vacancy Rate Changes – The rate of positions that were vacant for more than six months increased to 6.2% from the previous quarter's 5.2%, while the rate for all vacancies decreased from 13.2 to 12.9%.

Mixed Progress on Participation in Required Trainings –

- Customer Service Fundamentals training achieved 98.2% compliance (a decrease from 99.6%).
- Foundational Training for Managers increased from 83.8% to 84.41% compliance.
- Uplift Your Benefits training: 92.4% of agencies are meeting the goal of 100% participation of new employees within 30 days of hire (down from June's 95%).

Future reports will share progress as anticipated below, as agencies reach deliverable deadlines.

Expectations Reporting Schedule	12/31/24	3/31/25	6/30/25	9/30/25
Audit accountability		✓		✓
Continuity of Operations Plans updates	✓			
Diversity, equity and inclusion plans				✓
Managing information technology process		✓		
Measuring employee satisfaction		✓		
Performance feedback for employees	✓	✓	✓	✓
Performance reviews for agency directors			✓	
Strategic plans				✓
Succession planning for the workforce		✓		
Time to fill and vacancies	✓	✓	✓	✓
Trainings to develop new employees and managers	✓	✓	✓	✓

Overview of Measures Covered in this Report

1. Audit Accountability

State agencies report to DAS on audit recommendation status twice a year. The reports are due by May 31 and Nov. 30 of each year.

> *Goals/objectives: These reports will track recommendations resulting from Secretary of State audits and agency internal audits completed starting Jan. 1, 2023 going forward.*

2. State Government Commitment to Diversity Equity and Inclusion

All agencies will develop and submit a biennial Diversity, Equity and Inclusion plan.

> *Goals/objectives: Agencies will create a DEI plan to serve as an overarching DEI strategy tool, and an Affirmative Action Plan, to achieve affirmative action goals.*

3. Strategic Planning

Agencies will develop and follow a strategic plan using goals outlined by the Governor's Office.

> *Goals/objectives: State agencies develop plans with agency leadership and in partnership with direct service employees, community partners, tribes, underrepresented communities and applicable boards and commissions responsible for oversight of the organization.*

4. Performance Feedback for Employees

Each agency will maintain a compliance rate of 90% or higher for completion of quarterly performance feedback meetings between managers and employees.

> *Goals/objectives: Executive Branch employees receive consistent and regular feedback from managers. Managers are empowered with the right tools and training to produce outcomes, provide support, assess performance and provide feedback to the staff they manage, according to the statewide values and competencies.*

3. Agency Hiring Practices

Each agency will maintain an average of 50 days or less time to fill their open competitive recruitments.* They will also actively manage their vacancies, reporting quarterly the reason for each budgeted vacancy they have in their department.

Goals/objectives: State agencies need to compete with the private sector for top candidates and get their positions filled expediently. Recruitments that go beyond 50 days risk losing top candidates. Such delays are often within the control of the recruiter and hiring manager.

* After the legislature grants positions or after they become vacant.

4. Developing New Employees and Managers

All agencies will develop a **new employee orientation** program and be able to demonstrate that 100% of their employees attend within 60 days of hire.

Goals/objectives: Executive Branch employees will be welcomed, informed of state government values and agency procedures, and prepared to start work.

All new state employees will participate in DAS' **Customer Service Fundamentals** within 60 days of hire.

Goals/objectives*: New employees align with and provide excellent service to customers.*

All agencies will ensure that new managers in state government complete the **Foundational Training Program**.

Goals/objectives: New managers are prepared to effectively manage.

All employees new to state government will participate in **benefits education** (Uplift Your Benefits) within 14 days of hire, so the training can inform employees' benefit choices.

Goals/objectives: Employees gain an awareness of their benefits and resources to aid their decisions. Employees understand and feel more confident in choosing benefits that are tailored to their needs and priorities. Employees understand the value of their benefits package.

Audit Accountability

Agencies submitted information on 67 internal and external audits, which included 320 total recommendations.[1] 117 recommendations were implemented (36%), 55 are not implemented but not yet due (48%), and 38 are not yet implemented and overdue (19%).

Agencies Are Making Progress Implementing Audit Recommendations

Several agencies reported implementation of all recommendations of an audit in this period, including Department of Administrative Services, Department of Consumer and Business Services, Department of Corrections, Department of Justice, Department of Revenue, and the Higher Education Coordinating Commission. Relatively rate are overdue recommendations, and half in this period were associated with a single internal audit of contract administration at OHA. The OHA/DHS chief audit executive noted the timeline for implementation of audit recommendations was especially aggressive, and the agency is actively implementing the recommendations. ODEM and OLCC each reported six past-due recommendations split among several engagements. No other agency had more than two overdue recommendations.

Audit Work Covers a Variety of High-Risk Areas

Agency internal audits from this period fell into several high-risk categories, including:

- Information technology audits on application management, IT and data governance, data quality, service desk management and IT incident response
- Agency-wide and program efforts related to diversity, equity and inclusion
- Safety and security audits, such as incident and hazard response
- General management audits on protection of state assets, bond management, grants accounting and public records
- Staff engagement, training and workforce development
- Industry-specific performance audits, such as Controlled Hunt Draw (ODFW), calculation of tax and fee revenue (DOR, ODOT), and divorce calculations (PERS).

Some Agencies Need Additional Resources to Conduct Audit Work

Several agencies required to maintain an audit function do not currently have staffing resources to do so, including ODA, OWEB, OWRD, PUC, and DSL. The DAS statewide internal audit coordinator is working with these agencies to identify strategies for conducting audit work.

[1] Due to delay publishing the SOS Statewide Single Audit, DAS advised agencies not to report on associated recommendations in this period. Recommendations from the single audit will appear in the next reporting period ending in the fall of 2024.

State Government Commitment to Diversity Equity and Inclusion

The Office of Cultural Change (OCC) is a supportive partner to agencies throughout the development, submission and implementation of their diversity, equity and inclusion plans (DEI plan). This includes building capacity, providing resources and sustaining meaningful relationships across the enterprise. The OCC's hope and expectation in this accountability is to deepen DEI commitments and ongoing investments in DEI across the enterprise.

While agencies were expected to complete a full DEI plan by June 1, 2024 (if they did not submit a full plan by June 1, 2023), the OCC set two additional expectations to deepen engagement in this new requirement. The expectations are that every agency, represented by their agency head and DEI lead (where applicable):

1) Meet with the OCC to discuss DEI plan development and implementation and receive feedback on their plans and guidance from the OCC.
2) Actively participate in one of five collaborative cohorts focused on DEI plan development and implementation, managed and facilitated by the OCC quarterly.

Of the 83 agencies required to submit a DEI plan, all 83 met with the OCC for a minimum of one hour; 33 of these agencies met with the OCC more than once as part of the DEI plan process. In total, the OCC spent over 250 hours meeting with agencies to share feedback and provide support in plan development. With the support of members of the OCC's DEIB Cabinet, over 250 hours were also spent reviewing agency DEI plans. **Ultimately, 83 agencies submitted completed DEI plans by the June 1, 2024 deadline.** This includes agencies who embedded DEI into their strategic plans.

Also, in the first two quarters of 2024, 84 agencies that were required to submit a DEI plan participated in the first two quarterly DEI cohort meetings. We are currently underway with third quarter cohort meetings.

Throughout the DEI plan process, several themes emerged:

- A desire for a streamlining of required plans, including alignment around due dates. This also includes an acknowledgement and a "right-sized" approach for smaller agencies, boards and commissions who have limited resources and staffing to thoughtfully approach developing all of the plan requirements.
- Agencies are on a wide spectrum of DEI awareness, skill and implementation.
- Many barriers to advancing DEI exist (e.g. – staffing, budget, etc.), and there is collective feedback that agencies need more DEI resources to do the work more deeply and effectively.
- Agencies seek guidance and clarity about what accountability to DEI looks like in day-to-day operations.

- Many DEI plans require DEI leaders to lead and implement most (if not all) of the work of DEI plans. Unclear expectations about how leadership and staff might see their responsibility and accountability to DEI.
- Some DEI Leaders do not have meaningful access to leadership, creating barriers to socializing and implementing the work.
- Some agency directors approach DEI as a core responsibility, while others do not have an understanding or approach to leading for DEI.
- DEI plans often focus on technical approaches, not addressing internal culture-building practices that lead to more inclusive workplaces and retention of staff.
- DEI plans often focus on training and awareness-building without a process to implement or build accountability to what is learned.
- "Community engagement" means many different things to agencies, ranging from feedback, to developing deep relationships with the community so that they are actively involved with decision-making.
- No clear processes exist for when staff experience racism from the public and people they serve.
- There is a clear need for repair and restorative work to be embedded within State culture and systems, especially as there are unclear pathways beyond reporting to Human Resources or investigations for when employees experience harm (e.g. – conflict, racism, microaggressions, etc.).

The OCC is currently meeting with cohorts for feedback on the DEI plan process and cohorts to adapt and refine ongoing implementation supports and accountability measures. The OCC plans on continuing the cohorts to provide that ongoing support, guidance and capacity building, and using the feedback to ensure that the time spent in cohorts is meaningful for agencies. So far, the feedback is positive, and agencies have expressed appreciation for the opportunity to engage with other agencies, learn from one another and share resources to advance in their DEI journey.

Lastly, the OCC is actively engaging with the Governor's Office to develop a north star vision for DEI that can both align and deepen the DEI work happening across the enterprise.

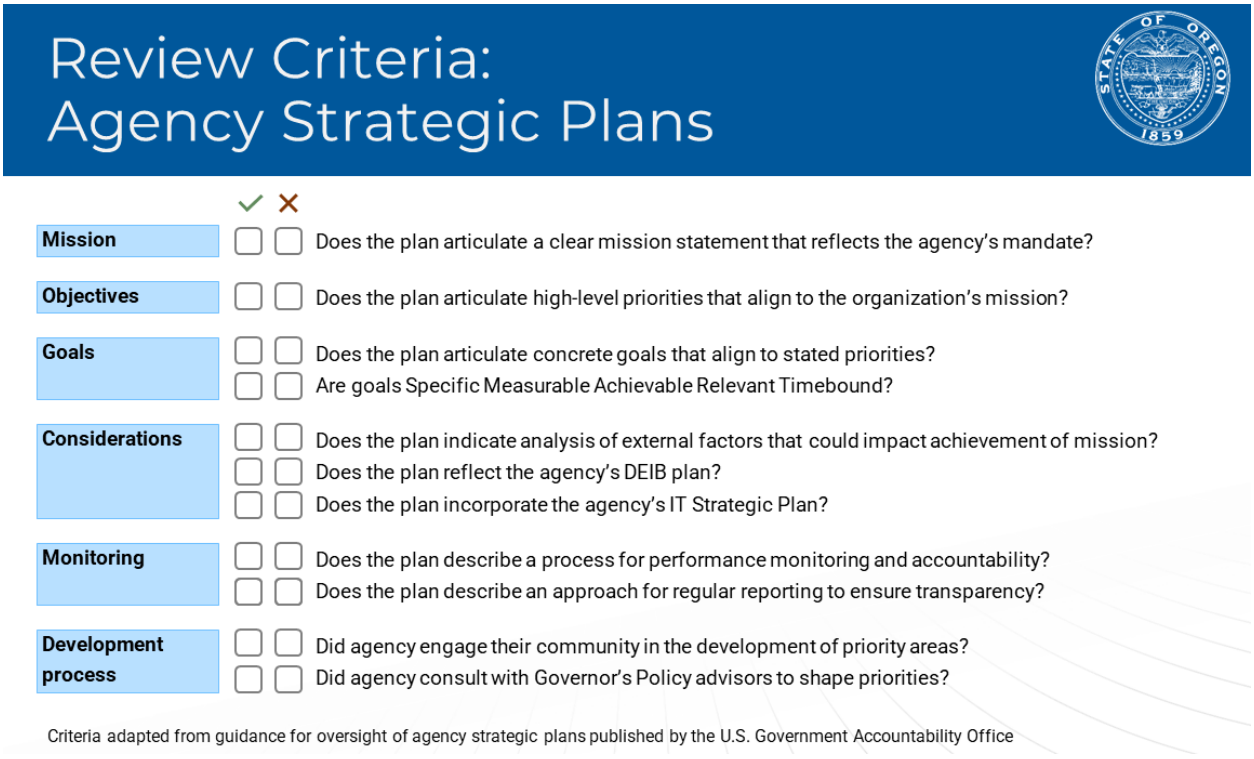
Strategic Planning

In a baseline survey of agencies reported in June 2023, 32 out of 77 agency directors reported that their agency had completed a strategic plan within the last 36 months.

Currently, **75 out of 77 agencies have submitted a strategic plan for DAS review** (all but the Oregon Board of Optometry and the Oregon Department of Aviation).

DAS Review Process

The DAS Strategic Initiatives and Enterprise Accountability team is currently reviewing all plans against criteria that are based on guidance published by the U.S. Government Accountability Office. The team is also preparing feedback for each plan and will then meet with agencies to share the feedback and offer support to meet the criteria in the next strategic plan update, due in June 2025.



Performance Feedback for Employees

Oregon state government has moved from a yearly performance management process to the Performance Accountability and Feedback (PAF) model requiring managers to conduct quarterly check-ins with their employees. The expectation is that each agency will achieve a 90% or higher quarterly check-in completion rate.

The data reported this period is for check-ins due by July 31, 2024, which provided feedback on employee performance as observed by managers in the second quarter (April 1, 2024 - June 30, 2024). Managers met with each employee to provide feedback on the employee's goals and expectations and then documented the check-in by the due date.

- **Overall PAF check-in compliance was 95%**, with a total of 28,645 check-ins completed out of the 30,278 check-ins required.
- 52 of the 64 (81%) Executive Branch agencies required to complete check-ins met or exceeded the 90% completion rate for this quarters check-ins.
- 5 of 64 (8%) had a check-in completion rate between 80% and 90%.
- 7 of 64 (11%) did not reach at least 80% compliance:
  - Board of Nursing
  - Long Term Care Ombudsman
  - Higher Education Coordinating Commission
  - Department of Veterans Affairs
  - State Board of Parole and Post-Prison Supervision*
  - State Board of Massage Therapists*
  - Teacher Standards and Practices Commission*

  **Also completed fewer than 80% of required check-ins for quarter ending 3/31/24*.

Agency Hiring Practices

Time to Fill Positions

It is the Governor's expectation that the average time to fill positions does not exceed 50 days. To measure this, we use the Workday report called, "Time to Fill - Job Posting Start Date to Offer/Job Filled Date" and analyze progress over time. Time to fill is calculated from the date a job announcement posts to the date when the selected candidate accepts the job offer. The report includes agencies within the Executive Branch. It does not include atypical requisitions such as executive recruitments (agency heads), evergreens, linked evergreens, recruitments with legally required assessments prior to job offer, or requisitions opened briefly for position management and internal reorganization transactions.

The statewide average time to fill in Q2 of 2024 decreased slightly to 67 days. Efforts to streamline the recruitment process are aiding in this endeavor. Proactive measures such as forecasting recruitment timelines, conducting sourcing and outreach to job seekers, and expediting interviews, reference checks and job offers continue to accelerate the process. The data here shows the statewide average time to fill over the last six quarters and how many agencies achieved a 50-day (or less) average. The data displays the count and percent of agencies that recruited in each quarter and met the 50-day goal.

Year	Quarter	Statewide Avg. Time to Fill	# of Agencies Included	# of agencies < 50-day goal	% of agencies < 50-day goal
2023	Q1: Jan	79 days	49	4	8%
	Q2: Apr	74 days	49	15	31%
	Q3: July	75 days	55	23	42%
	Q4: Oct	68 days	52	17	33%
2024	Q1: Jan	68 days	46	16	35%
	Q2: Apr	67 days	46	17	37%

Vacancy Rates

The vacancy rate for Q2 of 2024 dropped slightly from the previous quarter to 12.9%. In accordance with the Governor's expectations, agencies are required to monitor and report their vacancy rates on a quarterly basis. DAS tracks "Budgeted Vacancies" through Workday to analyze total vacancies. Additionally, to align with vacancy reporting that is presented to the Legislature, vacancies that have been open for six months or longer are also shown. Prior to tracking the vacancy rates for the purposes of this report, Oregon state government had a baseline vacancy rate of 18.4%. Efforts to streamline and accelerate the recruitment process is decreasing the time to fill which in turn decreases the vacancy rate.

Year	Quarter	Total Positions	Total Vacancies	Vacancies <6mo	Total Vacancy Rate	>6mo Vacancy Rate
2023	Q2: Apr –	42,310	6,217	2,837	14.7%	6.7%
	Q3: July –	43,096	5,865	2,185	13.5%	5.1%
	Q4: Oct –	43,891	5,732	2,283	13.0%	5.2%
2024	Q1: Jan –	44,429	5,853	2,325	13.2%	5.2%
	Q2: Apr –	44,653	5,773	2,748	12.9%	6.2%

Developing New Employees and Managers

Customer Service Training

The online self-paced customer service course is automatically assigned to all new hires to Oregon state government or employees who transfer from the Legislature, Judicial Department, Inside Oregon Enterprises, Oregon Travel Information Council, Secretary of State, Treasury, or a Semi-Independent agency to the Executive Branch. The expectation is that 100% of all new employee's complete the training within 60 days of being hired.

This reporting period is for April 1, 2024, through June 30, 2024. Of the 1,109 new hires hired during this period:

- 1,089 employees completed the training within 60 days of being hired.
- 17 employees have not completed the training and are over 60 days of being hired.
- 1 employee has not completed the training but is still within the 60 days.
- 2 employees completed the training after 60 days of being hired.

The enterprise achieved 98.19% compliance.

Foundational Training Program

As noted in the June 30, 2024 Progress Report – Oregon Agency Expectations, an adjustment to this expectation went into effect April 1, 2024. New managers must complete the Foundational Training Program within four months of their position start date.

This reporting period is for April 1, 2024, through June 30, 2024. Of the 154 new managers hired during this period:

- 21 new managers completed the training within four months of being hired.
- 109 new managers have not completed the training but are still within four months of being hired.
- 24 new managers have not completed the training within four months of being hired.

The enterprise achieved 84.41% compliance.

Performance Accountability & Feedback (PAF) Training

These trainings are automatically assigned to all new managers to the Executive Branch or current Executive Branch employees who are promoted into a permanent or limited duration supervisory management position. The expectation is that 100% of all new managers will complete the three online self-paced PAF modules within 30 days of being hired or position start date.

This reporting period is for April 1, 2024, through June 30, 2024. Of the 153 new managers hired during this period:

- 132 new managers completed the training within 30 days of being hired.

- Seven new managers have not completed the training and are over 30 days of being hired.
- Zero new managers haven't completed the training but are still within the 30 days.
- 14 new managers completed the training after 30 days of being hired.

The enterprise achieved 86.2% compliance.

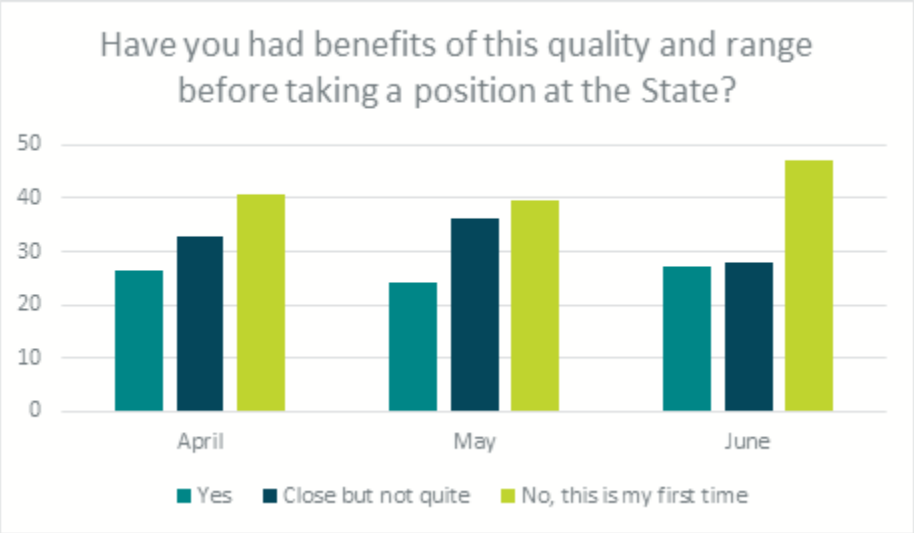
Uplift Your Benefits

All employees who are new to state service are notified via Workday to attend an Uplift Your Benefits workshop.

- 1,083 new employees were hired in this period (April – June 2024).
- **1001 employees (92.4%) completed the workshop within 30 days.**
- 37 employees (3.4%) completed the workshop after the 30-day window.
- 45 employees (4.15%) have not completed the workshop after the 30-day window.

The Uplift Your Benefits (UYB) workshop is engaging and interactive, we use zoom polls during the workshop to engage participants and collect data to help inform our programming. The following graph illustrates that 39-47% of UYB participants in Q2 have never had benefits of this quality and range before. (see figure 1).

Figure 1. zoom poll question



The UYB post workshop survey allows Uplift to collect qualitative data on the workshop to inform future offerings through a needs assessment and to capture the overall experience of participants. The average response rate for Q2 was 82.1%

> “Great presentation! Had lots of good information to go over, plenty of time for questions and a plethora of resources available for self-help. Many of the questions that were coming up were proactively answered”.
>
> *UYB participant - May 17, 2024*

> “Great presentation! Really excited to check out all of my new benefits!”
>
> *UYB participant – June 21, 2024*

Conclusion

This quarter's report is the first where we have enough data to show trends for most of these expectations. Particular highlights are the work of agencies to create diversity equity and inclusion plans and strategic plans. At baseline, in June 2023 we reported that fewer than half of agencies had a current strategic plan. Now, every agency but two has submitted a strategic plan for review by their policy advisor and DAS. For DEI plans, at the baseline in 2023, only 40 agencies had completed a DEI plan in the last 24 months, and now all required agencies, and some volunteer agencies that wanted to participate have submitted a DEI plan and joined cohorts of their peers for implementation.

While not all measures show improvement this quarter, in fact a couple measures are moving in the wrong direction, we now have the ability to track over time and home in on areas of work or agencies that may need extra attention to meet the Governor's expectations.

Appendix A: Diversity Equity and Inclusion Plans

Status	Total
DEI plan submitted within last 24 months	59
DEI plan embedded in updated strategic plan	15
Affirmative action plan submitted as DEI plan	9
No plan submitted	0
Total agencies, boards, commissions, departments, offices	83

Agency	DEI Plan Status	Next Due
Appraiser Certification & Licensure Board	DEI plan submitted within last 24 months	2026
Ore. Board of Examiners for Speech-Language	DEI plan embedded in updated strategic plan	2027
Board of Licensed Social Workers	DEI plan embedded in updated strategic plan	2027
Board of Parole & Post-Prison Supervision	DEI plan submitted within last 24 months	2026
Ore. Board of Pharmacy	DEI plan submitted within last 24 months	2026
Bureau of Labor & Industries	DEI plan submitted within last 24 months	2025
Business Ore.	DEI plan submitted within last 24 months	2026
Columbia River Gorge Commission	DEI plan submitted within last 24 months	2025
Construction Contractors Board	DEI plan submitted within last 24 months	2026
Dept. of Administrative Services	DEI plan embedded in updated strategic plan	2027
Dept. of Consumer & Business Services	DEI plan submitted within last 24 months	2025
Dept. of Corrections	DEI plan submitted within last 24 months	2026
Dept. of Early Learning & Care	DEI plan submitted within last 24 months	2025
Dept. of Environmental Quality	DEI plan submitted within last 24 months	2026
Dept. of Geology & Mineral Industries	DEI plan embedded in updated strategic plan	2027
Dept. of Land Conservation & Development	DEI plan submitted within last 24 months	2026
Dept. of Public Safety Standards & Training	DEI plan submitted within last 24 months	2025
Dept. of Revenue	DEI plan submitted within last 24 months	2025
Employment Relations Board	DEI plan embedded in updated strategic plan	2027
Enterprise Information Services	DEI plan submitted within last 24 months	2025
Higher Education Coordinating Commission	DEI plan submitted within last 24 months	2025
Land Use Board of Appeals	DEI plan submitted within last 24 months	2026
Landscape Contractors Board	Affirmative action plan submitted as DEI plan	2025
Mental Health Regulatory Agency	DEI plan submitted within last 24 months	2025
Occupational Therapy Licensing Board	DEI plan submitted within last 24 months	2026
Office of Administrative Hearings	DEI plan embedded in updated strategic plan	2027
Ore. Advocacy Commissions Office	DEI plan submitted within last 24 months	2026
Ore. Board of Chiropractic Examiners	DEI plan embedded in updated strategic plan	2027
Ore. Board of Dentistry	DEI plan submitted within last 24 months	2025
Ore. Board of Medical Imaging	DEI plan submitted within last 24 months	2025
Ore. Board of Naturopathic Medicine	DEI plan submitted within last 24 months	2026
Ore. Board of Optometry	Affirmative action plan submitted as DEI plan	2025

Agency	DEI Plan Status	Next Due
Ore. Board of Physical Therapy	DEI plan submitted within last 24 months	2025
Ore. Board of Tax Practitioners	Affirmative action plan submitted as DEI plan	2025
Ore. Commission for the Blind	Affirmative action plan submitted as DEI plan	2025
Criminal Justice Commission	DEI plan submitted within last 24 months	2025
Dept. of Agriculture	DEI plan embedded in updated strategic plan	2027
Ore. Dept. of Aviation	DEI plan submitted within last 24 months	2026
Ore. Dept. of Education	DEI plan submitted within last 24 months	2026
Ore. Dept. of Emergency Management	Affirmative action plan submitted as DEI plan	2025
Ore. Dept. of Energy	DEI plan submitted within last 24 months	2025
Ore. Dept. of Fish & Wildlife	DEI plan submitted within last 24 months	2026
Ore. Dept. of Forestry	DEI plan submitted within last 24 months	2025
Ore. Dept. of Human Services	DEI plan submitted within last 24 months	2025
Dept. of State Lands	DEI plan submitted within last 24 months	2026
Ore. Dept. of Transportation	DEI plan submitted within last 24 months	2025
Ore. Dept. of Veterans' Affairs	DEI plan embedded in updated strategic plan	2026
Ore. Employment Dept.	DEI plan submitted within last 24 months	2025
Ore. Film & Video Office	DEI plan submitted within last 24 months	2026
Ore. Government Ethics Commission	DEI plan submitted within last 24 months	2026
Ore. Health Authority	DEI plan submitted within last 24 months	2025
Ore. Housing & Community Services	DEI plan submitted within last 24 months	2026
Ore. Liquor & Cannabis Commission	DEI plan embedded in updated strategic plan	2027
Office of the Long Term Care Ombudsman	DEI plan submitted within last 24 months	2026
Ore. Medical Board	DEI plan submitted within last 24 months	2026
Ore. Military Dept.	DEI plan submitted within last 24 months	2025
Ore. Mortuary & Cemetery Board	DEI plan embedded in updated strategic plan	2027
Ore. Parks & Recreation Dept.	DEI plan submitted within last 24 months	2026
Ore. Patient Safety Commission	DEI plan embedded in updated strategic plan	2027
Ore. Racing Commission	DEI plan submitted within last 24 months	2026
Real Estate Agency	DEI plan submitted within last 24 months	2025
Ore. State Board of Architect Examiners	Affirmative action plan submitted as DEI plan	2025
Ore. State Board of Examiners for Engineering &	DEI plan submitted within last 24 months	2025
Ore. Board of Geologist Examiners	Affirmative action plan submitted as DEI plan	2025
Ore. State Board of Nursing	DEI plan submitted within last 24 months	2026
Ore. State Fire Marshal	DEI plan submitted within last 24 months	2026
Ore. State Landscape Architect Board	Affirmative action plan submitted as DEI plan	2025
Ore. State Lottery	DEI plan submitted within last 24 months	2026
Ore. State Marine Board	DEI plan submitted within last 24 months	2025
Ore. State Police	DEI plan submitted within last 24 months	2025
Ore. Veterinary Medical Examining Board	DEI plan submitted within last 24 months	2026
Ore. Water Resources Dept.	DEI plan submitted within last 24 months	2026
Ore. Watershed Enhancement Board	DEI plan submitted within last 24 months	2025
Ore. Youth Authority	DEI plan submitted within last 24 months	2025

Agency	DEI Plan Status	Next Due
Psychiatric Security Review Board	DEI plan embedded in updated strategic plan	2027
Public Employees Retirement System	DEI plan submitted within last 24 months	2026
Office of the Public Records Advocate	DEI plan submitted within last 24 months	2026
Public Utility Commission	DEI plan submitted within last 24 months	2025
Board of Accountancy	Affirmative action plan submitted as DEI plan	2025
Ore. Board of Massage Therapists	DEI plan submitted within last 24 months	2025
State Library of Ore.	DEI plan embedded in updated strategic plan	2026
Teacher Standards & Practices Commission	DEI plan submitted within last 24 months	2026
Youth Development Ore.	DEI plan embedded in updated strategic plan	2025

Appendix B: Performance Feedback for Employees

For Quarter Ending July 1, 2024	Required Employee Check-ins		
Agency	Complete	Incomplete	% Complete
Board of Chiropractic Examiners	5	0	100%
Board of Medical Imaging	3	0	100%
Board of Naturopathic Medicine	1	0	100%
Commission for the Blind	34	0	100%
Construction Contractors Board	52	0	100%
Department of Fish and Wildlife	599	0	100%
Department of Geology and Mineral Industries	37	0	100%
Department of Revenue	643	0	100%
Employment Relations Board	8	0	100%
Land Use Board of Appeals	4	0	100%
Office of the Public Records Advocate	1	0	100%
Oregon Advocacy Commissions Office	5	0	100%
Oregon Board of Dentistry	4	0	100%
Oregon Board of Pharmacy	17	0	100%
Oregon Business Development Department	81	0	100%
Oregon State Library	16	0	100%
Oregon State Marine Board	36	0	100%
Psychiatric Security Review Board	11	0	100%
Public Employees Retirement System	314	0	100%
Real Estate Agency	24	0	100%
State Board of Accountancy	5	0	100%
State Mortuary And Cemetery Board	6	0	100%
State of Oregon Military Department	258	0	100%
Tax Practitioners Board	1	0	100%
Veterinary Medical Examining Board	3	0	100%
Watershed Enhancement Board	30	0	100%
Parks and Recreation Department	328	1	100%
Department of Early Learning and Care	270	1	100%
Department of Consumer & Business Services	720	6	99%
Bureau of Labor and Industries	68	1	99%
Department of State Lands	58	1	98%
Department of Administrative Services	592	10	98%
Department of Justice	876	17	98%
Department of Agriculture	238	5	98%
Department of Transportation	3,486	79	98%

For Quarter Ending July 1, 2024	Required Employee Check-ins		
Agency	Complete	Incomplete	% Complete
Department of Corrections	4,088	137	97%
Oregon State Department of Police	732	20	97%
Oregon Medical Board	30	1	97%
Department of Public Safety Standards and Training	88	3	97%
Employment Department	1,287	48	96%
Oregon Department of Emergency Management	55	3	95%
Oregon Criminal Justice Commission	17	1	94%
Water Resources Department	133	8	94%
Department of the State Fire Marshal	74	5	94%
Oregon Health Authority	3,063	208	94%
Oregon Department of Aviation	12	1	92%
Department of Human Services	7,693	652	92%
Department of Energy	65	6	92%
Oregon Youth Authority	484	47	91%
Oregon Liquor & Cannabis Commission	223	23	91%
Department of Environmental Quality	511	53	91%
Public Utility Commission	77	8	91%
Land Conservation and Development Department	47	6	89%
Oregon Department of Education	409	54	88%
State Board of Licensed Social Workers	7	1	88%
Forestry Department	392	80	83%
Oregon Housing and Community Services	154	33	82%
Board of Nursing	12	4	75%
Long Term Care Ombudsman	23	8	74%
Higher Education Coordinating Commission	100	36	74%
Department of Veterans Affairs	27	41	40%
State Board of Parole and Post-Prison Supervision	8	13	38%
State Board of Massage Therapists	0	5	0%
Teacher Standards and Practices Commission	0	7	0%
Health Related Licensing Boards	0	0	
Mental Health Regulatory Agency	0	0	
Occupational Therapy Licensing Board	0	0	
Oregon Board of Optometry	0	0	
Oregon Government Ethics Commission	0	0	
State Board of Examiners for Speech-Language Pathology and Audiology	0	0	
Total	28,645	1,633	95%

Appendix C: Agency Hiring Practices

Time to Fill

The below data shows the average time to fill for each department, agency, or board by quarter. Cells colored green indicate meeting the 50-day goal.

Q2 2023 - Q2 2024: Time to Fill	2023			2024	
Agency	Q2	Q3	Q4	Q1	Q2
Bd. of Examiners for Engin. & Land Surveying	75	-	-	-	-
Board of Nursing	113	82	69	61	41
Commission for the Blind	61	63	51	47	35
Construction Contractors Board	38	54	52	69	48
Dept. of Administrative Services	53	53	56	46	42
Dept. of Agriculture	67	46	75	91	60
Dept. of Consumer & Business Services	47	53	48	52	53
Dept. of Corrections	56	56	49	47	54
Dept. of Early Learning and Care*	-	28	73	79	59
Dept. of Energy	27	31	26	39	32
Dept. of Environmental Quality	61	72	66	65	66
Dept. of Fish and Wildlife	85	88	68	76	68
Dept. of Geology and Mineral Industries	89	21	67	-	-
Dept. of Human Services	88	84	85	80	87
Dept. of Public Safety Standards and Training	59	44	61	54	45
Dept. of Revenue	51	40	47	42	40
Dept. of State Lands	70	47	52	74	49
Dept. of the State Fire Marshal	-	42	71	67	47
Dept. of Transportation	72	75	70	69	57
Dept. of Veterans Affairs	41	44	50	46	61
Employment Dept.	60	65	62	58	58
Forestry Dept.	53	50	54	47	50
Higher Education Coordinating Commission	55	60	56	51	58
Land Conservation and Development Dept.	64	47	41	75	59
Land Use Board of Appeals	-	-	38	-	-
Long Term Care Ombudsman	50	80	-	-	-
Mental Health Regulatory Agency	37	39	29	36	-
Oregon Advocacy Commissions Office	-	-	49	-	-
Oregon Board of Dentistry	-	46	49	-	41
Oregon Board of Pharmacy	-	-	63	-	-
Oregon Business Development Dept.	50	59	60	54	52
Oregon Criminal Justice Commission	104	57	-	-	-
Oregon Dept. of Aviation	158	28	-	19	-
Oregon Dept. of Education	63	61	64	68	54
Oregon Dept. of Emergency Management	89	99	83	61	41
Oregon Forest Resources Institute	-	83	109	-	-

Q2 2023 - Q2 2024: Time to Fill	2023			2024	
Agency	Q2	Q3	Q4	Q1	Q2
Oregon Government Ethics Commission	-	46	55	-	66
Oregon Health Authority	101	112	82	91	86
Oregon Housing and Community Services	61	55	49	68	62
Oregon Liquor & Cannabis Commission	89	82	62	83	66
Oregon Medical Board	45	48	59	35	66
Oregon State Dept. of Police	88	91	87	77	74
Oregon State Library	87	31	59	19	68
Oregon State Marine Board	-	35	55	58	-
Oregon Youth Authority	74	73	56	59	61
Parks and Recreation Dept.	57	58	63	62	59
Psychiatric Security Review Board	34	57	38	-	38
Public Employees Retirement System	44	57	44	54	51
Public Utility Commission	105	82	61	69	59
Racing Commission	20	-	-	35	40
Real Estate Agency	43	49	-	31	35
State Board of Accountancy	43	51	-	-	-
State Board of Licensed Social Workers	-	-	35	-	-
State Board of Massage Therapists	-	15	18	-	-
State Bd. of Parole and Post- Prison Supervision	-	34	-	-	-
State Landscape Contractors Board	-	-	-	-	29
State of Oregon Military Dept.	45	53	40	44	39
Teacher Standards and Practices Commission	61	41	-	-	48
Veterinary Medical Examining Board	-	71	-	-	-
Water Resources Dept.	92	102	59	58	58
Watershed Enhancement Board	-	-	31	60	105
Oregon Lottery	-	66	55	44	45

A note about Evergreens: Evergreen job postings are a body of recruitment that is not captured in the Time to Fill report but are commonly used as a recruiting strategy for ongoing vacancies, hard to fill positions, and multiple openings. For example, DHS used 134 Evergreens during Q2 to fill 291 positions. DHS's internal time to fill data, which includes Evergreens, indicates an average of 53 days. Future reports will describe enterprise-wide use of Evergreens more thoroughly.

Vacancy Rates

2024 Q2: Agency Vacancy Rates					
Agency	Total Position	Total Vacanci	Vacancies >6	% Total Vacanci	% >6mo Vacanci
Board of Nursing	58	4	2	6.9%	3.5%
Bureau of Labor and Industries	150	40	12	26.6%	8.0%
Commission for the Blind	66	5	1	7.6%	1.5%
Construction Contractors Board	59	3	2	5.1%	3.4%
Department of Administrative Services	987	89	34	9.0%	3.4%
Department of Agriculture	402	77	55	19.1%	13.7%
Department of Consumer & Business	976	70	21	7.2%	2.2%
Department of Corrections	4,756	544	309	11.4%	6.5%
Department of Early Learning and Care	349	37	14	10.6%	4.0%
Department of Energy	96	9	2	9.4%	2.1%
Department of Environmental Quality	855	94	45	11.0%	5.3%
Department of Fish and Wildlife	1,185	131	49	11.1%	4.1%
Department of Geology and Mineral	41	3	2	7.4%	4.9%
Department of Human Services	10,960	1,191	518	10.9%	4.7%
Department of Justice	1,523	162	58	10.6%	3.8%
Dept. of Public Safety Standards & Training	183	14	6	7.7%	3.3%
Department of Revenue	1,078	78	23	7.2%	2.1%
Department of State Lands	111	8	2	7.2%	1.8%
Department of the State Fire Marshal	154	13	5	8.4%	3.2%
Department of Transportation	4,786	506	242	10.6%	5.1%
Department of Veterans Affairs	97	18	8	18.6%	8.2%
District Attorneys and their Deputies	36	-	0	0.0%	0.0%
Employment Department	1,990	323	201	16.2%	10.1%
Forestry Department	1,082	145	55	13.4%	5.1%
Higher Education Coordinating Commission	183	21	11	11.5%	6.0%
Land Conservation and Development	75	4	0	5.3%	0.0%
Long Term Care Ombudsman	38	6	0	15.8%	0.0%
Mental Health Regulatory Agency	15	2	0	13.3%	0.0%
Oregon Board of Dentistry	8	1	0	13.1%	0.0%
Oregon Board of Pharmacy	24	3	0	12.7%	0.0%
Oregon Business Development Department	180	25	6	13.9%	3.3%
Oregon Criminal Justice Commission	29	4	1	13.7%	3.4%
Oregon Department of Aviation	15	1	0	6.7%	0.0%
Oregon Department of Education	573	63	33	11.0%	5.8%
Oregon Department of Emergency	124	21	9	16.9%	7.2%
Oregon Government Ethics Commission	14	-	0	0.0%	0.0%
Oregon Health Authority	5,597	1,062	629	19.0%	11.2%
Oregon Housing and Community Services	460	89	38	19.3%	8.3%
Oregon Liquor & Cannabis Commission	379	42	20	11.1%	5.3%
Oregon Lottery	480	43	-	9.0%	-

2024 Q2: Agency Vacancy Rates					
Agency	Total Position	Total Vacanci	Vacanci es >6	% Total Vacanci	% >6mo Vacanci
Oregon Medical Board	42	5	2	11.9%	4.8%
Oregon State Department of Police	1,370	142	64	10.4%	4.7%
Oregon State Library	40	2	0	5.0%	0.0%
Oregon State Marine Board	43	-	0	0.0%	0.0%
Oregon State Treasury	125	19	11	15.2%	8.8%
Oregon Youth Authority	960	143	42	14.9%	4.4%
Parks and Recreation Department	630	35	13	5.6%	2.1%
Psychiatric Security Review Board	13	1	1	7.7%	7.7%
Public Employees Retirement System	420	29	8	6.9%	1.9%
Public Utility Commission	139	18	7	13.0%	5.1%
Racing Commission	10	2	1	19.2%	9.6%
Real Estate Agency	33	4	3	12.1%	9.1%
Secretary of State	253	24	4	9.5%	1.6%
State Board of Accountancy	7	1	0	14.3%	0.0%
State Board of Licensed Social Workers	8	-	0	0.0%	0.0%
State Board of Parole and Post-Prison	27	2	1	7.4%	3.7%
State of Oregon Military Department	455	71	49	15.6%	10.8%
Teacher Standards and Practices	30	5	0	16.7%	0.0%
Veterinary Medical Examining Board	5	-	0	0.0%	0.0%
Water Resources Department	243	33	14	13.6%	5.8%
Watershed Enhancement Board	41	-	0	0.0%	0.0%
Total	45,135	5,494	2,634	12.2%	5.8%

Appendix D: Developing New Employees and Managers

Customer Service Training: April 1, 2024 - June 30, 2024 Quarter 2					
Agency	**Completed - Over 60 Days**	**Completed - Within 60 Days**	**Incomplete - Over 60 Days.**	**Incomplete - Within 60 Days**	**Total # New Workers**
Board of Nursing	0	2	0	0	2
Bureau of Labor and Industries	0	8	0	0	8
Commission for the Blind	0	4	0	0	4
Department of Administrative Services	0	14	1	0	15
Department of Agriculture	0	12	0	0	12
Department of Consumer & Business Services	0	22	0	0	22
Department of Corrections	0	106	2	0	108
Department of Early Learning and Care	0	4	0	0	4
Department of Energy	0	5	0	0	5
Department of Environmental Quality	0	30	0	0	30
Department of Fish and Wildlife	0	18	2	0	20
Department of Geology and Mineral Industries	0	1	0	0	1
Department of Human Services	0	240	5	0	245
Department of Justice	0	44	0	0	44
Department of Public Safety Standards and Training	0	8	0	0	8
Department of Revenue	0	24	1	0	25
Department of State Lands	0	4	0	0	4
Department of the State Fire Marshal	0	5	0	0	5
Department of Transportation	0	94	0	0	94
Department of Veterans Affairs	0	4	0	0	4
District Attorneys and their Deputies	0	1	0	0	1
Employment Department	0	88	0	0	88
Forestry Department	0	13	0	0	13
Higher Education Coordinating Commission	0	4	0	0	4
Land Conservation and Development Department	0	6	0	0	6
Mental Health Regulatory Agency	0	1	0	0	1
Oregon Board of Pharmacy	0	4	0	0	4
Oregon Business Development Department	0	7	0	0	7
Oregon Department of Education	0	6	0	0	6
Oregon Department of Emergency Management	0	7	1	1	9
Oregon Government Ethics Commission	0	2	0	0	2
Oregon Health Authority	1	153	1	0	155
Oregon Housing and Community Services	0	20	1	0	21
Oregon Liquor & Cannabis Commission	0	5	0	0	5

Customer Service Training: April 1, 2024 - June 30, 2024 Quarter 2					
Agency	Completed - Over 60 Days	Completed - Within 60 Days	Incomplete - Over 60 Days.	Incomplete - Within 60 Days	Total # New Workers
Oregon Medical Board	0	3	0	0	3
Oregon Patient Safety Commission	0	1	0	0	1
Oregon State Department of Police	1	33	0	0	34
Oregon State Library	0	1	0	0	1
Oregon Youth Authority	0	28	2	0	30
Parks and Recreation Department	0	12	0	0	12
Psychiatric Security Review Board	0	1	0	0	1
Public Employees Retirement System	0	14	0	0	14
Public Utility Commission	0	6	0	0	6
Racing Commission	0	0	1	0	1
Real Estate Agency	0	1	0	0	1
State of Oregon Military Department	0	13	0	0	13
Teacher Standards and Practices Commission	0	2	0	0	2
Water Resources Department	0	6	0	0	6
Watershed Enhancement Board	0	2	0	0	2
Total	2	1,089	17	1	1,109

Foundational Training: April 1, 2024 - June 30, 2024 Quarter 2					
Agency	**Enrolled - Within 5 Days of Assignment**	**Enrolled - Over 5 Days of Assignment**	**Not Enrolled - Over 5 of Assignment**	**Not Enrolled - Within 5 Days of Assignment**	**Total # of New Managers**
Board of Nursing	2	0	0	0	2
Bureau of Labor and Industries	2	0	0	0	2
Department of Administrative Services	3	0	3	0	6
Department of Agriculture	2	0	0	0	2
Department of Consumer & Business Services	3	0	0	0	3
Department of Corrections	5	0	3	0	8
Department of Early Learning and Care	1	0	0	0	1
Department of Energy	1	0	0	0	1
Department of Environmental Quality	1	0	0	0	1
Department of Fish and Wildlife	6	0	0	0	6
Department of Human Services	21	0	5	0	26
Department of Justice	3	0	0	0	3
Department of Revenue	4	0	0	0	4
Department of the State Fire Marshal	1	0	0	0	1
Department of Transportation	6	0	1	0	7
Employment Department	12	0	2	0	14
Forestry Department	3	0	2	0	5
Land Conservation and Development Dept	2	0	0	0	2
Oregon Business Development Department	3	0	0	0	3
Oregon Department of Education	1	0	0	0	1
Oregon Department of Emergency Management	2	0	0	0	2
Oregon Health Authority	25	0	3	0	28
Oregon Housing and Community Services	2	0	3	0	5
Oregon State Department of Police	3	0	0	0	3
Oregon State Library	1	0	0	0	1
Oregon Youth Authority	6	0	0	0	6
Parks and Recreation Department	4	0	0	0	4
Public Employees Retirement System	2	0	1	0	3
Public Utility Commission	0	0	1	0	1
State of Oregon Military Department	1	0	0	0	1
Water Resources Department	1	0	0	0	1
Watershed Enhancement Board	0	0	1	0	1
Total	129	0	25	0	154

Performance Accountability & Feedback Training: April 1, 2024 - June 30, 2024 Quarter 2					
Agency	**Completed - Over 30 Days**	**Completed - Within 30 Days**	**Incomplete - Over 30 Days**	**Incomplete - Within 30 Days**	**Total # New Workers**
Board of Nursing	0	2	0	0	2
Bureau of Labor and Industries	0	2	0	0	2
Department of Administrative Services	0	6	0	0	6
Department of Agriculture	0	2	0	0	2
Department of Consumer & Business Services	0	3	0	0	3
Department of Corrections	2	5	1	0	8
Department of Early Learning and Care	0	1	0	0	1
Department of Energy	0	1	0	0	1
Department of Environmental Quality	0	1	0	0	1
Department of Fish and Wildlife	0	6	0	0	6
Department of Human Services	3	22	1	0	26
Department of Justice	0	3	0	0	3
Department of Revenue	0	3	1	0	4
Department of the State Fire Marshal	1	0	0	0	1
Department of Transportation	0	5	2	0	7
Employment Department	0	12	1	0	13
Forestry Department	0	4	1	0	5
Land Conservation and Development Dept	0	2	0	0	2
Oregon Business Development Department	0	3	0	0	3
Oregon Department of Education	0	1	0	0	1
Oregon Dept of Emergency Management	0	2	0	0	2
Oregon Health Authority	1	27	0	0	28
Oregon Housing and Community Services	2	3	0	0	5
Oregon State Department of Police	0	3	0	0	3
Oregon State Library	0	1	0	0	1
Oregon Youth Authority	0	6	0	0	6
Parks and Recreation Department	3	1	0	0	4
Public Employees Retirement System	0	3	0	0	3
Public Utility Commission	0	1	0	0	1
State of Oregon Military Department	1	0	0	0	1
Water Resources Department	1	0	0	0	1
Watershed Enhancement Board	0	1	0	0	1
Total	14	132	7	0	153

Uplift Your Benefits Training: April 1, 2024 - June 30, 2024 Quarter 2					
Agency	**Completed - Over 30 Days**	**Completed - Within 30 Days**	**Incomplete - Over 30 Days.**	**Incomplete - Within 30 Days**	**Total # New Workers**
Board of Nursing	0	2	0	0	2
Bureau of Labor and Industries	0	8	0	0	8
Commission for the Blind	0	4	0	0	4
Department of Administrative Services	2	12	1	0	15
Department of Agriculture	0	12	0	0	12
Department of Consumer & Business Services	0	22	0	0	22
Department of Corrections	12	85	11	0	108
Department of Early Learning and Care	0	4	0	0	4
Department of Energy	0	5	0	0	5
Department of Environmental Quality	0	30	0	0	30
Department of Fish and Wildlife	0	19	1	0	20
Department of Geology and Mineral Industries	0	1	0	0	1
Department of Human Services	10	228	7	0	245
Department of Justice	0	44	0	0	44
Department of Public Safety Standards and Training	0	3	0	0	3
Department of Revenue	0	25	0	0	25
Department of State Lands	0	4	0	0	4
Department of the State Fire Marshal	0	5	0	0	5
Department of Transportation	5	89	0	0	94
Department of Veterans Affairs	0	4	0	0	4
District Attorneys and their Deputies	0	1	0	0	1
Employment Department	2	85	1	0	88
Forestry Department	0	13	0	0	13
Higher Education Coordinating Commission	0	4	0	0	4
Land Conservation and Development Department	0	6	0	0	6
Mental Health Regulatory Agency	0	1	0	0	1
Oregon Board of Pharmacy	0	4	0	0	4
Oregon Business Development Department	0	7	0	0	7
Oregon Department of Education	0	6	0	0	6
Oregon Department of Emergency Management	0	8	1	0	9
Oregon Government Ethics Commission	0	2	0	0	2
Oregon Health Authority	1	135	19	0	155
Oregon Housing and Community Services	0	19	2	0	21
Oregon Liquor & Cannabis Commission	0	5	0	0	5
Oregon Medical Board	0	3	0	0	3
Oregon Patient Safety Commission	0	1	0	0	1
Oregon State Department of Police	1	10	0	0	11

Uplift Your Benefits Training: April 1, 2024 - June 30, 2024 Quarter 2					
Agency	Completed - Over 30 Days	Completed - Within 30 Days	Incomplete - Over 30 Days.	Incomplete - Within 30 Days	Total # New Workers
Oregon State Library	0	1	0	0	1
Oregon Youth Authority	2	27	1	0	30
Parks and Recreation Department	0	12	0	0	12
Psychiatric Security Review Board	0	1	0	0	1
Public Employees Retirement System	0	14	0	0	14
Public Utility Commission	0	6	0	0	6
Racing Commission	1	0	0	0	1
Real Estate Agency	0	1	0	0	1
State of Oregon Military Department	1	12	0	0	13
Teacher Standards and Practices Commission	0	2	0	0	2
Water Resources Department	0	6	0	0	6
Watershed Enhancement Board	0	2	0	0	2
Total	37	1000	44	0	1,081

UNFINISHED BUSINESS & RULES

Oregon
Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

DATE: October 15, 2024

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Public Rulemaking Hearing & Comment Period

A brief overview of the recent public rulemaking hearing and process. At the August 23, 2024, Board Meeting, 19 rules were voted to go forward to a pubic rulemaking hearing. As the Rules Coordinator for the agency I submitted those rule changes to the Secretary of State (SOS) and they were approved and placed in the SOS September Bulletin. This is one requirement of state agencies in the rulemaking process.

- The Public Comment period on the rule changes was open from Sept 1, 2024 through Oct 11, 2024.

The Public Rulemaking Hearing was conducted on Sept 24, 2024 via Zoom and I was the Hearings Officer. The recording was shared with the Board via Teams channel on Sept 24, 2024.

These people attended the virtual hearing:

Helen Massar, RDH
David Palmer, DOCS Education
Lauren Wright, AAOMS
Chelsea Jurica, DA educator Linn-Benton Community College
Alyssa Kobylinsky, DA Wilamette Dental Group
Mary Harrison, DA, ODAA
Brett Hamilton, ODA
Dr. Barry Taylor, ODA
Dr. Phil Marucha

Dr. Phil Marucha was the only one who provided testimony. I paraphrase his recorded testimony - that he supports the ODA in its letter (submitted and attached) the Board moving the proposed new Local Anesthesia rule for dental assistants (OAR 818-042-0096) to the Board's Anesthesia Committee for further review and more detailed guidance on a possible curriculum or course outline.

- I attached the public comments received via email.

If the Board wants to go forward with the rule changes then I recommend the Board approve these rule changes with the effective date of January 1, 2025. Please let me know if you have any questions.

Outlook

Do not support Local LA for EFDAs

From Leslie Briceno <bric3906@pacificu.edu>
Date Mon 9/16/2024 12:01 PM
To PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>

[You don't often get email from bric3906@pacificu.edu. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

Hello Stephen,

I do not agree that EFDA's in OR should have this function added. Assistants in Oregon do not need any renewals or yearly CE's to keep their license active like dentist and hygienist. Please re consider how this will affect patient quality care in OR.

Thank you,

Leslie

Outlook

Proposed EFTA Anesthesia Rule Adoption

From Dr. Matt Schapper DMD <dr.mattschapper@gmail.com>
Date Wed 9/18/2024 11:56 AM
To PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

You don't often get email from dr.mattschapper@gmail.com. Learn why this is important

Hello -

I wanted to add my comment to the discussion of adding Local Anesthesia function for Dental Assistants.

I think this is such a great idea and would be a big help to providers like myself on being able to streamline patient care in our offices. Having a certified anesthetic assistant would allow me to more efficiently treat more patients in a given time frame all while spending more quality time with those patients and not having to move room to room as much.

It is also a great opportunity for assistants in the field to continue their professional growth and development. I have already had 2 of my assistants go to the Restorative Functions courses and get fully certified. They do such a great job and are excellent assets in delivering top notch patient care, and it is a source of pride for them that they can do even more to take care of our patients. We also currently see patients on OHP plans, and having restorative assistants has allowed us to treat even more of this population that we all know has such high needs. Adding a local anesthesia function would do the same thing and allow more and more patients to get the care that they need.

I am sure there are those who may point out drawbacks, but I honestly can't see why this wouldn't be such a great change to add to Oregon.

I am very excited that this is progressing in our state and that we can lead the way on improving how dental care is delivered.

Thank you

Matt

Matt Schapper DMD

Corvallis, OR **Albany, OR**

Outlook

Local anesthesia for dental assistants

From Jim Delgado <delgado5jim@comcast.net>
Date Wed 9/18/2024 4:28 PM
To PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

[You don't often get email from delgado5jim@comcast.net. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

I have been a dentist in Oregon for over 30 years. I support a new certification for assistants to be able to provide local anesthesia. Given the certification will follow the proper education, I have no problem with allowing assistants to perform anesthesia.

Jim Delgado DDS.

Hello, Oregon Board of Dentistry,

When you are considering this matter, I ask that you recognize that each dental office has distinct needs, and we should work to eliminate any barriers to providing support to those offices that are in need of Local Anesthesia Functions of Dental Assistants.

I have been in many situations where having a well-trained dental assistant proficient in local anesthetic would have significantly improved patient care, especially when the dentist was running behind schedule. A skilled assistant can alleviate the burden on the dentist and provide valuable support to dental practices, ultimately enhancing patient flow and increasing productivity.

As dental professionals, we understand the value of having Expanded Function Dental Assistants (EFDAs) on our team. Their expertise and qualifications allow them to handle professional-level duties with precision and skill. Incorporating the administration of local anesthesia into their scope of practice not only enhances their capabilities but also benefits our practice by providing advanced care to our patients.

Thank you for your attention to this important matter.

Christina R Becker
CDA, EFDA, EFODA

September 24, 2024

Members of the Board of Dentistry,

The Oregon Dental Association (ODA) supports the concept of appropriately trained dental assistants providing local anesthetic to patients. However, we suggest that the Anesthesia Committee of the Board of Dentistry discuss the pathway toward examining the training required to become fully trained. Upon discussion, the Anesthesia Committee can then provide a more detailed recommendation to the Board of Dentistry about implementation.

Dental Assistants are vital members of the dental team. We believe that well trained dental assistants can safely administer local anesthesia under the indirect supervision of a dentist, and we support this expanded function with the appropriate training. It is because of this desire that ODA wants to be thoughtful about moving forward in implementing this proposed rule.

Sincerely,

Mark Mutschler DDS MS

Mark Mutschler, DDS

President, Oregon Dental Association

Dear Oregon Board of Dentistry,

We are writing this letter to state our concerns to proposed legislation, OAR 818-042-0096, Local Anesthesia Functions for Dental Assistants.

As dental hygiene educators and licensed dental hygiene practitioners, we understand the dangers of complications when administering Local Anesthesia for patients within our care and the care of our students. This is why dental hygiene students are required to complete full term courses in Human Anatomy & Physiology with Labs (3 terms), Dental Anatomy, Head and Neck Anatomy with Lab, Pharmacology, and Medical Emergencies with Lab, prior to two full terms of Local Anesthesia with Labs in which they perform 66 injections on each other under the supervision of clinical dental hygiene educators. These injections must be performed at competent level so additional injections are necessary until competence is met. All these courses, and practice giving anesthesia, are completed and competency obtained prior to being able to perform any anesthesia on patients. Additionally, students have four terms where they administer local anesthetic to clinical patients for periodontal therapy and for restorative dentistry. This breadth of supervised practice makes dental hygiene students prepared to pass third party board exams, and to practice safely on clinical patients after graduation and licensure.

Public safety should be the primary concern of the board members when deciding who should be allowed to perform this potentially dangerous procedure. One "approved" course in local anesthesia is not going to give the dental assistants the content that is required to safely perform local anesthesia on patients. Additionally, our dental hygiene students are not considered competent to give local anesthesia until they are given sixty-six injections and passed a rigorous clinical examination. Students are encouraged to take the licensing exam for local anesthesia endorsement to help prove competency on a state and national level.

Healthcare professionals should be held to the highest standards of practice when performing procedures on members of the public. The well-being of the public for all healthcare providers is undermined when the standards of practice and requirements for practice are reduced to minimal levels.

Thank you for taking the time to read this letter of concern.

Krista Beaty, RDH, BS, MS

Jeannie Bopp, RDH, BS, MSAH

Stacie Neely, RDH, BS, MSAH

Paula Russell, RDH, BS, M.Ed

Darlene Swigart, RDH, BS, MS

Outlook

Proposed Rules

From mary2805@aol.com <mary2805@aol.com>
Date Wed 10/9/2024 1:30 PM
To PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Cc Oregon Dental Assistants Association <ordentalassistants@gmail.com>

Testimony for Proposed Rules

The Oregon Dental Assistants Association is in favor and encourages the board in passing the proposed rules 818-001-0002, 818-012-0010, 818-021-0018, 818-021-0019, 818-026-0040,818-026-0050,
818-026-0060, 818- 026-0065, 818-026-0070, 818-035-0072, 818-042-0010, 818-042-0040, 818-042-0080, 818-042-0095, 818-042- 0096, 818-042-0110,
818-042-0113, 818-042-0116, 818-042-0130.
Many of the proposed rules include dental assistant functions and updates to current rules and better use for the dental team while protecting the public.
818-042-0096 Is presented as a new rule and function for dental assistants.
This new rule has been worked on with input from all dental team members, changed, updated and presented to the Board for approval, ***as presented*** **and** ***approved by board committees.***

Thank you for accepting this testimony from the Oregon Dental Assistant Association.

Mary Harrison CDA Emartis, EFDA, EFODA, FADAA
Vice President
Oregon Dental Assistant Association
2805 NE 38th Ave, Portland, OR 97212
971-219-1144

adha™ | Oregon DENTAL HYGIENISTS' ASSOCIATION

October 10, 2024

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201-5837

Dear Mr. Prisby,

The Oregon Dental Hygienists' Association (ODHA) supports proposed rule 818-042-0096 that would allow EFDA certified dental assistants, who have successfully completed a Board approved course and obtained a local anesthesia certificate, to administer local anesthetics and local anesthetic reversal agents under the indirect supervision of a dentist.

This proposed rule has been discussed by the Oregon Board of Dentistry since August 2022 and it has been discussed by three of the Board's standing committees. There are two dental hygienists on the Board and there is one ODHA representative on each of these standing committees. These dental hygienists have had an opportunity to actively participate in the discussions about this proposed rule over the last two years.

The proposed rule is the same as the local anesthesia rule for dental hygienists except for the name of the credential and the level of supervision required. The Board approved course will be comparable to the course that is currently offered for out-of-state dental hygienists who are applying for a local anesthesia endorsement in Oregon.

The ODHA is confident that dental assistants who have a local anesthesia certificate issued by the Board can safely administer local anesthetic agents and local anesthetic reversal agents under indirect supervision which requires the dentist to authorize the procedure and to be on the premises when the procedure is performed. Dentists routinely have their dental assistants perform a variety of procedures that require a high level of knowledge & skills. Allowing dentists to delegate this procedure to a dental assistant can make restorative care more efficient for the dentist and more comfortable for the patient.

Thank you for your considering our comments.

Sincerely,

Lisa J. Rowley

Lisa J. Rowley
Advocacy Director
Oregon Dental Hygienists' Association

From: mary2805@aol.com <mary2805@aol.com>
Sent: Thursday, October 10, 2024 2:47 PM
To: PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>
Subject: Proposed Rules

Testimony for Proposed Rules

818-042-0096 The new Rule for Dental Assistants administering local anesthetic.
I am in favor of this new function for dental assistants. Through the years when I was a chairside dental assistant there were many times this function would have been helpful chairside as part of the team and especially for the dental patient. Completing the approved courses, training and passing the exam
a dental assistant will become a vital member of the total patient experience of excellent care. The building of this rule and all parts were worked on by all dental team groups, with input, discussion and final Rule presented for passage. It was important to all that everything was included and concerns were discussed.
I encourage the passing of this rule as presented. I know this new function will be an important step and will also help in retaining excellent dental assistants.

Thank you,

Mary Harrison CDA ,Emeritus, EFDA, EFODA, FADAA

Outlook

Local Anesthetic Functions of Dental Assistants

From Barbara Sigurdson <barbara.sigurdson@chemeketa.edu>
Date Fri 10/11/2024 3:26 PM
To PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

Good afternoon Stephen,

I am writing to express my strong support for the initiative to allow qualified dental assistants in Oregon to obtain a local anesthetic certificate. As both a dental assistant and a dental hygienist, I have witnessed firsthand the positive impact that expanding the scope of practice for dental assistants can have on patient care and overall practice efficiency.

Allowing dental assistants to administer local anesthesia would significantly enhance the workflow within dental practices. This change would free up dental hygienists from the responsibility of anesthetizing restorative patients, allowing them to focus more on their core duties. In turn, dentists could utilize multiple assistants who are trained in this vital skill, leading to increased patient throughput and more comprehensive care.

Moreover, this initiative would provide dental assistants with valuable continuing education opportunities, furthering their professional development and enhancing the quality of care provided to patients. By investing in the skills of dental assistants, we can create a more dynamic and efficient dental team, ultimately benefiting our patients and the community.

I urge the committee to consider the positive implications of this change for both dental professionals and the patients we serve. Together, we can enhance the quality of dental care in Oregon.

Thank you for your attention to this important matter.

Sincerely,

Barbara Sigurdson CDA, EFDA, BSDH, EPDH

Chemeketa Community College
Dental Assisting Instructor
Phone: (503) 399-5265
Email: barbara.sigurdson@chemeketa.edu

Jill Lomax
1168 Parkmeadow Dr NE
Keizer, OR 97303

October 10th, 2024

Stephen Prisby, Executive Director
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201-5837

Dear Mr. Prisby,

As a dedicated dental assistant and dental assisting educator, I am writing in support of the proposal rule that would allow Oregon dental assistants to obtain a certificate to administer local anesthetics. By successfully completing a Board approved course, this initiative would greatly benefit dentists, dental hygienists, dental assistants, and most importantly, our patients.

Support for the Dental Team and Patient

Enhanced Efficiency: Due to the nature of a dental office, a patient often needs to wait for the dentist or dental hygienist to administer local anesthesia. This can result in a dental hygienist leaving his/her hygiene patient to anesthetize the restorative patient. Allowing dental assistants to administer local anesthetics can streamline the efficiency of an office by saving time which can lead to improved practice productivity.

Collaborative Care: With well-trained dental assistants administering local anesthetic, dentists can manage their time more effectively. The dental assistant is often the dental auxiliary who reviews the patient's health history and takes the vitals. This collaborative approach to patient care can strengthen the dental team dynamic and enhance the overall treatment experience.

Addressing Workforce Shortage

Improved Job Satisfaction and Fostering Personal Growth: Dental practices are experiencing significant challenges in finding and retaining qualified dental assistants. One strategy to combat this shortage is to offer pathways for additional certifications. In my experience, many qualified dental assistants hit their "professional ceiling" and then leave the field altogether. Offering this certification will not only increase the appeal to enter the dental assisting career, but also boost job satisfaction among current dental assistants who have an interest in growing their skills while *staying* a dental assistant.

Increase and Retain Skilled Workforce: Professional growth can lead to greater retainment of dental assistants. In turn, reducing turnover rates can save practices valuable time and resources spent on hiring and training new staff. By offering advanced certifications, we can grow a more skilled workforce, which can lead to improved patient care and increased practice efficiency.

Addressing Concerns

I understand there may be concerns regarding the safety of allowing dental assistants to administer local anesthetic. I believe with the right training and certification, these concerns can be addressed.

Comprehensive Training: The proposed certification would include completing a Board approved course similar to the one that is currently offered to out-of-state dental hygienists. Offering a robust Board approved course will ensure that only qualified individuals are entrusted with this responsibility.

Patient Safety: Patient safety is a top priority in our profession. Similar to the Restorative Function certificate, allowing trained dental assistants to administer anesthetics can be done with strict adherence to protocols, thus maintaining a high standard of care while also increasing accessibility for patients.

In conclusion, providing dental assistants with the option to earn more certifications is a progressive approach that would enhance the efficiency of dental care, foster a collaborative dental environment, improve job satisfaction, while also saving time and enhancing the overall treatment experience for the patient.

Thank you for your time and consideration.

Sincerely,

Jill Lomax, EdM, CDA, EFDA-RF
Dental Assistant and Dental Assisting Educator
Keizer, Oregon

OFFICE OF THE SECRETARY OF STATE
LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 818
OREGON BOARD OF DENTISTRY

FILED
08/26/2024 11:09 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The Board intends to make updates to the Dental Practice Act.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/11/2024 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: 09/24/2024
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
CONFERENCE ID: 8893015
SPECIAL INSTRUCTIONS:
The Zoom link will be available on OBD website or any OBD staff can assist you as needed by contacting the office at 971-673-3200 or via email at Information@obd.oregon.gov

NEED FOR THE RULE(S)

The OBD regularly updates the Dental Practice Act. The OBD's various committees have met to consider the rules brought forward to this public rulemaking hearing and 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 OBD staff at 971-673-3200, or Information@obd.oregon.gov

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

This is an 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. The information is offered in plain language. The administrative rules seek to provide information in a clear, understandable manner so that

licensees and the public can more easily know the requirements of the rules. The Board strives to notify all interested parties on its rulemaking process and is committed to a transparent and collaborative effort in this area.

FISCAL AND ECONOMIC IMPACT:

The Board anticipates little or no meaningful impact on our Licensees 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 with the 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:

818-001-0002, 818-012-0010, 818-021-0018, 818-021-0019, 818-026-0040, 818-026-0050, 818-026-0060, 818-026-0065, 818-026-0070, 818-035-0072, 818-042-0010, 818-042-0040, 818-042-0080, 818-042-0095, 818-042-0096, 818-042-0110, 818-042-0113, 818-042-0116, 818-042-0130

AMEND: 818-001-0002

RULE SUMMARY: The definition of Study Model is being added to the rule.

CHANGES TO RULE:

818-001-0002
Definitions ¶

As used in OAR chapter 818:¶
(1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.¶
(2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.¶
(3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.¶
(4) "Dental Hygienist" means a person licensed pursuant to ORS 680.010 to 680.210 to practice dental hygiene.¶
(5) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶
(6) "Dental Therapy" means the provision of preventative dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.621.¶
(7) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(8) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(9) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist

be on the premises while the procedures are performed.¶
(10) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.¶
(11) "Licensee" means a dentist, hygienist or dental therapist.¶
(12) "Volunteer Licensee" is a dentist, hygienist or dental therapist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.¶
(13) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is unable to receive regular dental hygiene treatment in a dental office.¶
(14) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.¶
(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.¶
(b) "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.¶
(c) "Endodontics" is the specialty of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.¶
(d) "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.¶
(e) "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.¶
(f) "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.¶
(g) "Oral Medicine" is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.¶
(h) "Orofacial Pain" Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.¶
(i) "Orthodontics and Dentofacial Orthopedics" is the specialty of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and itssupporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.¶
(j) "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.¶
(k) "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.¶
(l) "Prosthodontics" is the specialty of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.¶

(15) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry, dental hygiene or dental therapy.¶
(16) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).¶
(17) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.¶
(18) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.¶
(19) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.¶
(20) "BLS for Healthcare Providers or its Equivalent" the BLS certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial BLS course must be a hands-on course; online BLS courses¶
will not be approved by the Board for initial BLS certification:. After the initial BLS certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A BLS certification card with an expiration date must be received from the BLS provider as documentation of BLS certification.-The Board considers the BLS expiration date to be the last day of the month that the BLS instructor indicates that the certification expires. ¶
(21) "Study model" means a replica of a patient's teeth and surrounding structures, typically made from either a physical impression or a scanned impression of the patient's mouth. It is used primarily for diagnostic and treatment planning purposes, allowing the dentist to study the patient's teeth and jaw alignment and plan procedures such as orthodontic treatment, restorative dentistry or prosthetic treatment. A study model is distinguished from a "working model," which is fabricated in a similar fashion as a study model and may be a more precise and accurate replica of the patient's teeth and jaw (where applicable). A working model would be used for the fabrication of dental appliances, including without limitation orthodontic aligners, retainers, crowns and bridges or removable dentures.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010, 680.010

AMEND: 818-012-0010

RULE SUMMARY: The failure to ensure radiographic and other imaging are of diagnostic quality is being added to the rule.

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.¶
(~~6~~7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.¶
(~~7~~8) Fail to maintain patient records in accordance with OAR 818-012-0070.¶
(~~8~~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.¶
(~~9~~10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.¶
(1~~0~~1) 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.¶
(1~~1~~2) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.¶
(1~~2~~3) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(1~~3~~4) 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.¶
(14~~5~~) Fail to advise a patient of any recognized treatment complications.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.140(1)(e), 679.140(4), 680.100

AMEND: 818-021-0018

RULE SUMMARY: The rule is being amended to comply with federal law.

CHANGES TO RULE:

818-021-0018
~~Temporary Dental License for Spouses or Domestic Partners of Active Duty Armed For~~License for Active-Duty Members of the Uniformed Services ~~of~~and the ~~United State~~ir Spouses or Domestic Partners Stationed in Oregon
(1) A ~~temporary~~ license to practice dentistry ~~shall be issued to the spouse or domestic partner of an active duty armed forces personnel when the following requirements are met:¶~~
~~(a) completed application and payment of fee is received by the Board; and¶~~
~~(b) Satisfactory eviden~~, dental hygiene or dental therapy shall be issued Active-Duty Members of the Uniformed Services ~~of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or¶~~
~~(c) Satisfactory evidence of having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English languager~~ their spouse or domestic partner when the following requirements are met:¶
(a) completed application and payment of fee is received by the Board; and¶
(~~d~~b) Submission of a copy of the military orders assigning the active-~~-~~duty member to an assignment in Oregon; and¶
(~~e~~c) The spouse or domestic partner holds a current license in another state to practice dentistry at the level of application; and¶
(~~f~~d) The license is ~~unencumbered~~in good standing and verified as active and current through processes defined by the Board; and¶
(~~g~~2) ~~Satisfactory evidence of successfully pass~~The license shall remaing a ~~clinical examina~~ctive for the duration of the above-mention ~~administered by any state, national testing agency or o~~ed military orders.¶
(3) Each biennium, the licensee shall submit to ~~the~~r Board ~~recognized testing agency.¶~~
~~(2) The temporary license shall expire on the following date, whichever occurs first:~~ a Biennial Military Status Confirmation Form. The confirmation form shall include the following:¶
(a)Licensee's full name;¶
(b) Licensee's mailing address;¶
(~~a~~c) ~~Oregon is no longer the duty station of the active armed forces member; or¶~~
~~(b) The license in the state used to obtain a temporary license expires; or¶~~
~~(c) Two years after the issuance of the temporary license.¶~~
~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary~~Licensee's business address including street and number. If the licensee has no business address, licensee's home address including street and number;¶
(d) Licensee's business telephone number. If the licensee has no business telephone number, licensee's home telephone number;¶
(e) Licensee's employer or person with whom the licensee is on contract¶
(f) Licensee's assumed business name;¶
(g) Licensee's type of practice or employment;¶
(h) A statement that the licensee has met the continuing educational requirements for their specific license renewal set forth in OAR 818-021-0060 or OAR 818-021- 0070 or OAR 818-021-0076;¶
(i) Identity of all jurisdictions in which the licensee has ~~expired will be considered practicing without a valid license and is subject to Board action~~practiced during the two past years;¶
(j) A statement that the licensee has not been disciplined by any licensing board of any other jurisdiction or convicted of a crime; and¶
(k) Confirmation of current active-duty status of service member.
Statutory/Other Authority: Oregon Laws 2019, Chapter142, Section 1
Statutes/Other Implemented: Oregon Laws 2019, Chapter142, Section 1

REPEAL: 818-021-0019

RULE SUMMARY: The rule is being repealed as it no longer complies with federal law and OAR 818-021-0018 will now meet the federal requirements.

CHANGES TO RULE:

~~818-021-0019~~
~~Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon~~
~~(1) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:¶~~
~~(a) A completed application and payment of fee is received by the Board; and¶~~
~~(b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or¶~~
~~(c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and¶~~
~~(d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and¶~~
~~(e) The spouse holds a current license in another state to practice dentistry at the level of application; and¶~~
~~(f) The license is unencumbered and verified as active and current through processes defined by the Board; and¶~~
~~(g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.¶~~
~~(2) The temporary license shall expire on the following date, whichever occurs first:¶~~
~~(a) Oregon is no longer the duty station of the active armed forces member; or¶~~
~~(b) The license in the state used to obtain a temporary license expires; or¶~~
~~(c) Two years after the issuance of the temporary license.¶~~
~~(3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.~~
~~Statutory/Other Authority: Oregon Laws 2019, Chapter 142, Section 1~~
~~Statutes/Other Implemented:~~

AMEND: 818-026-0040

RULE SUMMARY: An outdated reference to CPR training is being removed from the rule.

CHANGES TO RULE:

818-026-0040
Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit ¶

Nitrous Oxide Sedation.¶
(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:¶
(a) Is either a licensed dentist or licensed hygienist in the State of Oregon;¶
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and¶
(c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.¶
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:¶
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;¶
(b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;¶
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;¶
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;¶
(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;¶
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and¶
(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.¶
(3) Before inducing nitrous oxide sedation, a permit holder shall:¶
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for nitrous oxide sedation;¶
(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;¶
(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and¶
(d) Obtain informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.¶
(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.¶
(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.¶
(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of preoperative and postoperative vital signs, and all medications administered with dosages, time intervals and route of administration.¶
(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶
(8) The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.¶

(9) The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:¶
(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;¶
(b) The patient can talk and respond coherently to verbal questioning;¶
(c) The patient can sit up unaided or without assistance;¶
(d) The patient can ambulate with minimal assistance; and¶
(e) The patient does not have nausea, vomiting or dizziness.¶
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.¶
(11) Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.250(7), ORS 679.250(10)

AMEND: 818-026-0050

RULE SUMMARY: An outdated reference to CPR training is being removed from the rule

CHANGES TO RULE:

818-026-0050
Minimal Sedation Permit ¶

Minimal sedation and nitrous oxide sedation.¶
(1) The Board shall issue a Minimal Sedation Permit to an applicant who:¶
(a) Is a licensed dentist in Oregon;¶
(b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and¶
(c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or¶
(d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.¶
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:¶
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;¶
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;¶
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;¶
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;¶
(e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;¶
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;¶
(g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and¶
(h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.¶
(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:¶
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;¶
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;¶
(c) Certify that the patient is an appropriate candidate for minimal sedation; and¶
(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.¶
(4) No permit holder shall have more than one person under minimal sedation or nitrous oxide sedation at the same time.¶
(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.¶
(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. The record must include documentation of all medications administered with dosages, time intervals and route of administration. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.¶
(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶

(8) The patient shall be monitored as follows:¶
(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, pulse oximetry and respiration shall be monitored and documented every fifteen minutes, if they can reasonably be obtained.¶
(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.¶
(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:¶
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;¶
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;¶
(c) The patient can talk and respond coherently to verbal questioning;¶
(d) The patient can sit up unaided;¶
(e) The patient can ambulate with minimal assistance; and¶
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.¶
(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.¶
(10) The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.¶
(11) Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0060

RULE SUMMARY: An outdated reference to CPR training is being removed from the rule

CHANGES TO RULE:

818-026-0060
Moderate Sedation Permit ¶

Moderate sedation, minimal sedation, and nitrous oxide sedation. ¶
(1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who: ¶
(a) Is a licensed dentist in Oregon; ¶
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and ¶
(c) Satisfies one of the following criteria: ¶
(A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced. ¶
(i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route. ¶
(ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route. ¶
(B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines. ¶
(C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia. ¶
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery: ¶
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient; ¶
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; ¶
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; ¶
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure; ¶
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; ¶
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; ¶
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room; ¶
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, larynageal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and ¶
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants. ¶
(3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time. ¶
(4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures. ¶
(5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall: ¶
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;¶
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or

psychological status of the patient, the patient's guardian; and ¶
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record. ¶
(6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition. ¶
(7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶
(8) The patient shall be monitored as follows: ¶
(a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO2 monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation; ¶
(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation. ¶
(9) A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered. ¶
(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: ¶
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable; ¶
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status; ¶
(c) The patient can talk and respond coherently to verbal questioning; ¶
(d) The patient can sit up unaided; ¶
(e) The patient can ambulate with minimal assistance; and ¶
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness. ¶
(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. ¶
(12) After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder. ¶
(13) Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021- 0060.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0065

RULE SUMMARY: An outdated reference to CPR training is being removed from the rule

CHANGES TO RULE:

818-026-0065
Deep Sedation Permit ¶

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation. ¶
(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who: ¶
(a) Is a licensed dentist in Oregon; and ¶
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated. ¶
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery: ¶
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient; ¶
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; ¶
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; ¶
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure; ¶
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; ¶
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; ¶
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room; ¶
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and ¶
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants. ¶
(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time. ¶
(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures. ¶
(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall: ¶
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;¶
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and ¶
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record. ¶
(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition. ¶
(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶
(8) The patient shall be monitored as follows: ¶
(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-

tidal CO2 monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored; ¶
(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met. ¶
(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation. ¶
(9) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered. ¶
(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: ¶
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable; ¶
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status; ¶
(c) The patient can talk and respond coherently to verbal questioning; ¶
(d) The patient can sit up unaided; ¶
(e) The patient can ambulate with minimal assistance; and ¶
(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness. ¶
(11) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. ¶
(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist.¶
(13) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-026-0070

RULE SUMMARY: An outdated reference to CPR training is being removed from the rule

CHANGES TO RULE:

818-026-0070
General Anesthesia Permit ¶

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous oxide sedation. ¶
(1) The Board shall issue a General Anesthesia Permit to an applicant who: ¶
(a) Is a licensed dentist in Oregon; ¶
(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and ¶
(c) Satisfies one of the following criteria: ¶
(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced. ¶
(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines. ¶
(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia. ¶
(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery: ¶
(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient; ¶
(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; ¶
(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; ¶
(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure; ¶
(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; ¶
(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; ¶
(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room; ¶
(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and ¶
(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants. ¶
(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time. ¶
(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures. ¶
(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall: ¶
(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;¶
(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and ¶
(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the

informed consent shall be documented in the patient's record. ¶
(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record. ¶
(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)~~/Cardio Pulmonary Resuscitation (CPR) training~~, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)¶
(8) The patient shall be monitored as follows: ¶
(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia; ¶
(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met. ¶
(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia. ¶
(9) A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered. ¶
(10) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: ¶
(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable; ¶
(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status; ¶
(c) The patient can talk and respond coherently to verbal questioning; ¶
(d) The patient can sit up unaided; ¶
(e) The patient can ambulate with minimal assistance; and ¶
(f) The patient does not have nausea or vomiting and has minimal dizziness. ¶
(11) A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. ¶
(12) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder. ¶
(13) Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7), 679.250(10)

AMEND: 818-035-0072

RULE SUMMARY: The name of the testing organization referenced is being updated.

CHANGES TO RULE:

818-035-0072
Restorative Functions of Dental Hygienists ¶

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:¶
(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the ~~Western Regional Examining Board's~~CDCA-WREB-CITA's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board within the last five years; or ¶
(b) If successful passage of the ~~Western Regional Examining Board's~~CDCA-WREB-CITA 's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.¶
(2) A dental hygienist may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):¶
(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;¶
(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.010(3), 679.250(7)

AMEND: 818-042-0010

RULE SUMMARY: The Dental Assisting National Board (DANB) is being added to the definitions.

CHANGES TO RULE:

818-042-0010
Definitions ¶

(1) "Dental Assistant" means a person who, under the supervision of a dentist, renders assistance to a dentist, dental hygienist, dental t~~echnician~~herapist or another dental assistant or renders assistance under the supervision of a dental hygienist providing dental hygiene services.¶
(2) "Expanded Function Dental Assistant" means a dental assistant certified by the Board to perform expanded function duties.¶
(3) "Expanded Function Orthodontic Assistant" means a dental assistant certified by the Board to perform expanded orthodontic function duties.¶
(4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.¶
(5) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.¶
(6) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.¶
(7) "Dental Assisting National Board (DANB)" is recognized by the Board as an acceptable testing agency for administering dental assistant examinations for certifications.
Statutory/Other Authority: ORS 679, 680
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7), ORS 679.600

AMEND: 818-042-0040

RULE SUMMARY: The supervision level is being changed to indirect from direct for #23 and #24 in the rule.

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 a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.¶
(13) Use lasers, except laser-curing lights.¶
(14) Use air abrasion or air polishing.¶
(15) Remove teeth or parts of tooth structure.¶
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.¶
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.¶
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.¶
(19) Apply denture relines except as provided in OAR 818-042-0090(2).¶
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.¶
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.¶
(22) Perform periodontal assessment.¶
(23) Place or remove healing caps or healing abutments, except under indirect supervision.¶
(24) Place implant impression copings, except under indirect supervision.¶
(25) Any act in violation of Board statute 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 set a six month time frame in which the certification must be submitted for it to be valid and the dental assistant to be in compliance with the rule.

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 Function Dental 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 ~~polished six (6) amalgam or composite surfaces,~~ 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: 818-042-0095

RULE SUMMARY: The name of the testing organization referenced is being updated.

CHANGES TO RULE:

818-042-0095
Restorative Functions of Dental Assistants ¶

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed: ¶
(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the ~~Western Regional Examining Board's~~CDCA-WREB-CITA (or its successor named organization) Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board within the last five years, or ¶
(b) If successful passage of the ~~Western Regional Examining Board's~~CDCA-WREB-CITA's Dental Hygiene Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application. ¶
(2) A dental assistant may perform the placement and finishing of direct restorations, except gold foil, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s): ¶
(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant. ¶
(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.010, 679.250(7)

ADOPT: 818-042-0096

RULE SUMMARY: The new rule is to define the criteria for a new Local Anesthesia Functions Certificate for dental assistants.

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) 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
Statutes/Other Implemented: ORS 679

AMEND: 818-042-0110

RULE SUMMARY: The rule is being amended to set a six month time frame in which the certification must be submitted for it to be valid and the dental assistant to be in compliance with the rule.

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 (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by 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 handpiece 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 orthodontic 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 orthodontic 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 set a six month time frame in which the certification must be submitted for it to be valid and the dental assistant to be in compliance with the rule.

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 Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (EFDA) examination, or the Coronal Polish (CP) 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 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: 818-042-0116

RULE SUMMARY: The reference to CPR is being removed from the rule.

CHANGES TO RULE:

818-042-0116
Certification - Anesthesia Dental Assistant ¶

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:¶
(1) Successful completion of:¶
(a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or¶
(b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or¶
(c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; or¶
(d) The Resuscitation Group - Anesthesia Dental Assistant course; or¶
(e) Other course approved by the Board; and¶
(2) Holding valid and current documentation showing successful completion of a Healthcare Provider BLS~~/CPR~~ course, or its equivalent.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.250(7)

AMEND: 818-042-0130

RULE SUMMARY: The rule is being amended to clarify that the certification from another state can be verified directly to DANB or the OBD.

CHANGES TO RULE:

818-042-0130
Application for Certification by Credential ¶

An applicant for certification by credential shall submit to the Board:¶
(1) An application form approved by the Board, with the appropriate fee;¶
(2) Proof of certification by another state and any other recognized certifications (such as CDA or COA certification) and a description of the examination and training required by the state in which the assistant is certified ~~submitted from the state directly to the Board;~~ or¶
(3) Certification that the assistant has been employed for at least 1,000 hours in the past two years as a dental assistant performing the functions for which certification is being sought.~~¶~~
~~(4) I~~ and if applying for certification by credential as an EFDA, EFODA or EFPDA certification by a licensed dentist that the applicant is competent to perform the functions for which certification is sought; and¶
(~~5~~4) If applying for certification by credential in Radiologic Proficiency, certification from the Oregon Health Authority, Center for Health Protection, Radiation Protection Services, or the Oregon Board of Dentistry, that the applicant has met that agency's training requirements for x-ray machine operators, or other comparable requirements approved by the Oregon Board of Dentistry.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.020, 679.025, 679.250

crdts + SRTA

States Resources for Testing and Assessments

AN UNSTOPPABLE PARTNERSHIP

CRDTS and SRTA are pleased to announce the pending merger of these two excellent testing agencies, combining the highest quality, reliability, and professionalism available in dental and dental hygiene licensure examinations. The merger allows us to build upon the great options we already have to offer.

As a valued partner school, we want you to be among the first to learn of this news. Importantly, there will be essentially no impact to your program and relationship with us. There will be no changes in the upcoming exam season regarding the exam or the personal service you are accustomed to from CRDTS. There is much to do behind the scenes, and you will be kept apprised at each step, but overall, be assured that you will not experience disruptions or encounter any surprises due to the merger.

CRDTS and SRTA are like-minded agencies that value the faculty and candidates at each school. Thus, coming together to serve our schools makes sense at this time so we can better serve your needs.

If you have any questions, please do not hesitate to reach out to Kelly Mandella, Director of Dental Hygiene Examinations at kelly@crdts.org, Richael Cobler, Executive Director at richael@crdts.org, or call 785.273.0380.

Press Release
7/22/2024

crdts + SRTA
States Resources for Testing and Assessments

COMING TOGETHER TO BETTER SERVE YOUR TESTING NEEDS

CRDTS and SRTA are pleased to announce the pending merger of these two excellent testing agencies. These two trusted agencies have provided excellence in clinical licensure testing for more than 100 years combined. Together these organizations will use their experience and collective resources to enhance the experience of the candidate, our partner schools, and dental boards.

For candidates: You will continue to experience a fair and objective exam experience provided by ethical and compassionate examiners. We truly want you to do well and strive to provide an atmosphere that significantly lowers testing anxiety. Additionally, we will now serve more locations, including many off-campus options throughout the year, that will allow you to examine when and where you want. Taking this exam on your terms is a winning opportunity and applies to candidates from all schools.

For our partner schools: You should expect to experience no disruption to the process currently in place. In fact, with added resources, we are looking to find ways to improve our efforts to serve your needs. We are grateful for the trust you have put in us and promise to continue working hard to make the experience for you and for your students as efficient and affordable as possible.

If you are not currently a partner school, we would like to show you what our exam experience is like, and how positive it can be for all parties involved. Due to our streamlined processes, we can offer our exams at a lower price to candidates. In addition to our dental and dental hygiene exams, we offer additional resources such as faculty calibration using the latest in haptic technology and more!

For our state dental boards: With this merger, you can feel confident in the integrity of the examination content and process. We will continue to be directed by a steering committee comprised of current state dental board members, which means we act under your direction. We are here to support your mission to protect the public, while also working with schools and candidates to remove unnecessary burdens in the examination process. We have implemented advanced technology, independent testing sites, and continue to have the lowest fees among current exams. If you would like to learn more about what we are doing, please reach out!

Accepted nationally for initial licensure and licensure by endorsement, CRDTS and SRTA examinations provide excellent portability in addition to quality and professional administration. Students can feel confident knowing that the CRDTS and SRTA merger will lead to continued advocacy for acceptance of all qualifying examinations that meet the requirements in every state and jurisdiction in the U.S. as encouraged by the American Dental Association (ADA).

Even stronger together, you can count on CRDTS and SRTA for the best in dental and dental hygiene testing.

Stay tuned for more information coming soon by visiting crdts.org or srta.org or call the CRDTS central office at 785.273.0380.

From: Lisa Rowley <lisajrowley.rdh@outlook.com>
Sent: Thursday, October 10, 2024 12:49 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: Request for Agenda Item for OBD Meeting

The ODHA respectfully requests that CRDTS-SRTA Membership be included on the agenda for the October 25, 2024 meeting of the Oregon Board of Dentistry (OBD).

We would like to hear about any progress that has been made in the OBD becoming a member of CRDTS-SRTA.

Thank you for considering this request.

Lisa J. Rowley, MS, RDH, CDA, FADHA
ODHA Advocacy Director
State Liaison to ADHA Institute for Oral Health Foundation
503-568-5825
lisajrowley.rdh@outlook.com

www.adha.org **www.odha.org**

Dear Oregon Board of Dentistry,

We are writing this letter to state our opinions regarding member state status with the Central Region Dental Testing Services, Inc (CRDTS/SRTA).

As dental hygiene educators for Oregon Institute of Technology, we understand the importance of third-party testing and providing choices for our students that align with their career goals.

Historically, WREB testing was the main testing accepted and available to dental hygiene students in our state. Soon, CRDTS exams became an accepted in Western states, which provided additional testing choices for students.

For Oregon Tech, CRDTS has provided a service that we were previously denied by WREB due to our geographic location. This meant that our dental hygiene students had to travel great distances to cities such as Portland, Seattle, or San Francisco to take their board exams. This was expensive for the student as they had to pay the testing fees, plus hotel and travel costs, and this included paying for travel for their patients.

CRDTS has been willing to bring examiners to us in Klamath Falls since 2019, which has greatly reduced costs to students and has made testing accessible to them. We have enjoyed working with CRDTS, and plan to work with them into the future.

We would like to urge the Oregon Board of Dentistry to become a member state with CRDTS/SRTA. As most dental hygiene programs in Oregon are currently partnering with CRDTS to provide third-party testing, it makes sense to become a member state. We are surrounded by other member states, who can provide examiners for the exams, and also help to create the exams. Oregon providers should have a seat at this table.

To limit our state to mere participation in the organization rather than full membership, is to prevent educators like us from serving as examiners, and other state providers from speaking to the rigor of testing required within our state. We encourage you to please vote in favor of membership within CRDTS/SRTA organization.

Thank you for taking the time to read this letter of petition.

Krista Beaty, RDH, BS, MS DocuSigned by: KRISTA BEATY 6C944A16618D45E... 10/8/2024

Jeannie Bopp, RDH, BS, MSAH DocuSigned by: Jeannie Bopp 6E3B61A52A20490... 10/10/2024

Stacie Neely, RDH, BS, MSAH Signed by: Stacie Neely 1A9C25E3729E414... 10/10/2024

Darlene Swigart, RDH, BS, MS Signed by: Darlene Swigart 4D98DBD06CA94FF... 10/10/2024

Paula Russell, BSDH, M.Ed. DocuSigned by: Paula Russell A782EF0658754DF... 10/10/2024

Paula Hendrix, M.Ed., EPDH DocuSigned by: Paula Hendrix 9558CC277632497... 10/10/2024

Oregon Board of Dentistry Bylaws

Article I. Name

Sec. 1. The name of the agency shall be the Oregon State Board of Dentistry. The word "Board" or "OBD" wherever used shall mean the Oregon State Board of Dentistry unless otherwise specifically identified.

Article II. Mission

Sec. 1. The Mission of the Oregon Board of Dentistry (OBD) is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

Article III. Officers and Duties

Sec. 1. The President of the OBD shall preside at all meetings of the Board and shall have a vote on motions, if they so choose.
In addition, he/she shall perform the following duties:

a. The President shall be elected annually at the April Board Meeting.
b. They shall cause their signature to be placed upon all disciplinary orders approved by the Board.
c. They shall sign all monthly time sheets and expense forms, as well as any out-of-state trip request forms related to the Executive Director.
d. They shall appoint all standing and special committees. They shall cause whatever business may require attention to be brought before the Board.
e. They shall communicate with the Executive Director regarding the agenda for any regular or special Board Meetings.
f. They shall perform all other duties incumbent on their office.

Sec. 2. The Vice-President of the OBD shall preside at any Board meetings that the President cannot attend and shall have a vote on motions. In the event of a permanent vacancy in the Office of the President, the Vice-President shall become the President of the OBD until the next organizational meeting of the Board.
In addition, they shall perform the following duties:

a. The Vice-President shall be elected annually at the April Board Meeting.
b. They shall cause their signature to be placed upon all disciplinary orders approved by the Board if the president is unable to sign for any reason.

Sec. 3. The President of the OBD shall appoint all committee and workgroup chairs for any committees and workgroups of the OBD. Chairs shall preside at all meetings of their committees and workgroups.
In addition, they shall perform the following duties:

a. Committee and Workgroup Chairs shall work with the Executive Director to establish a meeting date when necessary.
b. They shall communicate with the Executive Director regarding the agenda for any committee and workgroup meetings.
c. Committee and Workgroup Chairs will report to the Board on any committee and workgroup meetings and any recommendations from the committee and workgroup to the Board.

Article IV. Voting

Sec. 1. Each member of the Board, any committee or workgroup, and other subordinate units of the Board shall have one vote in the respective body, at their respective meetings.

Sec. 2. Questions under consideration shall be decided by a majority vote of a quorum of the board, committee or workgroup meeting for business.

Sec. 3. The Board may authorize attendance and votes by conference call telephone, subject to notice requirements of Public Meeting Laws.

Article V. Quorum

Sec. 1. The Board has 10 members as prescribed by ORS 679.230. Six Board members present at any given meeting or gathering represents a quorum of the Board.

Article VI. Procedures and Rules

Sec. 1. Whenever these bylaws conflict with the Oregon Revised Statutes and Oregon Administrative Rules of the OBD, the statutes and then the rules shall take precedence.

Sec. 2. The Board will use at its discretion any Standard Code of Parliamentary Procedure for the transaction of the Board's affairs and the transaction of the affairs of any of its subordinate's bodies.

Article VII. Amendments

Sec. 1. The Board may adopt bylaws, or amend or repeal existing bylaws, at any regular meeting of the Board by a three-quarters majority vote of the members present and constituting a quorum. Unless otherwise specified, amendments or suspension of the bylaws shall become effective when approved by the Board.

Sec. 2. The text of any proposed bylaw adoption, amendment, or repeal shall be filed in writing with the President and the Executive Director at least 10 days prior to a regular scheduled Board meeting at which it is to be acted upon or considered. The Executive Director will include the proposal in the board packet and place the topic as part of the Board's agenda.

Sec. 3. A new bylaw, or an amendment or repeal of an existing bylaw, may be proposed by any of the following: a Board Member, a committee authorized for that purpose by the Board or the Executive Director of the Board. A majority vote of the members present at a scheduled Board meeting shall approve the proposal. Such proposed bylaw, amendment, or repeal shall be filed and presented for adoption in accordance with the preceding sections of this article.

CORRESPONDENCE

OBD Updates & Reaching Out

PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>

Thu 8/29/2024 12:35 PM

To:Coplen, Amy E. <amy.coplen@pacificu.edu>;cumminsm@lanecc.edu <cumminsm@lanecc.edu>;jennifer.aubry@mhcc.edu <jennifer.aubry@mhcc.edu>;jessica.august@pcc.edu <jessica.august@pcc.edu>;paula.russell@oit.edu <paula.russell@oit.edu>; Paula Hendrix (Paula.hendrix@oit.edu) <Paula.Hendrix@oit.edu>;cmons@roguecc.edu <cmons@roguecc.edu>; hrich@concorde.edu <hrich@concorde.edu>

2 attachments (111 KB)

OBD DH Program Directors CRDTS Support Letter.pdf; Oregon Board of Dentistry revised meeting dates approved 8.23.2024.pdf;

Greetings,

The Board reviewed the attached letter at its Aug 23rd Board meeting. At this time the Board is waiting to gather more information regarding the merger between CRDTS and SRTA and review their updated bylaws before any further Board action, or the Board joining as a member state. There may be legal considerations to consider.

I welcome any news or updates from your schools, whether good news, accreditation news, or FYI. We have regular board meetings every other month. I typically need information about 2 weeks before a board meeting, to include it on the Board meeting agenda and in that meeting's public packet. I attached the meeting dates for you.

I am curious how your recent graduates are doing, and any feedback on their interactions with the Board, and their licensing process. Any interesting anecdotes about employment opportunities or anything you think important, I am interested!

Thank you,
Stephen

Stephen Prisby
Executive Director
Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
Telephone: 971-673-3200
www.oregon.gov/dentistry

"The Mission of the OBD is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals."

Expanded Practice Dental Hygienists Reporting Results 2022-2024

RIVERS Marc * DCBS <Marc.RIVERS@dcbs.oregon.gov>

Mon 9/9/2024 9:18 AM

To:PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Cc:DCBS DataTeam DFR * DCBS <DFR.DataTeam@dcbs.oregon.gov>

2 attachments (244 KB)

EPDH Reporting Results 2022-2024.xlsx; 2024 Closing letter to Dentistry Board.docx;

To Stephen Prisby and the Oregon Board of Dentistry,

I am writing to report to the Oregon Board of Dentistry on services provided by Expanded Practice Dental Hygienists between July 1st, 2022 and June 30th, 2024.

ORS 680.210(2) requires that the Division of Financial Regulation provide information collected on the reimbursement of services provided by expanded practice dental hygienists to the Board of Dentistry. This information has been collected and aggregated and is being forwarded to you electronically.

A spreadsheet aggregating submissions by the fourteen insurers reporting payment of these services has been forwarded electronically to you along with the closing letter. If you have questions about this information, please contact me.

Sincerely,

Marc Rivers
(he/him)
Data Analyst, Division of Financial Regulation
Oregon Dept. of Consumer & Business Services
marc.rivers@dcbs.oregon.gov | 971.375.7065
Team email: DFR.DataTeam@dcbs.oregon.gov

DFR | Division of Financial Regulation
Department of Consumer and Business Services

September 9, 2024

Stephen Prisby
Executive Director
Oregon Board of Dentistry
1500 SW 1st Ave., Ste. # 770
Portland OR 97201

Delivered by email to: stephen.prisby@obd.oregon.gov

Dear Mr. Prisby:

I am writing to report to the Oregon Board of Dentistry on services provided by Expanded Practice Dental Hygienists between July 1st, 2022 and June 30th, 2024.

ORS 680.210(2) requires that the Division of Financial Regulation provide information collected on the reimbursement of services provided by expanded practice dental hygienists to the Board of Dentistry. This information has been collected and aggregated and is being forwarded electronically with this letter.

Fourteen (14) entities reported paying for services provided by expanded practice dental hygienists between July 1st, 2022 and June 30, 2024. Any health insurer that did not have expanded practice dental hygienist business to report had to submit an attestation stating that they had no information to report.

Four companies are present in this report that were not on the previous report (2020-2022): Companion Life Insurance Company, Continental General Life Insurance Company, Dentegra Insurance Company, and National Health Insurance Company. Of these companies, two of them—Continental General and Dentegra—had previously attested there was no information to report.

Companion Life Insurance Company was included in this biennium's report after being excluded from the 2020-2022 report due to an inability at the company level to specifically identify expanded practice dental hygienist business. DFR reached out to Companion Life to confirm that the submission for the 2022-2024 report was not affected by this same issue. The company responded that they did resolve the issue. Therefore, DFR feels confident in including their reported business for this reporting period.

Advantage Dental Services, LLC is not part of this Expanded Practice Dental Hygienists report as the company voluntary withdrew their Certificate of Approval in December of 2021. This company accounted for a large portion of the overall business reported in previous reporting periods. Therefore, their withdrawal from the Oregon market has resulted in not only their complete absence from this biennium's Expanded Practice Dental Hygienists report, but we also expect other companies to have assumed some of the business that had previously been served by Advantage Dental.

Among the companies that saw a substantial increase in business from the previous reporting period was PacificSource Community Health Plans. DFR has followed up with the carrier to confirm the accuracy of the increase from the previous biennium, but as of this time, has not yet received a response. We therefore offer the caveat that PCHP's reported expanded practice dental hygienists business is not currently finalized.

The next reporting period for reimbursement of services provided by expanded practice dental hygienists will extend from July 1, 2024 through June 30, 2026. After receipt, data will again be forwarded to the Board of Dentistry.

A spreadsheet aggregating submissions by the fourteen insurers reporting payment of these services has been forwarded electronically to you along with this letter. If you have questions about this information, please contact me.

Sincerely,

Marc Rivers
Data Analyst
(971) 375-7065
marc.rivers@dcbs.oregon.gov

350 Winter St. NE
P.O. Box 14480
Salem, OR 97309
503-378-4140
dfr.financialserviceshelp@dcbs.oregon.gov
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Company	Amount billed by the EPDH to the insurer for the service provided.
Aetna Life Insurance Company	$11,006.01
Cigna Health and Life Insurance Company	$4,255.00
Companion Life Insurance Company	$3,028,750.40
Continental General Insurance Company	$782.00
Dentegra Insurance Company	$5,508.95
Independence American Insurance Company	$205,727.79
LifeMap Assurance Company	$6,945.10
Metropolitan Life Insurance Company	$26,957.06
National Health Insurance Company	$1,036.00
Oregon Dental Service	$2,286,167.97
PacificSource Community Health Plans	$5,418,449.61
PacificSource Health Plans	$23,238.00
Regence Blue Cross Blue Shield of Oregon	$43,381.34
Standard Life & Accident Insurance Company	$3,873.00
Total	**$ 11,066,078.23**

Expanded Practice Dental Hygienists Report

July 1, 2022 - June 30, 2024

Amount allowed for the service under the insurance plan.	Amount of benefit paid by the insurer for the dental service.	Amount owed by the insured for the service.
$7,937.96	$6,446.63	$1,112.92
$552.00	$552.00	$261.00
$2,695,147.02	$1,233,222.48	$110,819.38
$782.00	$530.60	$151.40
$3,354.05	$1,692.70	$0.00
$77,623.05	$48,925.10	$126,548.15
$5,238.00	$2,669.62	$2,452.98
$14,247.60	$10,991.88	$3,255.72
$1,036.00	$400.00	$636.00
$612,916.62	$601,048.36	$11,868.26
$3,309,847.70	$834,801.76	$0.00
$13,750.08	$12,989.58	$760.50
$36,576.51	$33,426.53	$5,838.66
$2,035.70	$1,868.24	$1,648.76
$ 6,781,044.29	**$ 2,789,565.48**	**$ 265,353.73**

Amount of excluded charges owed by the insured.	Amount of excluded charges, if any, that the provider is not allowed to collect from the insured due to their provider agreement with the insurer.
$1,112.92	$3,068.05
$3,094.00	$348.00
$1,185,457.11	$499,251.43
$100.00	$0.00
$0.00	$0.00
$61,749.25	$0.00
$0.00	$1,707.10
$2,207.78	$0.00
$120.00	$120.00
$97,370.70	$1,575,889.65
$2,104,113.38	$0.00
$9,487.92	$0.00
$2,698.68	$6,804.83
$0.00	$0.00
$ 3,467,511.74	**$ 2,087,189.06**

From: Key, Stephanie
To: SMORRA Angela * OBD
Cc: DREASHER Dawn * OBD
Subject: Re: Ask the Board
Date: Thursday, October 10, 2024 8:06:40 AM
Attachments: image001.png
image002.png
Outlook-cid_image0.png

Hello,

I have always been under the impression that both dental assistants and hygienists are not allowed to adjust dentures or partials using a handpiece extraorally. My reasoning for this was under the following:

818-035-0025 Prohibited Acts A dental hygienist may not: (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h) (Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.) then under additional functions it states:

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

The act also states:
818-042-0040 Prohibited Acts No licensee may authorize any dental assistant to perform the following acts: (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth. Which makes it seem like the dental assistants may be able to adjust removable dentures/ partials extraorallly.

Is the adjustment of a complete denture or partial denture using a handpiece extraorally permitted by dental assistants and hygienists, and if so, is it under general supervision for hygienists and indirect supervision for assistants? What constitutes proper training for denture/ partial adjustments?

Thank you,

Stephanie Key | Dental Hygienist II
T: 541-666-7165 |stephaniem@advantagedental.com
409 1st Ave W
Albany, OR, 97321
Advantage Dental+

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);
(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 direct supervision.
(10) Place implant impression copings, except under direct supervision.
Statutory/Other Authority: ORS 679 & 680
Statutes/Other Implemented: ORS 679.020(1)

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 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.
Statutory/Other Authority: ORS 679 & 680
Statutes/Other Implemented: ORS 679.025(2)(j)

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 a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in OAR 818-042-0095, and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
(13) Use lasers, except laser-curing lights.
(14) Use air abrasion or air polishing.
(15) Remove teeth or parts of tooth structure.
(16) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042-0100.
(17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
(18) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
(19) Apply denture relines except as provided in OAR 818-042-0090(2).
(20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (OAR 818-042-0050 and OAR 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
(21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
(22) Perform periodontal assessment.
(23) Place or remove healing caps or healing abutments, except under direct supervision.
(24) Place implant impression copings, except under direct supervision.
(25) Any act in violation of Board statute or rules.
Statutory/Other Authority: ORS 680 & ORS 679
Statutes/Other Implemented: ORS 679.020, 679.025 & 679.250

Oregon Board of Dentistry
Chapter 818
Division 42
DENTAL ASSISTING
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 licensee providing that the procedure is checked by the licensee 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 licensee.
(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.
(3) Place retraction material subgingivally.
Statutory/Other Authority: ORS 679
Statutes/Other Implemented: ORS 679.025(2)(j), 679.250(7) & ORS 679.600

From: Dianne Applegate (office)
To: OBD Info * OBD
Subject: Exception Request Letters for Amanda Ghattas
Date: Wednesday, October 9, 2024 12:33:57 PM
Attachments: Dianne Applegate Exception Request.pdf
Amanda Ghattas Exception Request.pdf

Dear Members of the Board of Dentistry,

I am writing to submit two letters on behalf of my dental assistant, Amanda Ghattas. These letters formally request an exception from the Oregon Board of Dentistry regarding certification requirements for the Oregon Radiograph Certification.

I am also sending out copies of these letter via mail in case that is the preferred method.

Please find both documents attached for your review and consideration. We would greatly appreciate your attention to this matter and any assistance you can provide in reaching a resolution.

Thank you for your time and support. If you have any questions or need further information, please do not hesitate to contact me.

Warm regards,
Dr. Dianne Applegate DDS
4840 SE Cesar E Chavez Blvd
503-775-9500

Attachments:
1. Letter from Dianne Applegate DDS
2. Letter from Amanda Ghattas

Amanda Ghattas
20385 SW Inglis DR
Beaverton, OR 97007
Ghattas.amanda@gmail.com
503-388-1432
October 9, 2024

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I hope this message finds you well. I am writing to humbly request an exception regarding the certification process for all necessary certification requirements for the Oregon Radiograph Certification.

I have recently completed the required coursework and successfully passed the examination, believing that the certificate provided by the Dental Assisting National Board (DANB) was sufficient for meeting the certification requirements. Unfortunately, it has come to my attention that there is an additional step I was unaware of at the time. I still need to send in one final application to the Oregon Board, that was initially due within six months of completed the exam. This misunderstanding was entirely unintentional, and I am eager to resolve it promptly.

In light of these circumstances, I respectfully ask if an exception might be considered to allow for the submission and acceptance of the final piece of documentation required for my certification. I have already invested significant effort and resources into completing the initial requirements and am committed to adhering to the Board's standards and regulations.

I appreciate your consideration and am hopeful for a favorable resolution. Please let me know if there are any further actions, I can take to rectify this matter. Thank you for your understanding and support.

Warm regards,

Amanda Ghattas

Dianne Applegate DDS
4840 Se Chaser E Chavez Blvd
Portland, OR 97202
Dianne@Drdianneapplegate.com
503-775-9500
October 9, 2023

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Dear Members of the Oregon Board of Dentistry,

I am writing to request a consideration for an exception on behalf of my dental assistant Amanda Ghattas who has come across an unexpected challenge in fulfilling all necessary certification requirements for the Oregon Radiograph Certification.

Amanda has diligently paid for and completed the required course, as well as successfully passed the relevant examination. Initially, it was understood that the certificate obtained from the Dental Assisting National Board (DANB) website confirming the passage of the exam was the final required documentation for certification. However, upon further clarification, we discovered that there is still an additional step due within six months of the exam which had initially been misunderstood.

Given that the initial parts of the certification process have already been successfully fulfilled, specifically the completion and passing of the exam, I kindly ask if an exception might be made to allow the final documentation to be filed and accepted. The aim is not to circumvent the rules, but rather to acknowledge a genuine misunderstanding and the dental assistant's good faith effort in completing the requirements.

We appreciate the Board's understanding and support in addressing this matter. Thank you very much in advance for your time and consideration.

Sincerely,

D.D.S.

Dianne Applegate DDS

818-042-0050
Taking of X-Rays — Exposing of Radiographic Images

(1) A Licensee may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.

(2) A licensee may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental therapist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist, dental therapist or dental hygienist that the assistant is proficient to take radiographic images.

(3) A dental therapist may not order a computerized tomography scan

818-042-0060
Certification — Radiologic Proficiency

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

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

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

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

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

OTHER ISSUES

DDH Dentist and Dental Hygienist Compact

The Dentist and Dental Hygienist Compact Commission

Inaugural Meeting Packet

August 28, 2024

CSG National Center for Interstate Compacts
THE COUNCIL OF STATE GOVERNMENTS

Facilitated by The Council of State Governments

DDH Dentist and Dental Hygienist Compact

Dentist and Dental Hygienist Compact Commission
Inaugural Meeting Agenda
August 28, 2024: 9am-4pm
Zoom: https://csg-org.zoom.us/meeting/register/tZYpcemvrTIjHtIsMWlQXBbh5t5su6PodFOx

I. Welcome and Introductions of Interim Staff

II. Call to Order:
- Roll Call
- Commission Delegate Introductions
- Overview of Agenda
- Adoption of Agenda

III. Legislative Update/Legal Opinion on Legislative Deviations

IV. Review and Discuss Transition Plan

V. Review Commission Governance Structure

VI. Discussion of Compact Commission By-Laws

VII. Discussion of Rule on Rulemaking

VIII. Discussion of Leadership Nominations

Lunch 12:00p

DDH Dentist and Dental Hygienist Compact

IX. Discussion of Compact Data System

X. Discussion of Commission Finances and Staff Hiring

XI. Discussion of Clinical Assessment Definition and Future Rules for Consideration

XII. Questions from Delegates/Public Comment from Non-Delegate Attendees

XIII. Meeting Summary and Next Steps

Adjourn

DDH Dentist and Dental Hygienist Compact

DDH Compact Legislative Update

2023 DDH Compact Legislative Enactments

State	*Bill Number*	*Date Enacted*
1. Iowa	HF 656	April 27, 2023
2. Washington	HB 1576	May 4, 2023
3. Tennessee	HB 942 / SB 361	May 17, 2023

2024 DDH Compact Legislative Enactments

4. Wisconsin	SB692	January 31, 2024
5. Virginia	SB 22	March 8, 2024
6. Kansas	HB 2453	April 12, 2024
7. Maine	LD 2137	April 22, 2024
8. Colorado	SB 010	May 17, 2024
9. Minnesota	SF2990	May 24, 2024
10. Ohio[1]	SB 40	July 24, 2024

Compact Legislation Pending

State	*Bill Number*	*Status*
New Jersey	S702/A1896	Passed Assembly Health and Assembly Regulated Professions Committees. Awaiting full Assembly vote.
Pennsylvania	SB 895/HB 1586	Introduced and assigned to committees of jurisdiction. No public hearings.

[1] Effective date for SB 40 is January 1, 2025. As such, Ohio cannot fully participate on the commission until the compact officially becomes law.

DDH Dentist and Dental Hygienist Compact

Commission Authorization for Approval of Compact Language

Dentist and Dental Hygienist Compact Section 7-C-23

C. The Commission shall have the following powers:

> *23. Determine whether a State's enacted compact is materially different from the Model Compact language such that the State would not qualify for participation in the Compact;*

Dentist and Dental Hygienist Compact Section 11-A-1

1. On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the States that enacted the Compact prior to the Commission convening ("Charter Participating States") to determine if the statute enacted by each such Charter Participating State is materially different than the Model Compact.

> *a. A Charter Participating State whose enactment is found to be materially different from the Model Compact shall be entitled to the default process set forth in Section 10.*
>
> *b. If any Participating State is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Participating States should be less than seven (7).*

DDH Dentist and Dental Hygienist Compact

Proposed Transition Plan: Dentist and Dental Hygienist (DDH) Compact Operations

Internal procedures and policies

- Discuss and adopt by-laws
- Adopt Rule on Rulemaking
- Discuss future rules for consideration
- Discussion of committees' structure and function
- Election of DDH Compact Executive Board
- Discuss dates of first Executive Board and Rules Committee meetings
- Request for committee participants

Introductions and Commission Personnel

- Introduce State Commissioners
- Governance and legislative review
- Discuss DDH Compact Commission finances
- Discuss RFP for secretariat services and timeline
- Role of CSG for DDH Compact Commission
- Role of CSG under the current contract in support of the American Dental Association and American Dental Hygienist Association
    - State level technical assistance
    - State legislative technical assistance
    - Legal services
    - Continued outreach on status of state enactments of the DDH Compact
    - Continued maintenance of DDH Compact website
    - Temporary secretariat services

Subsequent meetings of the DDH Compact Commission and Executive Board will consider the following items for action:

- Discuss additional rules and policies
- Develop MOU for financial support

DDH Dentist and Dental Hygienist Compact

- Develop and approve budget
- Select secretariat for DDH Compact Commission
- Discuss DDH Compact Commission data system

DENTIST AND DENTAL HYGIENIST COMPACT

BYLAWS

ARTICLE I

Commission Purpose, Function and Bylaws

Section 1. Purpose.

Pursuant to the terms of the Dentist and Dental Hygienist Compact, (the "Compact"), the Dental and Dental Hygienist Compact Commission (the "Commission") is established to fulfill the objectives of the Compact, through a means of joint cooperative action among the Compacting States, namely, to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by establishing a pathway for licensed Dentists and Dental Hygienists to obtain privileges to practice in other states participating in the Compact.

Section 2. Functions.

In pursuit of the fundamental objectives set forth in the Compact, the Commission shall, as necessary or required, exercise all of the powers and fulfill all of the duties delegated to it by the Compacting States. The Commission's activities shall include, but are not limited to, the following: the promulgation of binding rules and operating procedures; equitable distribution of the costs, benefits and obligations of the Compact among the Compacting States; enforcement of Commission Rules, Operating Procedures and Bylaws; provision of dispute resolution; Coordination of training and education; and the collection and dissemination of information concerning the activities of the Compact, as provided by the Compact, or as determined by the Commission to be warranted by, and consistent with, the objectives and provisions of the Compact.

Section 3. Bylaws.

As required by the Compact, these Bylaws shall govern the management and operations of the Commission. As adopted and subsequently amended, these Bylaws shall remain at all times subject to, and limited by, the terms of the Compact.

ARTICLE II

Membership

Section 1. Purpose.

The Commission Membership shall be comprised as provided by the Compact.

Section 2. Commissioners.

Each Compacting State shall have and be limited to one Member. A Member shall be the Commissioner of the Compacting State. Each Compacting State shall forward the name of its Commissioner to the national office of the Commission, who will advise the Commission chairperson. The national office of the Commission shall promptly advise the appropriate appointing authority of the Compacting State of the need to appoint a new Commissioner upon the expiration of a designated term or the occurrence of mid-term vacancies. If a resignation of a Commissioner occurs or a change is made by the state appointing authority, it is the responsibility of the member state to inform the Commission of the vacancy or change.

ARTICLE III

Officers

Section 1. Election and Succession.

The officers of the Commission shall include a Chairperson, Vice Chairperson, Secretary, Treasurer and the Past Chair. The officers shall be duly appointed Commission Members. Officers shall be elected annually by the Commission at any meeting at which a quorum is present and shall serve for one year or until their successors are elected by the Commission. The officers so elected shall serve without compensation or remuneration, except as provided by the Compact.

Section 2. Duties.

The officers shall perform all duties of their respective offices as provided by the Compact and these Bylaws. Such duties shall include, but are not limited to, the following:

a. *Chairperson.* The Chairperson shall call and preside at all meetings of the Commission, shall prepare agendas for such meetings, shall make appointments to all committees of the Commission and, in accordance with the Commission's directions, or subject to ratification by the Commission, shall act on the Commission's behalf during the interims between Commission meetings.

b. *Vice Chairperson.* The Vice Chairperson shall, in the absence or at the direction of the Chairperson, perform any or all of the duties of the Chairperson. In the event of a vacancy in the office of Chairperson, the Vice Chairperson shall serve as acting until a new Chairperson is elected by the Commission.

c. *Secretary.* The Secretary shall keep minutes of all Commission meetings and shall act as the custodian of all documents and records pertaining to the status of the Compact and the business of the Commission.

d. *Treasurer.* The Treasurer, with the assistance of the Commission's executive director, shall act as custodian of all Commission funds and shall be responsible for monitoring the administration of all fiscal policies and procedures set forth in the Compact or adopted by the Commission. Pursuant to the Compact, the treasurer shall execute such bond as may be required by the Commission covering the treasurer, the executive

director and any other officers, Commission Members and Commission personnel, as determined by the Commission, who may be responsible for the receipt, disbursement, or management of Commission funds.

e. *Past Chair.* The Past Chair is the most recent previous Chair who is still serving as a Commission member and shall perform such duties as may be requested by the Commission.

Section 3. Costs and Expense Reimbursement.

Subject to the availability of budgeted funds, the officers shall be reimbursed for any actual and necessary costs and expenses incurred by the officers in the performance of their duties and responsibilities as officers of the Commission.

ARTICLE IV

Executive Board

Section 1. Powers, Duties, and Responsibilities.

The Executive Board shall have the power to act on behalf of the Commission according to the terms of this Compact. The powers, duties and responsibilities of the Executive Board shall include:

a. Overseeing the day-to-day activities of the administration of the Compact including compliance with the provisions of the Compact, the Commission's Rules and bylaws;

b. Recommending to the Commission changes to the Rules or bylaws, changes to this Compact legislation, fees charged to Compact Participating States, fees charged to Licensees and other fees;

c. Ensuring Compact administration services are appropriately provided, including by contract;

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

f. Monitoring Compact compliance of Participating States and providing compliance reports to the Commission;

g. Establishing additional committees as necessary;

h. Exercising the powers and duties of the Commission during the interim between Commission meetings, except for adopting or amending Rules, adopting or amending these Bylaws and exercising any other powers and duties expressly reserved to the Commission by Rule or these Bylaws.

Section 2. Composition of Executive Board

The Executive Board shall be composed of seven (7) members:

a. The Chair, Vice Chair, Secretary and Treasurer of the Commission and any other members of the Commission who serve on the Executive Board shall be voting members of the Executive Board; and

b. Other than the Chair, Vice Chair, Secretary and Treasurer, the Commission shall elect three (3) voting members from the current membership of the Commission.

The Commission may remove any member of the executive board by an affirmative vote of a majority of the current membership of the Commission

Section 3. Executive Board Meetings.

The Executive Board shall meet at least once each calendar year at a time and place to be determined by the Executive Board.

All meetings at which the Executive Board intends to take formal action on a matter shall be open to the public, except that the Executive Board may meet in a closed, non-public session of a public meeting when dealing with any of the matters for which the Commission is authorized to convene in a closed, non-public meeting under the Compact.

The Executive Board shall give five (5) business days' notice of its public meetings, posted on its website and as it may otherwise determine to provide notice to persons with an interest in the public matters the public matters the Executive Board intends to address at those meetings.

The Executive Board may hold an emergency meeting when acting for the Commission to:

a. Meet an imminent threat to public health, safety or welfare;

b. Prevent a loss of Commission of Participating State funds; or

c. Protect public health and safety.

ARTICLE V

Qualified Immunity, Defense and Indemnification

Section 1. Immunity.

The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed

to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

Section 2. Defense.

Subject to the provisions of the Compact and Rules promulgated thereunder, the Commission shall defend any member, officer, executive director, employee and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

Section 3. Indemnification.

Notwithstanding Section 1 of this Article V, should any member, officer, executive director, employee or representative of the Commission be held liable for the amount of any settlement or judgment arising out of any actual or alleged act, error or omission that occurred within the scope of that individual's employment, duties or responsibilities for the Commission, or that the person to whom that individual is liable had a reasonable basis for believing occurred within the scope of the individual's employment, duties or responsibilities for the Commission, the Commission shall indemnify and hold harmless such individual, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of the individual.

ARTICLE VI

Meetings of the Commission

Section 1. Meetings and Notice.

The Commission shall meet at least once each calendar year at a time and place to be determined by the Commission. Additional meetings may be scheduled at the discretion of the chairperson, and must be called upon the request of a majority of Commission Members, as provided by the Compact. All Commission Members shall be given written notice of Commission meetings at least thirty (30) days prior to their scheduled dates. Final agendas shall be provided to all Commission Members no later than ten (10) days prior to any meeting of the Commission. Thereafter, additional agenda items requiring Commission action may not be added to the final agenda, except by an affirmative vote of a majority of the Members. All Commission meetings shall be open to the public, except as set forth in Commission Rules or as otherwise provided by the Compact. Prior public notice shall be posted on the Commission's website at least thirty (30) days prior to the public meeting. A meeting may be closed to the public where the Commission determines by two-thirds (2/3rds) vote of its Members that there exists at least one of the conditions for closing a meeting, as provided by the Compact or Commission Rules.

Section 2. Quorum.

Commission Members representing a majority of the Compacting States shall constitute a quorum for the transaction of business, except as otherwise required in these Bylaws. The participation of a Commission Member from a Compacting State in a meeting is sufficient to constitute the presence of that state for purposes of determining the existence of a quorum, provided the Member present is entitled to vote on behalf of the Compacting State represented. The presence of a quorum must be established before any vote of the Commission can be taken.

Section 3. Voting.

Each Compacting State represented at any meeting of the Commission by its Member is entitled to one vote. A Member shall vote himself or herself and shall not delegate his or her vote to another Member. Members may participate in meetings by telephone or other means of telecommunication or electronic communication. Except as otherwise required by the Compact or these Bylaws, any question submitted to a vote of the Commission shall be determined by a simple majority.

Section 4. Procedure.

Matters of parliamentary procedure not covered by these Bylaws shall be governed by Robert's Rules of Order.

ARTICLE VII

Committees

The Commission may establish such committees as it deems necessary to carry out its objectives, which shall include, but not be limited to Finance, Rules, Compliance, Training, Communications and Outreach, and Leadership Nomination. The composition, procedures, duties, budget and tenure of such committees shall be determined by the Commission.

ARTICLE VIII

Finance

Section 1. Fiscal Year.

The Commission's fiscal year shall begin on July 1 and end on June 30.

Section 2. Budget.

The Commission shall operate on an annual budget cycle and shall, in any given year, adopt budgets for the following fiscal year or years only after notice and comment as provided by the Compact.

Section 3. Accounting and Audit.

The Commission, through the Executive Board, shall keep accurate and timely accounts of its internal receipts and disbursements of the Commission funds, other than receivership assets. The

Commission's financial accounts and reports, including the Commission's system of internal controls and procedures, shall be audited annually by an independent certified or licensed public accountant. As required by the Compact, the report of such independent audit shall be included in and become part of the Commission's annual report to the Compacting States. The Commission's internal accounts, any workpapers related to any internal audit and any workpapers related the independent audit shall be confidential; provided, that such materials shall be made available: 1) in compliance with the order of any court of competent jurisdiction; ii) pursuant to such reasonable rules as the Commission shall promulgate; and iii) to any Commissioner of a Compacting State, or their duly authorized representatives.

Section 4. Public Participation in Meetings.

Upon prior written request to the Commission, any person who desires to present a statement on a matter that is on the agenda shall be afforded an opportunity to present an oral statement to the Commission at an open meeting. The chairperson may, depending on the circumstances, afford any person who desires to present a statement on a matter that is on the agenda an opportunity to be heard absent a prior written request to the Commission. The chairperson may limit the time and manner of any such statements at any open meeting.

Section 5. Debt Limitations.

The Commission shall monitor its own and its committees' affairs for compliance with all provisions of the Compact, its rules and these Bylaws governing the incursion of debt and the pledging of credit.

Section 6. Travel Reimbursements.

Subject to the availability of budgeted funds and unless otherwise provided by the Commission, Commission Members shall be reimbursed for any actual and necessary expenses incurred pursuant to their attendance at all duly convened meetings of the Commission or its committees as provided by the Compact.

ARTICLE IX

Withdrawal, Default, and Termination

Compacting States may withdraw from the Compact only as provided by the Compact. The Commission may terminate a Compacting State as provided by the Compact.

ARTICLE X

Adoption and Amendment of Bylaws

Any Bylaw may be adopted, amended or repealed by a majority vote of the Members, provided that written notice and the full text of the proposed action is provided to all Commission Members at least thirty (30) days prior to the meeting at which the action is to be considered. Failing the required notice, a two-thirds (2/3rds) majority vote of the Members shall be required for such action.

ARTICLE XI

Dissolution of the Compact

The Compact shall dissolve effective upon the date of the withdrawal or the termination by default of a Compacting State which reduces Membership in the Compact to one Compacting State as provided by the Compact. Upon dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Commission shall be concluded in an orderly manner and according to applicable law. Each Compacting State in good standing at the time of the Compact's dissolution shall receive a pro rata distribution of surplus funds based upon a ratio, the numerator of which shall be the amount of its last paid annual assessment, and the denominator of which shall be the sum of the last paid annual assessments of all Compacting States in good standing at the time of the Compact's dissolution. A Compacting State is in good standing if it has paid its assessments timely.

Dentist and Dental Hygienist Compact Commission

Title of Rule: Rule on Rulemaking

Reason for Rule: To further outline and clarify the rule promulgation process of the Dentist and Dental Hygienist Compact Commission.

Chapter 1: Rulemaking

Authority:

Section 7: Establishment and Operation of the Commission

Section 9: Rulemaking

Section 11: Effective Date, Withdrawal, and Amendment

1.0 Purpose: Pursuant to Section 9 of the Compact, the Dentist and Dental Hygienist Compact Commission shall promulgate reasonable and lawful uniform rules to facilitate and coordinate implementation and administration of the Dentist and Dental Hygienist Compact. This Rule will become effective upon passage by the Dentist and Dental Hygienist Compact Commission as provided in Section 9 of the Dentist and Dental Hygienist Compact.

1.1 Definition(s): (a) **"Commission"** means: the Dentist and Dental Hygienist Compact Commission, which is the joint administrative body whose membership consists of all Participating States.

(b) **"Commissioner"** means: the individual appointed by a Participating State to serve as the member of the Commission for that Participating State.

(c) **"Compact"** means the Dentist and Dental Hygienist Compact.

(d) "**Participating State**" means a state that has enacted the Compact and been admitted to the Commission in accordance with the Compact and the Commission Rules, and which has not withdrawn or been terminated from the Compact.

(d) **"Rule"** means: a regulation, principle or directive promulgated by the Commission pursuant to the criteria set forth in Section 9 of the Compact that has the force and effect of law in a Participating State and includes the amendment, repeal, or suspension of an existing Rule.

(e) "**Rules Committee**" means: a committee that is established as a standing committee to develop reasonable and lawful uniform rules for consideration by the Commission and subsequent implementation by the states and to review existing rules and recommend necessary changes to the Commission for consideration.

(f) "**Scope of Practice**" means the procedures, actions, and processes a Dentist or Dental Hygienist licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the State Licensing Authority or other government agency.

(g) **"State"** means: any state, commonwealth, district, or territory of the United States of America.

1.2 Proposed Rules or Amendments: Rules shall be adopted by majority vote of the Participating States of the Commission pursuant to the criteria set forth in Section 9 of the Compact and in the following manner:

(a) New rules and amendments to existing rules proposed pursuant to Section 7 and Section 9 of the Compact and the Commission Bylaws shall be submitted to the Commission office for referral to the Rules Committee in any of the following ways:

(1) Any Commissioner may submit a proposed Rule for referral to the Rules Committee during the next scheduled Commission meeting.

(2) Standing Committees of the Commission may propose Rules amendments by majority vote of that Committee.

1.3 Drafting of Proposed Rules: The Rules Committee shall prepare a draft of all proposed rules and provide the draft to the Executive Committee to provide to all Commissioners for review and comments. Based on the comments made by the Commissioners, the Rules Committee shall prepare a final draft of the proposed rule(s) or amendments for consideration by the Commission not later than 30 days prior to the next Commission meeting.

1.4 Notice of Proposed Rulemaking Prior to Public Hearing: Prior to promulgation and adoption of a final Rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments. At least 30 days prior to the public hearing, the Commission shall provide a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and

2. To persons who have requested notice of the Commission's notices of proposed rulemaking.

1.5 Contents of Notice of Proposed Rulemaking: The Notice of Proposed Rulemaking shall include:

(a) The time, date, and location of the public hearing at which the Commission will hear public comments on the proposed Rule and, if different, the time, date, and location of the meeting where the Commission will consider and vote on the proposed Rule;

(b) The mechanism for access to the hearing if the hearing is to be held via telecommunication, video conference, or other electronic means;

(c) The text of the proposed Rule and the reason for the proposed Rule.

(d) A request for comments on the proposed Rule from any interested person; and

(e) The manner in which interested persons may submit notice to the Commission of their intention to attend the public meeting and any written comments.

1.6 Public Hearings: All persons wishing to be heard at the public hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

All hearings shall be recorded. A copy of the recording shall be made available upon request.

Nothing in this chapter shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this chapter.

The Commission shall consider all written and oral comments received prior to taking final action on the proposed Rule.

1.7 Final Adoption of Rule: At a regular or special meeting of the Commission**,** which may be held at the same date and location as the public hearing, the Commission shall, by majority vote of all Commissioners, take final action on the proposed Rule based on the rulemaking record.

The Commission may adopt changes to the proposed Rule provided the changes do not enlarge the original purpose of the proposed Rule. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed Rule as well as reasons for substantive changes not made that were recommended by commenters.

The Commission shall determine a reasonable effective date for the Rule. Except for an emergency as provided in Section 1.9, the effective date of the Rule shall be no sooner than thirty (30) days after the Commission issues the notice that it adopted the Rule.

1.8 Status of Rules Upon Adoption of Compact By Additional Participating States; Applicability: Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any Rule that has been previously adopted by the Commission shall have the

full force and effect of law on the day the Compact becomes law in that state.

No Participating State's rulemaking requirements shall apply under this Compact.

The Rules of the Commission shall have the force of law in each Participating State, provided, however, that where the Rules of the Commission conflict with the laws of the Participating State which establish the Participating State's Scope of Practice as held by a court of competent jurisdiction, the rules of the Commission shall be ineffective in that State to the extent of the conflict.

If, within 4 years of the date of adoption of a Rule, a majority of the legislatures of the Participating States rejects the Rule by the enactment of statutes in the same manner such legislatures used to adopt the Compact, the Rule shall have no further force and effect in any Participating State.

1.9 Emergency Rulemaking: Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule with 24 hours' notice, with the opportunity to comment, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare,
2. Prevent a loss of Commission or Participating State funds;
3. Meet a deadline for the promulgation of a Rule that is established by federal law or rule;
4. Protect public health and safety.

2.0 Non-Substantive Rule Revisions: The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

DDH Dentist and Dental Hygienist Compact

Elections Information: Positions and Duties

The Commission will elect four officers and three members-at-large to serve on the Executive Board from among the current delegates to the Commission. All seven of those elected will be voting members of the Executive Board.

Below are descriptions the duties of the Executive Board and its officers as written in Compact bylaws.

The Commission's officers shall perform all duties of their respective offices as the Compact and these Bylaws provide. Their duties shall include, but are not limited to, the following:

A. Chair: The Chair shall call and preside at Commission and Executive Board meetings; prepare agendas for the meetings; act on Commission's behalf between Commission meetings.

B. Vice Chair: The Vice Chair shall perform the duties of the Chair in their absence or at the Chair's direction. In the event of a vacancy in the Chair's office, the Vice Chair shall serve until the Commission elects a new Chair.

C. Treasurer: The Treasurer, with the assistance of the Executive Director of the Compact, shall monitor the Commission's fiscal policies and procedures and serve as chair of the Finance Committee.

D. Secretary: The Secretary, with the assistance of the Executive Director of the Compact, shall keep minutes of all Commission meetings and shall act as the custodian of all documents and records pertaining to the status of the Compact and business of the Commission. The Commission may allow for the Executive Director to serve as Secretary of the Commission provided that the Executive Director will not be a member of the Commission.

E. Members-at-large (3 positions open): fulfill duties of the executive board as outlined below.

The Executive Board shall:

a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member

states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget in consultation with the Treasurer;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of member states and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Perform other duties as provided in rules or bylaws and administer the affairs of the Commission in

a manner consistent with the Bylaws and purpose of the Commission.

DDH Dentist and Dental Hygienist Compact

Overview of Compact Commission Finances

Compact	Annual Budget	Secretariat	Revenue Sources
Psychology	$ 459,018.00	FSPPB	$275,210 from compact privilege fees and state assessments. MOU with FSPPB
PT	$ 243,515.00	FSPTB	$376,396 in compact privilege revenue
Counseling	$ 367,500.00	CAMS	Up to $1.2 million available from ACA. $150,00 from NBCC
OT	$ 450,808.28	ASMI	$300,000/year for 3 years from AOTA, NBCOT
Speech Pathology/Audiology	$ 287,000.00	NCSB	$228,000 over first 3 years from ASHA. $330,000 over 3 years from AAA.
EMS	approx. $140,000	NREMT	Grant from NREMT

Dentist and Dental Hygienist Compact Commission Support

Draft Request for Proposal for Secretariat

Proposal Title and Purpose:

Dentist and Dental Hygienist Compact Commission Support

The purpose of this Request for Proposal (RFP) is to solicit a secretariat who will help commence, implement, and sustain the work of the Dentist and Dental Hygienist Compact Commission (Commission).

Background/Entity Descriptions:

The American Dental Association (ADA) and American Dental Hygienists' Association (ADHA) are collaborating to create the Dentist and Dental Hygienist Compact (DDH Compact). Work on this endeavor began in of 2021, as The Council of State Governments (CSG) selected the ADA and ADHA to receive technical assistance with the development of a compact through funding from the Department of Defense (DoD). Since that time, ADA, ADHA, and CSG have worked closely with and state associations to introduce compact legislation.

The bill stipulates a minimum of 7 states must approve the legislation before the Dentist and Dental Hygienist Compact Commission can be assembled and begin its operations. Three states approved the bill in 2023 and in the 2024 state legislative session, an additional 7 states approved the legislation.

Now that the minimum state requirement has been met, the Dentist and Dental Hygienist Compact Commission is being formed with one state regulatory representative being appointed from each jurisdiction who has passed the legislation. The Dentist and Dental Hygienist Compact Commission, a joint governmental agency composed of an elected representative from each state that passed compact legislation, will hold its inaugural meeting August 28, 2024.

The secretariat awarded this contract will be responsible for working with the Dentist and Dental Hygienist Compact Commission, the commission's executive committee, and its executive director to develop all necessary commission infrastructure, secure a national licensure data system which includes licensure information and disciplinary actions, and implement management of all activities.

Proposal Request Schedule:

The Dentist and Dental Hygienist Compact Commission seeks proposals from a secretariat to provide administrative and management services to help implement the Commission's responsibilities and strategic initiatives and handle day-to-day operations.

Deadline for proposal submission is xx/xx/xxxx

Terms of Contract:

The Dentist and Dental Hygienist Compact Commission desires to enter into an agreement with the successful awardee for a period of three (3) years, with the option to renew in one-year increments for an additional three (3) years. The anticipated commencement date is to be determined.

Project Goals:

Work with the Dentist and Dental Hygienist Compact Commission, its Executive Board and other Committees, and its Executive Director to:

- Provide all necessary management infrastructure including appropriate staffing, technology, and resources as needed
- Convene meetings with Dentist and Dental Hygienist Compact Commission as needed
- Prepare an annual budget
- Apply for grants
- Establish national policies and procedures
- Secure a national licensure data system (including disciplinary actions)
- Work with each state board of dentistry or state agency on the interface and implementation of the database
- Develop all initial reporting templates
- Develop all initial routine communication templates
- Prepare all initial public facing communications
- Process all practitioner requests for a compact to practice privilege
- Respond to all state boards of dentistry administrators requests to confirm disciplinary action information
- Prepare data and reports, as needed

Nothing herein shall inappropriately delegate Commission responsibilities to the secretariat. The Commission shall approve all actions taken by the secretariat as determined by the Commission.

Scope of Work:

The scope of all expectations for assistance with the work outlined in this RFP must be completed as follows:

Convene meetings with Dentist and Dental Hygienist Compact Commission as needed	xx/xx/xxxx
Provide all necessary management infrastructure including appropriate staffing, technology, and resources as needed	xx/xx/xxxx
Secure a national licensure data system	xx/xx/xxxx
Work with each state board of dentistry or state agency on interface and implementation of the database	xx/xx/xxxx
Prepare annual budget	xx/xx/xxxx
Apply for grants	xx/xx/xxxx
Establish national policies and procedures	xx/xx/xxxx
Develop all initial reporting templates	xx/xx/xxxx
Develop all initial routine communication templates	xx/xx/xxxx
Prepare all initial public facing communications	xx/xx/xxxx
Prepare and implement a marketing strategy and messaging to state regulatory boards who may be interested in the compact legislation	Ongoing
Process all practitioner requests for a compact to practice privilege	Ongoing
Respond to all state board of dentistry administrators requests to confirm disciplinary action information	Ongoing
Prepare data and reports, as needed for the Dentist and Dental Hygienist Compact Commission	Ongoing

Dates are subject to change at the Compact Commission's discretion

Budget:

The Dentist and Dental Hygienist Compact Commission's budget for calendar year xxxx will be approximately xxxxxx These monies will cover development and operational expenses with the understanding funding for the disciplinary action database is yet to be determined and will be provided separately.

How Can Current Roadblocks and Barriers be Removed:

Risks

- Insufficient management resources
- Database inefficiency
- Database security
- Insufficient start-up funding

Support of the Dentist and Dental Hygienist Compact Commission and the necessary database is essential to ensure the success of the Dentist and Dental Hygienist Compact. Secretariats can mediate these risks by thoroughly indicating methods to address these issues. An established system and process with past successes will be considered.

Proposal Requirements

A. Company Information

1. Provide the company name, address, telephone number, website, and any social media handles.

2. Provide the name, title, and email address of the individual who will serve as the company's primary contact.

3. Describe the company's history, ownership and affiliations.

4. Describe the mission and philosophy that distinguishes the company from competitors.

5. List the company's complete scope of services.

6. Describe the size of your company in employees and revenue.

B. Clients & References

7. Provide a list of the company's current clients in order of annual billings, length of time with the company, and the services provided.

8. Identify clients the company gained and lost during the last 12 months, describing why the company was selected or the relationship was severed.

9. List any current or past clients that are affiliated with ADA, ADHA and the dentistry or dental hygiene professions.

10. Provide a minimum of three client references, ideally with prior experience of similar scope and magnitude to the services requested within this RFP. Include name, organization, phone number, email address, a brief description of the work completed on behalf of each client, and samples.

C. Relevant Experience & Strategic Approach

11. Provide a summary of the company's qualifications, experience, and competitive advantages in providing the services outlined in this RFP.

D. Project Management

12. Describe the company's approach to client relationships.

13. Provide detailed implementation plan for a contract awarded as a result of this RFP.

E. Staff & Partners

14. Provide a breakdown of the company's employees by function and location.

15. Provide a list of individuals who would service the Dentist and Dental Hygienist Compact Commission's project if awarded, including staff responsibilities, locations, and brief bios.

F. Financial Proposal

16. Please bid your services for the *administration and management services in* one comprehensive amount with detailed costs for major components (such as the national licensure data system).

17. Describe the company's policy with regard to methods of compensation

Submission Requirements of the Proposal:

All proposals must be sent to the Dentist and Dental Hygienist Compact Commission Chair by email no later than 11:59 PM Eastern on xx/xx/xxxx. Failure to adhere to the dates indicated below may result in bidder disqualification.

Request for Proposal released to vendors by Commission	xx/xx/xxxx
Intent to participate in RFP indicated by vendors	Xx/xx/xxx
Deadline for written questions or requests for clarification	xx/xx/xxxx
Response to questions and requests by Commission	xx/xx/xxxx
Deadline for proposal submission	xx/xx/xxxx
Evaluation of proposals by Commission	xx/xx/xxxx
*Commission vote to accept RFP and execution of contract by Commission	xx/xx/xxxx
*Awardee commencement of project	xx/xx/xxxx

*Subject to change at the Compact Commission's discretion

Evaluation Metrics and Criteria:

Once the secretariat has been selected, the following evaluation criteria will be used to assess the secretariat's performance:

Is the secretariat responding to requests/needs of the Dentist and Dental Hygienist Compact Commission and its Executive Director in a timely manner?
Has the secretariat provided appropriate assistance to the Dentist and Dental Hygienist Compact Commission and its Executive Director to complete national policy and procedural documents?
Has the Dentist and Dental Hygienist Compact disciplinary action database been secured by the secretariat?
Have the implementation timelines established in the contact been adhered to by the secretariat?
Is the secretariat proactive in working with the Dentist and Dental Hygienist Commission and its Executive Director in addition to problem solving solutions to challenges?
In conjunction with the Dentist and Dental Hygienist Compact Commission and its Executive Director, what kind of marketing initiatives has the secretariat implemented to further educate and work with other state boards of dentistry who may be interested in the compact legislative initiative?

Contact Information:

All questions and requests for clarification should be directed to the Chair of the Dentist and Dental Hygienist Compact Commission, (Name of Chair)

Email: xxxx@xxxx
Phone: xxx-xxx-xxxx

Dentist and Dental Hygienist (DDH)
Compact Executive Director
Draft RFP Job Description

Job Title	**Group**	**Date Posted**
Director, DDH Compact Commission	DDH Compact Commission	
Accountable to: DDH COMPACT COMMISSION/Chair/Executive Board		**Authority** DDH COMPACT Section 7.C (11) Bylaws Article IV, Section 1

Job Summary:

Serves as the lead staff executive for the DDH COMPACT COMMISSION, a joint government agency of member states. Directs the day-to-day operations of the organization, including but not limited to projects, relationships and staff. Works in concert with the Commission leadership, and its Executive Board to fulfil the intent and purpose of the DDH Compact.

Tasks	**Principle Responsibilities**	**Frequency**
1	Manages the day-to day operations of the DDH COMPACT. Provides support to the Commission Chair, Delegates, Committee Chairs and Executive Committee in the execution of its responsibilities, under the Compact Bylaws. Works in consultation with Commission Chair to develop meeting agendas, materials, minutes, and reports. Provides executive level staff support and ensures effective planning, promotion, and execution of commission meetings.	20%
2	Conducts outreach and public relations related to the DDH COMPACT. Effectively manages external stakeholder relationships while representing the Commission. Serves as the DDH COMPACT training officer; provides training to member state boards of dentistry. Facilitates the orientation of new Commissioners. Develops and maintains a repository of informational, educational, and training materials regarding the DDH COMPACT. Provides external presentations and education and technical assistance for legislative enactments, as needed.	20%
3	Participates in the development and implementation of the DDH Commission strategic plan and objectives. Collaborates with the Executive Board in setting the overall strategic direction.	10%
4	In conjunction with the Commission and its committees, oversees and monitors regulatory compliance of member states with statute, bylaws, and rules.	15%
5	Responsible for supervising the staff and independent contractors of the Commission. Develops and submits to the Commission for consideration the administrative personnel policies governing the recruitment, hiring, management, compensation, and dismissal of Commission staff.	15%
6	In conjunction with the Treasurer and Executive Board, responsible for managing the annual operating budget and reserves, and monitoring the Commissions financial performance. Maintains records of the Commission. May serve as Secretary to the Commission; coordinates Executive Committee elections.	20%

Job Specifications
(Education, Certification, Special Knowledge and Skills)

Bachelor's degree required, Master's or JD preferred. Background in business, management, healthcare administration or related field. Five or more years of member-based association management/governance and committee management experience preferred.

Knowledge of occupational licensure, administrative law and operations management preferred.

Excellent oral and written communication, presentation, technical, organizational, customer service, problem solving, analytical and critical thinking, and problem-solving skills are required.
Ability to work independently to resolve member issues and collectively to establish a positive working rapport with members and stakeholders. Facilitates effective meetings with stakeholders. Domestic travel will be required.
Ability to build, maintain, communicate, and manage professional relationships with members, stakeholders, and public and governmental agencies, with an emphasis on political awareness, public perceptions, and DDH COMPACT initiatives and details.

DDH Dentist and Dental Hygienist Compact

Future Rules for Consideration

1. Clinical Assessment

   "Clinical Assessment" means examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

2. Definitions:
   a. "Minor infraction"
   b. "Deactivate"
   c. "Disqualifying event"
   d. "Encumbered License" clarification re: NPDB reporting
   e. "Encumbrance"
   f. "Qualifying License"

3. Uniform Data Set Reporting Requirements
   a. Information to be reported by Member state
   b. Further clarification of "current, significant investigative information"
   c. Access to data system

4. Member State requirements/procedure for posting of Commission information and documents on Member State websites

5. Emergency Meetings Procedures

6. Administration issues (dues, fees, application processes)

7. Arbitration/Mediation procedure

DDH Dentist and Dental Hygienist Compact

DDH Compact Commission Inaugural Meeting Minutes– August 28, 2024

August 28, 2024

I. **Attendees**
   a. **Delegates Present:**
      i. Tiffany Allison – Iowa
      ii. Catherine Roner-Reiter – Washington
      iii. Ailene Macias – Tennessee
      iv. Matthew Bistan – Wisconsin
      v. Jaime Sacksteder – Virginia
      vi. Lane Hemsley – Kansas
      vii. Penny Vaillancourt – Maine
      viii. Yukon Morford – Colorado
      ix. Bridgett Anderson – Minnesota
      x. Corey Schaal – Ohio
   b. **Interim Chair Present:**
      i. Stephanie Lotridge
   c. **Legal Counsel Present:**
      i. Samantha Nance, EMWN
   d. **CSG Staff Present:**
      i. Matt Shafer, CSG
      ii. Dan Logsdon, CSG
      iii. Kaitlyn Bison, CSG
      iv. Isabel Eliassen, CSG

II. **Welcome and Introductions**
   a. **CSG Staff**: M. Shafer Shafer outlined housekeeping and introduced interim staff, including Dan Logsdon and Samantha Nance.
   b. **Interim Chair**: S. Lotridge welcomed delegates.
   c. **CSG's Role**: M. Shafer Shafer detailed CSG's involvement and role with DDH compact.

III. **Call to Order**
   a. **Roll Call**: S. Lotridge took attendance.
   b. **Delegate Introductions**: Delegates from various states introduced themselves
   c. **Agenda Review**: Interim Chair reviewed and asked for questions about the agenda (none received).

IV. **Legislative Update**
   a. **Legislative Overview**: M. Shafer provided an update on state enactments and pending bills. No material deviations reported.

b. S. Nance explains non-material changes and requests delegates to flag any potential amendments to compact legislation in their states.
c. M. Shafer invites questions from delegates (none received)

V. **Virginia Lawsuit**: S. Nance discussed ongoing litigation about the compact's constitutionality and will be providing an affidavit supporting its legality.
   a. M. Shafer invites questions (Corey Schaal inquires about the reasons for the constitutional challenge; S. Nance explains possible misinterpretation of the compact).

VI. **Transition and Implementation**
   a. **Transition Plan**: Overview of the DDH commission's transition, including bylaws adoption and data system development. Questions about RFP processes were addressed.
      i. M. Shafer gives an overview of the transition plan in the meeting packet, including the timeline for the implementation of the DDH commission.
      ii. The commission will meet in Q1 of next year to adopt bylaws, rules, elect officers, and populate subcommittees.
      iii. M. Shafer describes the effort to secure a vendor and begin development of the compact data system.
      iv. M. Shafer invites questions (Bridgett asks about the RFP process for the data system; S. Nance clarifies it's an option but not a requirement; M. Shafer points to a later agenda item for more details).

VII. **Governance Structure**
   a. S. Lotridge hands over to S. Nance to review the commission governance structure.
   b. S. Nance provides an overview of the governance structure, including the delegates' responsibilities.
   c. S. Nance invites questions (none received).

VIII. **By-Laws**: S. Nance reviewed the compact's by-laws and governance structure, addressing delegate questions on state withdrawal and chair roles.
   a. S. Nance continues with an overview of the by-laws and rulemaking within the confines of the compact language.
   b. S. Nance addresses questions:
   c. Matthew Bistan asks about state withdrawal procedures.
      i. S. Nance explains the process and high bar for default.
   d. Corey Schaal inquires about the past chair's voting status.
      i. S. Nance explains this depends on commission preferences and election breakdown.
   e. Bridgett supports the idea of including a past chair voting position but is open to other suggestions.

i. S. Nance requests feedback on by-laws before the next meeting.

IX. **Rulemaking**
   a. **Rules Overview**: S. Nance discussed rulemaking processes and common misconceptions. No questions received.

X. **Break (15 minutes)**

XI. **Officer Elections**
   a. *Officer Positions*: Chair, Vice Chair, Treasurer, Secretary, and 2-3 members at large.
   b. *Nomination Process:* CSG will send a form for nominations; voting will be in early 2025.
   c. *Time Commitments*: Executive board meets monthly or bimonthly; Chair and Treasurer have the most commitment
   d. *Vice Chair*: Expected to be the Chair-elect; feedback is welcome on that in future meetings.
   e. Penny Vaillancourt asks who will be employer for personnel and staff.
      i. S. Nance clarifies that the commission is the employer, but various arrangements are possible.

XII. **Data System**
   a. **Introduction**: I. Eliassen presented the data system's importance, steps to development, and Compact Connect. A demo will be available at a later date.

XIII. **Finances and Staff Hiring**
   a. **Commission Finances**: M. Shafer discussed funding, staffing, and the role of the secretariat. No questions received.
      i. M. Shafer discusses the unique opportunity for the DDH commission with existing data systems from other commissions.
      ii. Overview of commission finances, staffing, and secretariat duties.
      iii. CSG's involvement is covered by a contract with ADA until the end of 2025.
      iv. Decisions on additional staffing will be made later.

XIV. **Future Rules**
   a. **Potential Rules**: M. Shafer introduced potential rules for future consideration, including clinical assessments and administrative issues. CSG will provide more information on clinical examination landscape.
      i. M. Shafer introduces potential rules for adoption at the next meeting.
      ii. Includes clinical assessment definitions, interstate compact authority, and administrative issues.
      iii. S. Nance explains the intention behind broad language in rules to allow flexibility.
      iv. M. Shafer requests questions:

v. Matthew Bistan shares his perspective on new Wisconsin licensure pathway.
vi. Penny Vaillancourt asks about research on clinical examinations and how it affects commission work. M. Shafer responds that CSG can provide this information at the next meeting.

XV. **Comments and Questions**
   a. **General Comments**: Discussions included the exclusion of dental therapy, funding issues, and future meeting formats. Feedback on meeting preferences (in-person or hybrid) was collected.

XVI. **Meeting Summary and Next Steps**
   a. **Next Meeting**: Planned for Q1 2025, with a scheduling poll for format preferences. Minutes will be posted online.

XVII. **Adjournment**

V I R G I N I A:

IN THE CIRCUIT COURT OF THE CITY OF RICHMOND

RICHARD ARCHER, DDS,
JOHN L. HARRIS, III, DDS,
and
ADEL RIZKALLA, DDS,

Plaintiffs,

v. Case No. CL24002595-00

THE VIRGNIA BOARD OF DENTISTRY;
and
MARGARET F. LEMASTER, RDH;
ALF HENDRICKSEN, DDS;
J. MICHAEL MARTINEZ DE ANDINO, ESQ.;
WILLIAM C. BIGLEOW, DDS;
NATHANIEL C. BRYANT, DDS;
SIDRA BUTT, DDS;
SULTAN E. CHAUDHRY, DDS;
JAMIAH DAWSON, DDS;
EMELIA H. MCLENNAN, RDH;
JENNIFER SZAKALY, DDS;
and
JOHN DOE,

In their official capacities as officers and members of the Virginia Board of Dentistry, and as Virginia's Commissioner to the Dentist and Dental Hygienist Compact Commission

Defendants.

AMENDED COMPLAINT

The Plaintiffs – Virginia-licensed dentists – bring this action to challenge the constitutionality of legislation placing them and their professions under the regulatory authority of an interstate compact known as the Dentist and Dental Hygienist Compact (the "Compact"). In support whereof, they say as follows:

INTRODUCTION

1. The legislation at issue was enacted by the 2024 session of the General Assembly through two duplicate bills and is found in the 2024 Acts of Assembly, chapters 31 and 101 (the "Compact Act" or "CA"). The Compact Act is codified at Virginia Code § 54.1-2729.02. A copy is attached as Exhibit A.

2. As explained below, the Compact Act is problematic and cannot take effect for a variety of reasons:

   a. The Compact Act violates the "non-delegation" and "non-divesting" principles of the Virginia Constitution. *See* Count II, *infra*.

   b. The Compact Act violates the "non-abridgment" principles of the Virginia Constitution. *See* Count III, *infra*.

   c. The Compact Act violates the Virginia Constitution's prohibition on special legislation. *See* Count IV, *infra*.

3. Plaintiffs seek a judgment under Virginia Code § 8.01-184 declaring that the Compact Act is unconstitutional. Plaintiffs also seek preliminary and permanent injunctive relief against implementation of the Compact Act in Virginia.

4. There is an actual, antagonistic assertion and denial of rights between the Plaintiffs and Defendants. Without action by this Court, the Defendants will implement the Compact Act, including participating in the Commission and allowing dentists and dental hygienists licensed by other participating States to practice in Virginia, even where they cannot meet the skill, education and other requirements necessary to obtain and maintain a Virginia-issued license.

THE PARTIES

5. The Plaintiffs are practicing dentists in Virginia. They are:

- **Richard Archer, DDS.** Dr. Archer is licensed by Virginia to practice dentistry in the Commonwealth and is the Senior Associate Dean of Clinical Affairs at the Virginia Commonwealth University (VCU) School of Dentistry.
- **John L. Harris, III, DDS.** Dr. Harris is licensed by Virginia to practice dentistry in the Commonwealth, maintains such a practice in Roanoke, and is a former member of the Virginia Dental Board.
- **Adel Rizkalla, DDS.** Dr. Rizkalla is licensed by Virginia to practice dentistry in the Commonwealth and is a former President of the Virginia Dental Board. In addition to his private dental practice in Northern Virginia, Dr. Rizkalla now serves as Assistant Professor at the Howard University College of Dentistry.

6. Each of the Plaintiffs is a citizen and voter of Virginia and, as such, they have the constitutional right to vote for representatives to make the laws that will govern the Commonwealth, including but not limited to the laws that will govern their professions. *See* Va. Const. Art. I, § 6. The Compact Act deprives them of that right by transferring significant legislative authority to a newly created interstate entity, thereby violating the "non-delegation," "non-divesting" and "non-abridgment" principles of the Virginia Constitution.

7. Each of the Plaintiffs has a constitutional right not to be subjected to unfavorable discriminatory treatment at the hands of their government. The Compact Act violates that right by creating a two-tier system for the practice of dentistry in Virginia in violation of the constitutional prohibition against special legislation.

8. Each of the Plaintiffs faces additional imminent or actual harm as the result of the Compact Act, including but not limited to (a) lowering the standards of their profession, (b) lowering the confidence of the public in their profession, (c) competition from less qualified licensees, with resulting to economic loss, and (d) higher malpractice insurance premiums, another economic loss.

9. One of the Plaintiffs, Dr. Richard Archer, is academician responsible for teaching dentistry at Virginia Commonwealth University (VCU); and another Plaintiff, Dr. Adel Rizkalla, is an academician responsible for teaching dentistry at Howard University. As such Drs. Archer and Rizkalla have an interest in encouraging their dental students to attain the highest level of professional preparation, including preparation to qualify for a license issued by Virginia or by another State with similarly demanding standards. The Compact harms that interest because, by allowing VCU and Howard graduates to practice in Virginia or another State without meeting those state licensure standards, the Compact creates disincentives for dental students to attain the highest level of preparation, especially in the area of hand-skills.

9.A. The Compact Act lowers the professional standards of dentistry and dental hygiene in Virginia, and it allows the practice of dentistry and dental hygiene by persons already determined to be unqualified to practice here and/or whose Virginia-issued license has been revoked. As a result, the Compact Act creates a risk to dental and dental hygiene patients in Virginia.

9.B. As Virginia-licensed dentists, Plaintiffs have standing to vindicate the interests of Virginia dental and dental hygiene patients. *See, e.g., Singleton v. Wulff*, 428 U.S. 106, 115 (1976) ("[T]he relationship between the litigant and the third party may be such that the former is fully, or very nearly, as effective a proponent of the right as the latter.").

10. The named Defendants are the Virginia Board of Dentistry as well as its officers and members, including: Margaret F. Lemaster, RDH (President); Alf Hendricksen, DDS (Vice-President); J. Michael Martinez de Andino, Esq. (Secretary-Treasurer); William C. Bigleow, DDS; Nathaniel C. Bryant, DDS; Sidra Butt, DDS; Sultan E. Chaudhry, DDS; Jamiah Dawson, DDS; Emelia H. McLennan, RDH; and Jennifer Szakaly, DDS, all of whom are sued only in their official capacities.

11. The Virginia Board of Dentistry is the state licensing authority for dentists and dental hygienists in Virginia. *See* Va. Code § 54.1-2709 (A) ("No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry."); Va. Code § 54.1-2722 (A) ("No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry.").

12. The named Defendants are proper parties in this case because, as the state licensing authority, the Virginia Board of Dentistry is charged by the Compact Act (CA Art. 7, A) with appointing a Commissioner to represent Virginia in the interstate commission created by the Compact, and because the relief sought includes prohibiting the Defendants from making any such appointment or otherwise taking any steps to implement the Compact in Virginia.

13. The as-yet unnamed Defendant, John Doe, is such person as the Virginia Board of Dentistry may select to serve as the Virginia Commissioner to the to the Dentist and Dental Hygienist Compact Commission, if such selection is made before the entry of injunctive relief barring such action. John Doe is an appropriate Defendant because such person would be instrumental in taking steps to implement the Compact in Virginia, and the relief sought herein includes prohibiting such Commissioner from taking any steps to participate in the Commission or otherwise implement to Compact. John Doe is sued solely is his or her official capacity.

THE COMPACT ACT

14. Enacted by the 2024 General Assembly, the Compact Act is found at Virginia Code § 54.1-2729.02 and purports to authorize Virginia to become a signatory to, and participate in, the Compact. The terms of the Compact are embodied in the Compact Act. *See* Exhibit A.

Formation of the Interstate Commission

15. The Compact creates the Dental and Dental Hygienist Compact Commission (the "Commission") as a "joint government agency... comprised of each state that has enacted the Compact and a national administrative body comprised of a Commissioner from each state that has enacted [the] Compact." CA Art. 2.2.

16. "The Commission shall come into existence on or after the effective date of the Compact" (CA Art. 7, A), which is defined as "the date on which the compact statute is enacted into law in the seventh participating state." CA Art. 11, A.

17. The seven-state requirement has been met. The Compact Act has been enacted by nine States, including Virginia. *See* https://ddhcompact.org/compact-map (showing Colorado, Iowa, Kansas, Maine, Minnesota, Tennessee, Virginia, Washington and Wisconsin as having enacted the Compact) (last visited June 3, 2024).[1]

18. Unless enjoined by this Court, the Compact Act (along with other statutes enacted by the 2024 session of the General Assembly) will take effect in Virginia on July 1, 2024. Va. Const. Art. IV, § 13.

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[1] All uses of the name "Washington" in this Complaint refer to the State of Washington, not the District of Columbia.

Rule-Making Power of the Commission

19. The Compact Act purports (a) to delegate broad rule-making authority to the Commission and (b) to make rules adopted by the Commission superior to any current or future statutes adopted by the General Assembly.

20. Among the powers that the Compact Act gives to the Commission is the power to "[a]dopt ***rules*** and bylaws." CA Art. 7, C. 3 (emphasis added). The term "rule" is defined broadly and "means a regulation having the force of law." CA Art. 2. *See also* CA Art. 9, B ("The rules of the Commission shall have the force of law in each participating state....").

21. The Compact Act defines the Commission's rule-making authority broadly: "The Commission shall promulgate reasonable rules in order to effectively and efficiently ***implement and administer the purposes and provisions of this Compact.***" CA Art. 9, A (emphasis added).

22. The "purposes and provisions" of the Compact include "protect[ing] the public's health and safety" (CA Art. 1. 1) and "[e]stablishing a code of conduct" (CA Art. 7. C. 3), which would presumably apply to dentists and dental hygienists in the participating States. These are objectives falling within the ordinary police powers of state legislatures, including the Virginia General Assembly. *See, e.g., Elizabeth River Crossings OpCo, LLC v. Meeks,* 286 Va. 286, 321 (2013) (describing the "police power" as including "the Commonwealth's inherent power, as a sovereign, to enact laws to promote the ***health***, peace, morals, ***education***[,] and ***good order*** of the people....") (emphasis added) (citation omitted).

23. The Compact Act then ensures that the Commission's rule-making authority will be broadly construed:

> This Compact and ***the Commission's rulemaking authority shall be liberally construed*** so as to effectuate the purposes and the implementation and administration of the Compact. Provisions of the Compact expressly

> authorizing or requiring the promulgation of rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

CA Art. 12, A (emphasis added). .

24. The Compact not only gives the Commission broad power to make rules, it mandates that those rules prevail over laws, statutes, regulations, or other legal requirements in a participating State. This is because the Compact contains a "supremacy clause" to the detriment of state law: "Any laws, statutes, regulations, or other legal requirements in a participating state in conflict with this Compact are superseded to the extent of the conflict." CA Art. 13, B.

25. By making statutes enacted by the General Assembly subordinate to the rules of a government agency, the Compact reverses the normal order of priority. *See* Va. Code § 1-248 ("Any ordinance, resolution, bylaw, rule, regulation, or order of any governing body or any corporation, board, or number of persons shall not be inconsistent with the Constitution and laws of the United States or of the Commonwealth.").

26. Moreover, by adopting the Compact Act, the General Assembly has surrendered the authority to exempt the people of Virginia from any rule adopted by the Commission. Instead, a Commission rule can only be overturned by a majority of the legislatures of the participating States and only if they act within four years from the date the rule was adopted. CA Art. 9, D.

27. By adopting the Compact Act, the General Assembly has turned over to the Commission plenary power to adopt rules governing the practice of dentists and dental hygienists in Virginia, with only one exception.

28. The one exception is "where the rules of the Commission conflict with the laws of the participating state that establish the participating state's ***scope of practice*** as held by a court of competent jurisdiction...." CA Art. 9, B (emphasis added). That means, for example, that the Commission could not authorize a dentist to perform procedures that Virginia does not consider

to be within the scope of dentistry.[2] But, so long as the Commission's rules address something within the scope of dentistry, as defined by Virginia, those rules prevail over any conflicting regulations that Virginia may have in place. The same is true for the practice of dental hygiene.

29. The Compact contains no requirement that the rules adopted by the Commission apply uniformly to all participating States.

30. On the contrary, the Compact contemplates that the Commission may adopt state-specific rules. *See* CA Art. 3, A. 6 (requiring compliance with "the Commission rules applicable to ***a*** participating State...") (emphasis added).

31. While the Compact allows a participating State to withdraw, the Compact also says that "[a] participating state's withdrawal shall not take effect ***until 180 days after*** the enactment of the repealing statute." CA Art. 11. B. 1 (emphasis added). And the Compact precludes the state from enacting any law to the contrary. CA Art. 11, B. 3.

32. By enacting the Compact Act, the General Assembly has renounced and delegated to the Commission much of its own legislative authority in the areas of dentistry and dental hygiene, as well as much of the rule-making authority heretofore assigned to the Virginia Board of Dentistry.[3]

33. The General Assembly and Virginia Board of Dentistry may still act in the absence of any rule from the Commission, but once the Commission has acted, its rule trumps any

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[2] Examples might include a glossectomy (i.e., surgical removal of all or part of the tongue, a treatment for tongue cancer) or a lingual frenectomy (i.e., surgical removal of a band of tissue that connects the underside of the tongue with the bottom of the mouth, a treatment for "tongue-tied" patients).

[3] *See, e.g.*, Va. Code § 54.1-2400 (6) (requiring the Board to "promulgate regulations in accordance with the Administrative Process Act ... that are reasonable and necessary to administer effectively the regulatory system..."); § 54.1-2708.3 (requiring Board to adopt regulations related to mobile dental clinics); § 54.1-2708.4 (requiring Board to adopt regulations related to prescribing of opioids).

inconsistent state law or regulation. Only Virginia's "scope of practice" definitions are exempt from the supremacy of the Commission's rules. *See supra*, ¶¶ 24, 28.

34. Moreover, the General Assembly is not in session for most of the year, and under the Virginia Constitution, non-emergency legislation cannot take effect until July 1 following the regular session where it is adopted. Va. Const. Art. IV, § 13. Thus, Virginia could be trapped by the Compact – and subject to the rules of the Commission – for a year or more after an occurrence prompting a decision to withdraw.

Licensure Power of the Commission and Other States

35. While the Commission does not have the power to grant a license directly to unlicensed applicants, the Compact gives the Commission broad authority to decide, by rule, how States license dentists and dental hygienists.

36. For example, the Compact gives the Commission authority to decide what licensure examination will suffice in any participating State. CA Art. 3, A. 7 (Participating States "must... [a]ccept the National Board Examinations of the Joint Commission on National Dental Examinations or ***another examination accepted by Commission rule as a licensure examination***...") (emphasis added).

37. In addition, under the Compact, the participating State with the least rigorous licensing standard effectively lowers the bar for who may practice in Virginia. In the absence of any Commission rule, Virginia licensing standards would still apply to applicants who seek a license from Virginia. But Virginia would have no control over the standards that must be met by dentists or dental hygienists seeking licensure in another participating State and, once licensed by that other State, that practitioner would have the legal right to practice in Virginia – thus evading Virginia standards.

38. The resulting two-tier system would present a problem of discriminatory treatment as well as a problem for the public health for several reasons:

39. ***First***, at least one participating State – Washington – does not require an applicant to practice in that State or even live there in order to be granted a license. *See* Rev. Code Wash. 18.32.040 (Requirements for licensure); WAC § 246-817-110 (Dental licensure--Initial eligibility and application requirements).

40. Indeed, it is possible to obtain a license from Washington to practice dentistry or dental hygiene without the applicant ever setting foot in that State. The standards in Washington are much less rigorous than in Virginia and, under the Compact, a person can evade Virginia's licensing requirements by (a) obtaining his or her license from Washington and (b) then using "compact privileges" to set up shop and practice here in the Commonwealth.

41. ***Second,*** the difference in standards between Virginia and Washington is found, for example, in the requirement for manual dexterity. Inherent to the practice of dentistry (and dental hygiene) is the performing of procedures inside the mouth of a patient, including procedures that use sharp and dangerous instruments. Whatever book knowledge dental and dental hygiene students may have, if they do not have the hand skills to use those instruments inside the mouth of a patient competently and safely, they should not be licensed to practice. Allowing the practice of dentistry or dental hygiene by persons who have not demonstrated the requisite hand skills is dangerous to the public.

42. Virginia currently requires a physical hand skills examination – running two days – where the applicant performs simulated dental procedures on technologically sophisticated artificial "teeth" housed within a "dental typodont." This typodont is mounted in a patient simulation manikin which accurately replicates a clinical setting.

43. One day is restorative dentistry (*e.g.*, the preparation and restoration of an anterior and posterior tooth); the other day is endodontics (*e.g.*, root canal access, instrumentation and root canal filling of an anterior tooth and root canal access and canal location on a posterior tooth), fixed prosthodontics (*e.g.*, preparation of three different teeth with different crown designs), and periodontics (*e.g.*, cleaning of selected teeth). These procedures are chosen based on a sophisticated job task analysis of thousands of dentists around the country.

44. While most applicants who undergo this hand skills examination pass, a significant number fail and, thus, cannot obtain a Virginia license.

45. Washington has no such requirement for manual dexterity, but will allow an applicant to satisfy the "clinical skills" requirement through an entirely computer-based online examination where the only dexterity one needs is with a keyboard and mouse.[4]

46. Thus, under the Compact Act, the applicant who has failed to qualify for a Virginia license can nevertheless obtain a Washington license and then use that license to practice in Virginia.

47. ***Third***, an applicant can be denied a Virginia-issued license based on a conviction for any felony or any misdemeanor of moral turpitude. Va. Code § 54.1-2706 (2). Similarly, a Virginia licensee can have a license revoked – or other discipline imposed – based on any such conviction or based on a failure to meet professional standards.

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[4] The Compact requires States to include a "clinical assessment" as part of their licensing procedure. *See* CA Art 3, A. 10; Art. 4, A. 9. But the Compact sets no minimum standards for those assessments, and they vary widely among the States. According to the American Dental Association, the same computer-based test allowed by Washington is also allowed in two other participating States, Colorado and Iowa, which would magnify the problem exemplified by Washington. *See https://www.ada.org/resources/careers/licensure/dental-licensure-by-state-map.*

48. In some States (including Washington), a criminal act is disqualifying only if it is something "relating to" the practice of the convicted practitioner.[5] Moreover, the Compact makes no provision for Virginia to learn about the pre-licensure criminal history of a dentist or dental hygienist licensed by another participating State and coming to practice in Virginia.[6]

49. For example, if a dentist in a State like Washington were convicted of sexual assault occurring outside of his practice, that State could easily decide that the crime was not disqualifying. The dentist would remain licensed in that State and, thus, would have the right to practice in Virginia. Even if Virginia were somehow to learn of the criminal record, it could not suspend or revoke his license (as it could with a Virginia-licensed dentist).

50. Similarly, if the licensee of another participating State had been subject to discipline in that State, the Compact would not allow Virginia to deny that licensee the right to practice in Virginia – no matter how egregious the previous misconduct or departure from professional standards – so long as the license is no longer encumbered by the licensing State.

51. For example, if a dentist in another participating State mangled root canals so badly that her license was suspended or her practice limited in scope for a period of time, that dentist could come to Virginia once the limitation period has ended with an automatic right to practice here. Even if Virginia were somehow to learn of her history of discipline, Virginia would be obligated to let her practice here unencumbered.

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[5] *See* Rev. Code Wash. (ARCW) § 18.130.180 (defining "unprofessional conduct" to include "[t]he commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession...") (emphasis added).

[6] The Compact requires participating states to conduct a criminal background check of license applicants and to "***[c]onsider*** such information in making a license decision." CA Art. 3, C (emphasis added). But the Compact sets no standards for when a criminal record would disqualify an applicant.

52. ***Fourth,*** a robust requirement for continuing education is an important part of maintaining and advancing professional standards and the quality of care received by patients. Allowing the practice of dentistry or dental hygiene by persons who do not meet such a requirement risks damage to the public health.

53. Virginia-licensed dentists and dental hygienists must complete 15 hours of continuing education ***each*** year. *See* 18 VAC60-21-250. But some participating States have a far less demanding requirement for continuing education.

54. For example, one participating State, Wisconsin, requires its dental hygienists to have 12 hours of continuing education every ***two*** years. *See* Wis. Admin. Code DE 13.04 C. This is less than half of what Virginia requires. .

55. Under the Compact, the continuing education requirement is determined by the state of licensure, not the state of actual practice. Thus, someone licensed by Wisconsin or a similar State, and practicing in Virginia, will not have the same professional education as a Virginia-licensed dentist or dental hygienist.[7]

56. ***Fifth,*** the Compact creates a backdoor into the practice of dentistry (and dental hygiene) in Virginia by individuals already determined to be unqualified.

57. Under the Compact, Virginia must allow anyone to practice dentistry (or dental hygiene) here so long as they have an unencumbered license from another participating State. Thus, if an applicant has failed to meet the requisite standards for a Virginia license (*e.g.*, hand skills), all that applicant need do is obtain a license from another participating State, and he will have the automatic right to practice in Virginia.

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[7] The Compact also requires States to include "continuing professional development requirements" as part of their license renewal procedures. *See* CA Art. 3, A. 11. But the Compact sets no minimum standards for those assessments.

58. Moreover, because the Compact allows aspiring dentists (and dental hygienists) to practice in Virginia by obtaining a license from a State where there is no hand skills exam, the Compact will de-incentivize them from obtaining the hand skills necessary to pass that exam. The quality of dental care in Virginia will suffer.

59. Similarly, if a Virginia licensed dentist (or dental hygienist) loses his license due to a criminal conviction, that Virginia-imposed discipline will not necessarily prevent him from obtaining a license from another State and, if he succeeds in doing so, then the Compact likely allows him to continue practicing here in Virginia.

Assessment Power of the Commission

60. Under the Compact Act, the Commission has the power to "levy on and collect an annual assessment from each participating state...." CA Art. 7, E. 3.

61. The amount of the assessment is not provided by the Compact Act. Instead, the Commission will determine the "aggregate annual assessment" and allocate that amount among the states "based upon a formula that the Commission shall promulgate by rule." *Ibid.*

62. There is no provision making Virginia's obligation to pay the assessment subject to appropriation by the General Assembly.

63. On the contrary, if Virginia were not to appropriate and pay the amount assessed against it, the Commission ostensibly would have the power to sue the Commonwealth in federal court and seek "both injunctive relief and damages." CA Art. 10, J. 2.7.

COUNT I

Unconstitutional delegating and divesting of legislative power

64. Plaintiffs incorporate by reference all allegations of the foregoing paragraphs.

65. It has long been a principle of American law that "legislative power is a trust which cannot be transferred." *Cohens v. Virginia*, 19 U.S. 264, 375 (1828). As explained by the Supreme Court of Virginia: "It is the prerogative and function of the legislative branch of the government ... to determine and declare what the law shall be, and the legislative branch of the government ***may not divest*** itself of this function ***or delegate*** it to executive or administrative officers." *Thompson v. Smith*, 155 Va. 367, 379 (1930) (emphasis added).

66. As suggested by the Supreme Court's use of the disjunctive – "divest . . . or delegate" – these are two related but separate concepts.

67. In recent years, the rule against the ***delegation*** of legislative power has been relaxed somewhat. Even so, "delegations of legislative power are ***valid only if*** they establish ***specific policies and fix definite standards*** to guide ***the official, agency, or board*** in the exercise of the power. Delegations of legislative power which lack such policies and standards are unconstitutional and void." *Ames v. Painter,* 239 Va. 343, 349 (1990) (emphasis added).

68. There has been no relaxing of the rule against the General Assembly ***divesting*** itself of legislative power.

69. A key component of any ***delegation*** of legislative power is the implicitly reserved authority of the sovereign to ***override*** the way in which that power has been exercised by the delegate and, indeed, to ***withdraw*** the delegation altogether whenever the sovereign is so advised. If the General Assembly does not reserve that power – and, instead, explicitly renounces it – then it has gone beyond a delegation. It has ***divested*** itself of legislative power. This it may not do.

70. Under the Compact Act, the assigning of rule-making – *i.e.* legislative authority – to the Commission violates the non-delegation/non-divesting principle in at least four ways:

71. ***First***, the Compact Act lacks the necessary policies and standards to guide the Commission, especially since it has been enacted by legislatures from a variety of States with different legal backgrounds and histories.

72. ***Second,*** in order to comply with state constitutional limitations, the "official, agency or board" to whom any delegation of legislative power is made must be an official, agency or board of the ***Commonwealth*** – not an interstate entity dominated by other States.

73. It is a fundamental tenet of the Virginia Constitution that "***all power*** is vested in, and consequently derived from, the ***people...***" Va. Const. Art. I, § 2 (emphasis added). It is axiomatic that the reference "the people" means the people of Virginia, and not the people of any other state.

74. Thus, the only officials, agencies and boards to which the Geneal Assembly may lawfully delegate legislative authority are those that are ultimately responsible to the people of Virginia – even if indirectly – through the political process.

75. The Commission is not ultimately responsible to the people of Virginia. Indeed, all but one member of the Commission (Virginia's appointee) will be chosen through processes in which the people of Virginia will have absolutely no role whatsoever. Thus, it cannot receive a delegation of legislative power from the General Assembly.

76. ***Third***, under the Compact Act, any rule adopted by the Commission automatically takes precedence over any statute adopted by the General Assembly, and the General Assembly has expressly renounced the authority to override any Commission rule. CA Art. 13, B ("supremacy clause"); CA Art. 9, D (requiring a majority of participating Sattes to override any

Commission rule). The General Assembly has likewise expressly renounced its authority to withdraw its "delegation" of authority to the Commission whenever it is so advised. CA Art. 11. B. 1 (requiring 180-day delay before a State's decision to withdraw can become effective). Thus, by adopting the Compact, the General Assembly has ***divested*** itself of legislative authority, and that is unconstitutional.

77. ***Fourth,*** the assessment provisions of the Compact (*see supra* ¶¶ 60-63) are especially problematic in that they violate constitutional limitations on the expenditure of funds. The Virginia Constitution, Art. X, § 7, provides: "No money shall be paid out of the State treasury except in pursuance of appropriations made by law; and no such appropriation shall be made which is payable more than two years and six months after the end of the session of the General Assembly at which the law is enacted authorizing the same."

78. By obligating Virginia to pay whatever assessments the Commission may impose – including assessments imposed years from now – the Compact violates Article X, § 7 as well as the broader non-delegation/non-divesting principle.

79. For each of the four foregoing reasons, the Compact Act is an unconstitutional delegation and divesting of legislative power.

COUNT II

Unconstitutional abridgment of police power

80. Plaintiffs incorporate by reference all allegations of the foregoing paragraphs.

81. "The Constitution of Virginia declares that the 'police power of the Commonwealth . . . shall never be abridged.'" *Elizabeth River Crossings OpCo, LLC v. Meeks*, 286 Va. 286, 321 (2013) (quoting Va. Const. Art. IX, § 6).[8]

82. "The police power is best described as the Commonwealth's inherent power, as a sovereign, to enact laws to promote the ***health***, peace, morals, ***education***[,] and ***good order*** of the people...." *Id.* (emphasis added) (citation omitted).

83. At least three of these areas of the police power are implicated by the Compact Act. "Health" includes dental health. "Education" includes the academic credentials and technical skills needed to practice as a dentist or dental hygienist in Virginia, as well as the continuing education courses needed to maintain that authorization. "Good order" includes the standards of conduct and professionalism required of those who practice as a dentist or dental hygienist,

84. "The Commonwealth's police power is abridged when the government can no longer use its discretion in exercising this governmental power." " *Elizabeth River Crossings,* 286 Va. at 321.

85. As explained, the Compact Act vests the Commission with rule-making authority over the practice of dentistry and dental hygiene in participating States. *See supra* , ¶¶ 20-22. Moreover, under the Compact Act, the rules made by the Commission take precedence over any

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[8] *See also Mumpower v. Housing Authority of Bristol*, 176 Va. 426, 452 (1940) ("[T]he State cannot barter away, or in any manner abridge or weaken, any of those essential powers which are inherent in all governments, and the exercise of which in full vigor is important to the well-being of organized society....") (quoting Cooley's Constitutional Limitation (7th Ed.) p. 400).

inconsistent state laws, and the General Assembly has surrendered its authority to negate any Commission rules with which it disagrees, even as those rules apply to Virginia. *See supra* ¶¶ 24-26.

86. Thus, under the Compact, the General Assembly will no longer be able use its discretion in exercising the police power with respect to certain matters involving the health, education and good order of the people. This violates the "no abridgment" provision of the Virginia Constitution, Va. Const. Art. IX, § 6.

87. Likewise, under the Compact, the assessments imposed on Virginia by the Commission are not made subject to discretion by the General Assembly with respect to appropriations. This, too, constitutes an abridgement of the police powers of the Commonwealth. *See Elizabeth River Crossings,* 286 Va. at 323 (holding that police powers were not violated because an agreement to pay "damages" was expressly made "subject to appropriation by the General Assembly.").

COUNT III

Violation of Virginia Constitution's Prohibition Against Special Legislation

88. Plaintiffs incorporate by reference all allegations of the foregoing paragraphs.

89. The Virginia Constitution states, in relevant part:

> The General Assembly shall not enact any local, special, or private law in the following cases:
>
> * * * * *
>
> (12) Regulating labor, ***trade***, mining, or manufacturing, or the rate of interest on money. [and]
>
> * * * * *
>
> (18) Granting to any private corporation, association, or ***individual*** any special or exclusive right, privilege, or immunity."

Va. Const. Art. IV, § 14 (emphasis added).

90. Dentistry and dental hygiene are "trades" within the meaning of the Virginia Constitution, Art. IV, § 14.

91. The Compact Act creates materially different requirements for different individuals seeking to practice dentistry or dental hygiene in Virginia.

92. Individual residents of Virginia, seeking to obtain and maintain authorization to practice dentistry or dental hygiene in Virginia, are required to comply with the licensing requirements established by Virginia's statutes and regulations. But, under the Compact, individual residents of other participating States, seeking to obtain and maintain authorization to practice dentistry or dental hygiene in Virginia, are not required to comply with Virginia's licensing requirements. Instead, it is sufficient if they comply with the often less rigorous rules of another State so long as the State is a member of the Compact.

93. The less rigorous rules of other States include, but are not necessarily limited to, rules concerning hand skills, continuing education, and disqualifying criminal conduct. *See supra* at ¶¶ 41-55.

94. Because the Compact Act authorizes some individuals to practice dentistry or dental hygiene in Virginia without complying with the more rigorous requirements applicable to other individuals, the Compact Act violates the prohibition against special legislation found in the Virginia Constitution, Art. IV, § 14, ¶¶ 12 and 18.

REQUEST FOR RELIEF

WHEREFORE, Plaintiffs ask this Court to enter judgment for them as follows:

a) A declaratory judgment that the Compact Act violates the Virginia Constitution because it constitutes (i) an impermissible delegation or divesting of legislative power, (ii) an

impermissible abridgement of the police powers of the Commonwealth, and (iii) impermissible special legislation.

b) Preliminary and permanent injunctions prohibiting and restraining Defendants from taking any steps to implement the Dental and Dental Hygienist Compact, including but not limited to (i) naming a Commissioner to participate on the Dental and Dental Hygienist Compact Commission (the "Commission"), and (ii) if such Commissioner is named before the entry of an injunction, precluding such Commissioner (John Doe) from taking any steps to participate in the Commission.

c) Such other and further relief as the Court may deem appropriate.

Respectfully submitted,

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CERTIFCATE

This will certify that, on July 3, 2024, I served a true copy of the foregoing on counsel for the Defendants, Assistant Attorney General Robert S. Claiborn, Jr., Office of the Attorney General, 202 North Ninth Street. Richmond, Virginia, 23219, said service being effected by email to rlaibornejr@oag.state.va.us.

Wm. H. Hurd

William H. Hurd

EXHIBIT
A

CHAPTER 31

An Act to amend the Code of Virginia by adding in Chapter 27 of Title 54.1 an article numbered 5, consisting of a section numbered 54.1-2729.02, relating to the Dentist and Dental Hygienist Compact.

[S 22]

Approved March 8, 2024

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 27 of Title 54.1 an article numbered 5, consisting of a section numbered 54.1-2729.02, as follows:

Article 5.

Dentist and Dental Hygienist Compact.

§ 54.1-2729.02. Dentist and Dental Hygienist Compact.

The General Assembly hereby enacts, and the Commonwealth of Virginia hereby enters into, the Dentist and Dental Hygienist Compact with any and all states legally joining therein according to its terms, in the form substantially as follows:

DENTIST AND DENTAL HYGIENIST COMPACT.

Article 1.

Title; Purpose.

This article shall be known and cited as the Dentist and Dental Hygienist Compact. The purposes of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and dental hygiene services by providing dentists and dental hygienists licensed in a participating state the ability to practice in participating states in which they are not licensed. The Compact does this by establishing a pathway for dentists and dental hygienists licensed in a participating state to obtain a compact privilege that authorizes them to practice in another participating state in which they are not licensed. The Compact enables participating states to protect the public health and safety with respect to the practice of such dentists and dental hygienists, through the state's authority to regulate the practice of dentistry and dental hygiene in the state. The Compact:

1. Enables dentists and dental hygienists who qualify for a compact privilege to practice in other participating states without satisfying burdensome and duplicative requirements associated with securing a license to practice in those states;

2. Promotes mobility and addresses workforce shortages through each participating state's acceptance of a compact privilege to practice in that state;

3. Increases public access to qualified licensed dentists and dental hygienists by creating a responsible, streamlined pathway for licensees to practice in participating states;

4. Enhances the ability of participating states to protect the public's health and safety;

5. Does not interfere with licensure requirements established by a participating state;

6. Facilitates the sharing of licensure and disciplinary information among participating states;

7. Requires dentists and dental hygienists who practice in a participating state pursuant to a compact privilege to practice within the scope of practice authorized in that state;

8. Extends the authority of a participating state to regulate the practice of dentistry and dental hygiene within its borders to dentists and dental hygienists who practice in the state through a compact privilege;

9. Promotes the cooperation of participating states in regulating the practice of dentistry and dental hygiene within those states; and

10. Facilitates the relocation of military members and their spouses who are licensed to practice dentistry or dental hygiene.

Article 2.

Definitions.

As used in this Compact, unless the context requires otherwise, the following definitions shall apply:

"Active military member" means any person with full-time duty status in the Armed Forces of the United States, including members of the National Guard and Reserve.

"Adverse action" means disciplinary action or encumbrance imposed on a license or compact privilege by a state licensing authority.

"Alternative program" means a nondisciplinary monitoring or practice remediation process applicable to a dentist or dental hygienist approved by a state licensing authority of a participating state in which the dentist or dental hygienist is licensed. This includes, but is not limited to, programs to which licensees with substance abuse or addiction issues are referred in lieu of adverse action.

"Clinical assessment" means an examination or process required for licensure as a dentist or dental

hygienist, as applicable, that provides evidence of clinical competence in dentistry or dental hygiene.

"Commissioner" means the individual appointed by a participating state to serve as the member of the Commission for that participating state.

"Compact" means this Dentist and Dental Hygienist Compact.

"Compact privilege" means the authorization granted by a remote state to allow a licensee from a participating state to practice as a dentist or dental hygienist in a remote state.

"Continuing professional development" means a requirement, as a condition of license renewal to provide evidence of successful participation in educational or professional activities relevant to practice or area of work.

"Criminal background check" means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the state's criminal history record repository as defined in 28 C.F.R. § 20.3(f).

"Data system" means the Commission's repository of information about licensees, including but not limited to examination, licensure, investigative, compact privilege, adverse action, and alternative program information.

"Dental hygienist" means an individual who is licensed by a state licensing authority to practice dental hygiene.

"Dentist" means an individual who is licensed by a state licensing authority to practice dentistry.

"Dentist and Dental Hygienist Compact Commission" or "Commission" means a joint government agency established by this Compact comprised of each state that has enacted the Compact and a national administrative body comprised of a commissioner from each state that has enacted this Compact.

"Encumbered license" means a license that a state licensing authority has limited in any way other than through an alternative program.

"Executive board" means the chair, vice chair, secretary, and treasurer and any other commissioners as may be determined by commission rule or bylaw.

"Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of dentistry or dental hygiene, as applicable, in a state.

"License" means current authorization by a state, other than authorization pursuant to a compact privilege, or other privilege, for an individual to practice as a dentist or dental hygienist in that state.

"Licensee" means an individual who holds an unrestricted license from a participating state to practice as a dentist or dental hygienist in that state.

"Model compact" means the model for the Dentist and Dental Hygienist Compact on file with the Council of State Governments or other entity as designated by the Commission.

"Participating state" means a state that has enacted this Compact and been admitted to the Commission in accordance with the provisions herein and commission rules.

"Qualifying license" means a license that is not an encumbered license issued by a participating state to practice dentistry or dental hygiene.

"Remote state" means a participating state where a licensee who is not licensed as a dentist or dental hygienist is exercising or seeking to exercise the compact privilege.

"Rule" means a regulation promulgated by an entity that has the force of law.

"Scope of practice" means the procedures, actions, and processes a dentist or dental hygienist licensed in a state is permitted to undertake in that state and the circumstances under which the licensee is permitted to undertake those procedures, actions, and processes. Such procedures, actions, and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes, available to the state licensing authority or other government agency.

"Significant investigative information" means information, records, and documents received or generated by a state licensing authority pursuant to an investigation for which a determination has been made that there is probable cause to believe that the licensee has violated a statute or regulation that is considered more than a minor infraction for which the state licensing authority could pursue adverse action against the licensee.

"State" means any state, commonwealth, district, or territory of the United States that regulates the practices of dentistry and dental hygiene.

"State licensing authority" means an agency or other entity of a state that is responsible for the licensing and regulation of dentists or dental hygienists.

Article 3.

State Participation in the Compact.

A. In order to join this Compact and thereafter continue as a participating state, a state must:

1. Enact a compact that is not materially different from the model compact as determined in accordance with Commission rules;

2. Participate fully in the Commission's data system;

3. Have a mechanism in place for receiving and investigating complaints about its licensees and

license applicants;

4. Notify the Commission, in compliance with the terms of this Compact and Commission rules, of any adverse action or the availability of significant investigative information regarding a licensee and license applicant;

5. Fully implement a criminal background check requirement, within a time frame established by Commission rule, by receiving the results of a qualifying criminal background check;

6. Comply with the Commission rules applicable to a participating state;

7. Accept the National Board Examinations of the Joint Commission on National Dental Examinations or another examination accepted by Commission rule as a licensure examination;

8. Accept for licensure such applicants for a dentist license who graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the U.S. Department of Education for the accreditation of dentistry and dental hygiene education programs, resulting in the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

9. Accept for licensure such applicants for a dental hygienist license who graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the U.S. Department of Education for the accreditation of dentistry and dental hygiene education programs;

10. Require for licensure that applicants successfully complete a clinical assessment;

11. Have continuing professional development requirements as a condition for license renewal; and

12. Pay a participation fee to the Commission as established by Commission rule.

B. Providing alternative pathways for an individual to obtain an unrestricted license does not disqualify a state from participating in this Compact.

C. When conducting a criminal background check, the state licensing authority shall:

1. Consider such information in making a licensure decision;

2. Maintain documentation of completion of the criminal background check and background check information to the extent allowed by state and federal law; and

3. Report to the Commission whether it has completed the criminal background check and whether the individual was granted or denied a license.

D. A licensee of a participating state who has a qualifying license in that state and does not hold an encumbered license in any other participating state shall be issued a compact privilege in a remote state in accordance with the terms of this Compact and Commission rules. If a remote state has a jurisprudence requirement, a compact privilege will not be issued to the licensee unless the licensee has satisfied the jurisprudence requirement.

Article 4.

Compact Privilege.

A. To obtain and exercise the compact privilege under the terms and provisions of this Compact, the licensee shall:

1. Have a qualifying license as a dentist or dental hygienist in a participating state;

2. Be eligible for a compact privilege in any remote state in accordance with subsections D, G, and H of this section;

3. Submit to an application process whenever the licensee is seeking a compact privilege;

4. Pay any applicable Commission and remote state fees for a compact privilege in the remote state;

5. Meet any jurisprudence requirement established by a remote state in which the licensee is seeking a compact privilege;

6. Have passed a National Board Examination of the Joint Commission on National Dental Examinations or another examination accepted by Commission rule;

7. For a dentist, have graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the U.S. Department of Education for the accreditation of dentistry and dental hygiene education programs, resulting in the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

8. For a dental hygienist, have graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the U.S. Department of Education for the accreditation of dentistry and dental hygiene education programs;

9. Have successfully completed a clinical assessment for licensure;

10. Report to the Commission adverse action taken by any nonparticipating state when applying for a compact privilege and, otherwise, within 30 days from the date the adverse action is taken;

11. Report to the Commission when applying for a compact privilege the address of the licensee's primary residence and thereafter immediately report to the Commission any change in the address of the licensee's primary residence; and

12. Consent to accept service of process by mail at the licensee's primary residence on record with the Commission with respect to any action brought against the licensee by the Commission or a participating state, and consent to accept service of a subpoena by mail at the licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted

by the Commission or a participating state.

B. The licensee must comply with the requirements of subsection A of this section to maintain the compact privilege in the remote state. If those requirements are met, the compact privilege will continue as long as the licensee maintains a qualifying license in the state through which the licensee applied for the compact privilege and pays any applicable compact privilege renewal fees.

C. A licensee providing dentistry or dental hygiene in a remote state under the compact privilege shall function within the scope of practice authorized by the remote state for a dentist or dental hygienist licensed in that state.

D. A licensee providing dentistry or dental hygiene pursuant to a compact privilege in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, by adverse action revoke or remove a licensee's compact privilege in the remote state for a specific period of time and impose fines or take any other necessary actions to protect the health and safety of its citizens. If a remote state imposes an adverse action against a compact privilege that limits the compact privilege, that adverse action applies to all compact privileges in all remote states. A licensee whose compact privilege in a remote state is removed for a specified period of time is not eligible for a compact privilege in any other remote state until the specific time for removal of the compact privilege has passed and all encumbrance requirements are satisfied.

E. If a license in a participating state is an encumbered license, the licensee shall lose the compact privilege in a remote state and shall not be eligible for a compact privilege in any remote state until the license is no longer encumbered.

F. Once an encumbered license in a participating state is restored to good standing, the licensee must meet the requirements of subsection A of this section to obtain a compact privilege in a remote state.

G. If a licensee's compact privilege in a remote state is removed by the remote state, the individual shall lose or be ineligible for the compact privilege in any remote state until the following occur:

1. The specific period of time for which the compact privilege was removed has ended; and

2. All conditions for removal of the compact privilege have been satisfied.

H. Once the requirements of subsection G of this section have been met, the licensee must meet the requirements in subsection A of this section to obtain a compact privilege in a remote state.

Article 5.

Active Military Members or Their Spouses.

Active military members and their spouses shall not be required to pay to the Commission the fee otherwise charged by the Commission for a compact privilege. If a remote state chooses to charge a fee for a compact privilege, it may choose to charge a reduced fee or no fee to active military members and their spouses for a compact privilege.

Article 6.

Adverse Actions.

A. A participating state in which a licensee is licensed shall have exclusive authority to impose adverse action against the qualifying license issued by that participating state.

B. A participating state may take adverse action based on the significant investigative information of a remote state, so long as the participating state follows its own procedures for imposing adverse action.

C. Nothing in this Compact shall override a participating state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the participating state's laws. Participating states must require licensees who enter any alternative program in lieu of discipline to agree not to practice pursuant to a compact privilege in any other participating state during the term of the alternative program without prior authorization from such other participating state.

D. Any participating state in which a licensee is applying to practice or is practicing pursuant to a compact privilege may investigate actual or alleged violations of the statutes and regulations authorizing the practice of dentistry or dental hygiene in any other participating state in which the dentist or dental hygienist holds a license or compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in subsection D of Article 4 against a licensee's compact privilege in the state;

2. In furtherance of its rights and responsibilities under this Compact and the Commission's rules issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a state licensing authority in a participating state for the attendance and testimony of witnesses, or the production of evidence from another participating state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence are located; and

3. If otherwise permitted by state law, recover from the licensee the costs of investigations and

disposition of cases resulting from any adverse action taken against that licensee.

F. Joint investigations.

1. In addition to the authority granted to a participating state by its dentist or dental hygienist licensure act or other applicable state law, a participating state may jointly investigate licensees with other participating states.

2. Participating states shall share any significant investigative information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this Compact.

G. Authority to continue investigation.

1. After a licensee's compact privilege in a remote state is terminated, the remote state may continue an investigation of the licensee that began when the licensee had a compact privilege in that remote state.

2. If the investigation yields what would be significant investigative information had the licensee continued to have a compact privilege in that remote state, the remote state shall report the presence of such information to the data system as required by subdivision B 6 of Article 8 as if it was significant investigative information.

Article 7.

Establishment and Operation of the Dentist and Dental Hygienist Compact Commission.

A. The Compact participating states hereby create and establish a joint government agency whose membership consists of all participating states that have enacted the Compact. The Dentist and Dental Hygienist Compact Commission is an instrumentality of the participating states acting jointly and not an instrumentality of any one state. The Commission shall come into existence on or after the effective date of the Compact as set forth in subsection A of Article 11. .

B. Participation, voting, and meetings.

1. Each participating state shall have and be limited to one commissioner selected by that participating state's state licensing authority or, if the state has more than one state licensing authority, selected collectively by the state licensing authorities.

2. The commissioner shall be a member or designee of such authority or authorities.

3. The Commission may by rule or bylaw establish a term of office for commissioners and may by rule or bylaw establish term limits.

4. The Commission may recommend to a state licensing authority or authorities, as applicable, removal or suspension of an individual as the state's commissioner.

5. A participating state's state licensing authority, or authorities, as applicable, shall fill any vacancy of its commissioner on the Commission within 60 days of the vacancy.

6. Each commissioner shall be entitled to one vote on all matters that are voted upon by the Commission.

7. The Commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The Commission may meet by telecommunication, video conference, or other similar electronic means.

C. The Commission shall have the following powers:

1. Establish the fiscal year of the Commission;

2. Establish a code of conduct and conflict of interest policies;

3. Adopt rules and bylaws;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this Compact, the Commission's rules, and the bylaws;

6. Initiate and conclude legal proceedings or actions in the name of the Commission, provided that the standing of any state licensing authority to sue or be sued under applicable law shall not be affected;

7. Maintain and certify records and information provided to a participating state as the authenticated business records of the Commission and designate a person to do so on the Commission's behalf;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a participating state;

10. Conduct an annual financial review;

11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

12. As set forth in the Commission rules, charge a fee to a licensee for the grant of a compact privilege in a remote state and thereafter, as may be established by Commission rule, charge the licensee a compact privilege renewal fee for each renewal period in which that licensee exercises or intends to exercise the compact privilege in that remote state. Nothing herein shall be construed to prevent a remote state from charging a licensee a fee for a compact privilege or renewals of a compact

privilege, or a fee for the jurisprudence requirement if the remote state imposes such a requirement for the grant of a compact privilege;

13. Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same, provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed, or any undivided interest therein;

15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

16. Establish a budget and make expenditures;

17. Borrow money;

18. Appoint committees, including standing committees, which may be composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

19. Provide and receive information from, and cooperate with, law-enforcement agencies;

20. Elect a chair, vice chair, secretary, and treasurer and such other officers of the Commission as provided in the Commission's bylaws;

21. Establish and elect an executive board;

22. Adopt and provide to the participating states an annual report;

23. Determine whether a state's enacted compact is materially different from the model compact language such that the state would not qualify for participation in this Compact; and

24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. Meetings of the Commission.

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least 30 days prior to the public meeting.

2. Notwithstanding subdivision 1 of this subsection, the Commission may convene an emergency public meeting by providing at least 24 hours prior notice on the Commission's website, and any other means as provided in the Commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under subsection L of Article 9. The Commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.

3. Notice of all Commission meetings shall provide the time, date, and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference, or other electronic means, the notice shall include the mechanism for access to the meeting through such means.

4. The Commission may convene in a closed, nonpublic meeting for the Commission to receive legal advice or to discuss:

a. Noncompliance of a participating state with its obligations under this Compact;

b. The employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current or threatened discipline of a licensee or compact privilege holder by the Commission or by a participating state's licensing authority;

d. Current, threatened, or reasonably anticipated litigation;

e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

f. Accusing any person of a crime or formally censuring any person;

g. Trade secrets or commercial or financial information that is privileged or confidential;

h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

i. Investigative records compiled for law-enforcement purposes;

j. Information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this Compact;

k. Legal advice;

l. Matters specifically exempted from disclosure to the public by federal or participating state law; and

m. Other matters as promulgated by the Commission by rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

6. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under

seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

E. Financing of the Commission.

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate sources of revenue, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each participating state and impose fees on licensees of participating states when a compact privilege is granted, to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each fiscal year for which sufficient revenue is not provided by other sources. The aggregate annual assessment amount for participating states shall be allocated based upon a formula that the Commission shall promulgate by rule.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any participating state, except by and with the authority of the participating state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

F. The executive board.

1. The executive board shall have the power to act on behalf of the Commission according to the terms of this Compact. The powers, duties, and responsibilities of the executive board shall include:

a. Overseeing the day-to-day activities of the administration of this Compact, including compliance with the provisions of the Compact and the Commission's rules and bylaws;

b. Recommending to the Commission changes to the rules or bylaws, changes to this Compact legislation, fees charged to Compact participating states, fees charged to licensees, and other fees;

c. Ensuring compact administration services are appropriately provided, including by contract;

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

f. Monitoring Compact compliance of participating states and providing compliance reports to the Commission;

g. Establishing additional committees as necessary;

h. Exercising the powers and duties of the Commission during the interim between Commission meetings, except for adopting or amending rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the Commission by rule or bylaw; and

i. Other duties as provided in the rules or bylaws of the Commission.

2. The executive board shall be composed of up to seven members:

a. The chair, vice chair, secretary, and treasurer of the Commission and any other members of the Commission who serve on the executive board shall be voting members of the executive board; and

b. Other than the chair, vice chair, secretary, and treasurer, the Commission may elect up to three voting members from the current membership of the Commission.

3. The Commission may remove any member of the executive board as provided in the Commission's bylaws.

4. The executive board shall meet at least annually.

a. An executive board meeting at which it takes or intends to take formal action on a matter shall be open to the public, except that the executive board may meet in a closed, nonpublic session of a public meeting when dealing with any of the matters covered under subdivision D 4 of this section.

b. The executive board shall give five business days' notice of its public meetings, posted on its website and as it may otherwise determine to provide notice to persons with an interest in the public matters the executive board intends to address at those meetings.

5. The executive board may hold an emergency meeting when acting for the Commission to:

a. Meet an imminent threat to public health, safety, or welfare;

b. Prevent a loss of Commission or participating state funds; or

c. Protect public health and safety.

G. Qualified immunity, defense, and indemnification.

1. The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful

or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

2. The Commission shall defend any member, officer, executive director, employee, and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his own counsel at his own expense, and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. Notwithstanding subdivision 1 of this subsection, should any member, officer, executive director, employee, or representative of the Commission be held liable for the amount of any settlement or judgment arising out of any actual or alleged act, error, or omission that occurred within the scope of that individual's employment, duties, or responsibilities for the Commission, or that the person to whom that individual is liable had a reasonable basis for believing occurred within the scope of the individual's employment, duties, or responsibilities for the Commission, the Commission shall indemnify and hold harmless such individual, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of the individual.

4. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a participating state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation.

6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the participating states or by the Commission.

Article 8.

Data System.

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, adverse action, and the presence of significant investigative information on all licensees and applicants for a license in participating states.

B. Notwithstanding any other provision of state law to the contrary, a participating state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse actions against a licensee, license applicant, or compact privilege and information related thereto;

4. Nonconfidential information related to alternative program participation, the beginning and ending dates of such participation, and other information related to such participation;

5. Any denial of an application for licensure, and the reason(s) for such denial, (excluding the reporting of any criminal history record information where prohibited by law);

6. The presence of significant investigative information; and

7. Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the rules of the Commission.

C. The records and information provided to a participating state pursuant to this Compact or through the data system, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a participating state.

D. Significant investigative information pertaining to a licensee in any participating state will only be available to other participating states.

E. It is the responsibility of the participating states to monitor the database to determine whether adverse action has been taken against a licensee or license applicant. Adverse action information pertaining to a licensee or license applicant in any participating state will be available to any other participating state.

F. Participating states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

G. Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the participating state contributing the information shall be removed from the data system.

Article 9.

Rulemaking.

A. The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of this Compact. A Commission rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid

because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of this Compact, or the powers granted hereunder, or based upon another applicable standard of review.

B. The rules of the Commission shall have the force of law in each participating state, provided, however, that where the rules of the Commission conflict with the laws of the participating state that establish the participating state's scope of practice as held by a court of competent jurisdiction, the rules of the Commission shall be ineffective in that state to the extent of the conflict.

C. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules shall become binding as of the date specified by the Commission for each rule.

D. If a majority of the legislatures of the participating states rejects a Commission rule or portion of a Commission rule, by enactment of a statute or resolution in the same manner used to adopt this Compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any participating state or to any state applying to participate in this Compact.

E. Rules shall be adopted at a regular or special meeting of the Commission.

F. Prior to adoption of a proposed rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.

G. Prior to adoption of a proposed rule by the Commission, and at least 30 days in advance of the meeting at which the Commission will hold a public hearing on the proposed rule, the Commission shall provide a notice of proposed rulemaking:

1. On the website of the Commission or other publicly accessible platform;

2. To persons who have requested notice of the Commission's notices of proposed rulemaking; and

3. In such other way(s) as the Commission may by rule specify.

H. The notice of proposed rulemaking shall include:

1. The time, date, and location of the public hearing at which the Commission will hear public comments on the proposed rule and, if different, the time, date, and location of the meeting where the Commission will consider and vote on the proposed rule;

2. If the hearing is held via telecommunication, video conference, or other electronic means, the Commission shall include the mechanism for access to the hearing in the notice of proposed rulemaking;

3. The text of the proposed rule and the reason therefor;

4. A request for comments on the proposed rule from any interested person; and

5. The manner in which interested persons may submit written comments.

I. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed rule shall be available to the public.

J. Nothing in this section shall be construed as requiring a separate hearing on each Commission rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

K. The Commission shall, by majority vote of all commissioners, take final action on the proposed rule based on the rulemaking record.

1. The Commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

2. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

3. The Commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in subsection L of this section, the effective date of the rule shall be no sooner than 30 days after the Commission issuing the notice that it adopted or amended the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule with 24 hours' notice, with opportunity to comment, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or participating state funds;

3. Meet a deadline for the promulgation of a rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

N. No participating state's rulemaking requirements shall apply under this Compact.

Article 10.
Oversight, Dispute Resolution, and Enforcement.

A. Oversight.

1. The executive and judicial branches of state government in each participating state shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct, or any such similar matter.

3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of this Compact or a Commission rule and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, technical assistance, and termination.

1. If the Commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall provide written notice to the defaulting state. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Commission may take and shall offer training and specific technical assistance regarding the default.

2. The Commission shall provide a copy of the notice of default to the other participating states.

C. If a state in default fails to cure the default, the defaulting state may be terminated from this Compact upon an affirmative vote of a majority of the commissioners, and all rights, privileges, and benefits conferred on that state by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

D. Termination of participation in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's state licensing authority or authorities, as applicable, and each of the participating states' state licensing authority or authorities, as applicable.

E. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. Upon the termination of a state's participation in this Compact, that state shall immediately provide notice to all licensees of the state, including licensees of other participating states issued a compact privilege to practice within that state, of such termination. The terminated state shall continue to recognize all compact privileges then in effect in that state for a minimum of 180 days after the date of said notice of termination.

G. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from this Compact, unless agreed upon in writing between the Commission and the defaulting state.

H. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

I. Dispute resolution.

1. Upon request by a participating state, the Commission shall attempt to resolve disputes related to this Compact that arise among participating states and between participating states and nonparticipating states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

J. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and the Commission's rules.

2. By majority vote, the Commission may initiate legal action against a participating state in default in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of this Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting participating state's law.

3. A participating state may initiate legal action against the Commission in the U.S. District Court

for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of this Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

4. No individual or entity other than a participating state may enforce this Compact against the Commission.

Article 11.

Effective Date, Withdrawal, and Amendment.

A. This Compact shall come into effect on the date on which the compact statute is enacted into law in the seventh participating state.

1. On or after the effective date of this Compact, the Commission shall convene and review the enactment of each of the states that enacted the Compact prior to the Commission convening (charter participating states) to determine if the statute enacted by each such charter participating state is materially different than the model compact.

a. A charter participating state whose enactment is found to be materially different from the model compact shall be entitled to the default process set forth in Article 10.

b. If any participating state is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of participating states should be less than seven.

2. Participating states enacting the Compact subsequent to the charter participating states shall be subject to the process set forth in subdivision C 23 of Article 7 to determine if their enactments are materially different from the model compact and whether they qualify for participation in the Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

4. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules and bylaws shall be subject to the Commission's rules and bylaws as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

B. Any participating state may withdraw from this Compact by enacting a statute repealing that state's enactment of the Compact.

1. A participating state's withdrawal shall not take effect until 180 days after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's licensing authority or authorities to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this Compact, the state shall immediately provide notice of such withdrawal to all licensees within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all compact privileges to practice within that state granted pursuant to this Compact for a minimum of 180 days after the date of such notice of withdrawal.

C. Nothing contained in this Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a participating state and a nonparticipating state that does not conflict with the provisions of this Compact.

D. This Compact may be amended by the participating states. No amendment to this Compact shall become effective and binding upon any participating state until it is enacted into the laws of all participating states.

Article 12.

Construction and Severability.

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any participating state, a state seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person, or circumstance shall not be affected thereby.

C. Notwithstanding subsection B of this section, the Commission may deny a state's participation in this Compact or, in accordance with the requirements of subsection B of Article 10, terminate a participating state's participation in the Compact, if it determines that a constitutional requirement of a participating state is a material departure from the Compact. Otherwise, if this Compact shall be held

to be contrary to the constitution of any participating state, the Compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

Article 13.

Consistent Effect and Conflict with Other State Laws.

A. Nothing herein shall prevent or inhibit the enforcement of any other law of a participating state that is not inconsistent with this Compact.

B. Any laws, statutes, regulations, or other legal requirements in a participating state in conflict with this Compact are superseded to the extent of the conflict.

C. All permissible agreements between the Commission and the participating states are binding in accordance with their terms.

2. Pursuant to Article 11 of § 54.1-2729.02 of the Code of Virginia, as created by this act, the Dentist and Dental Hygienist Compact (the Compact) will become effective on the date the Compact is enacted by a seventh participating state or upon the effective date of this act, whichever is later.

NEWSLETTERS & ARTICLES OF INTEREST

Outlook

Upcoming AADB Regional Townhalls!

From AADB <aadb@memberclicks-mail.net>
Date Fri 10/4/2024 10:00 AM
To PRISBY Stephen * OBD <stephen.prisby@obd.oregon.gov>

JOIN US!

Southwest Regional Townhall - NV, UT, AZ, NM, MO, OK, KS, CO, HI
Tuesday, October 8, 2024 at 7PM MT

We'll be conducting the West Townhall meetings in 2 sessions.

This event is open to non-AADB members, encourage your colleagues to attend by sharing this message.

American Association of Dental Boards

TOWNHALL EVENT

Compacts & the dynamics of dental licensure in the **Southwestern US**

Dr. Bill Pappas
Nevada

Dr. Mark Christensen
Utah

Heather Hardy, RDH
Arizona

WITH AADB REPRESENTATIVES AND **JOIN THE CONVERSATION** RESPECTED REGIONAL LEADERS

JOIN US LIVE! TUESDAY, OCTOBER 8TH
7:00 PM MT

Licensure compacts dominate the headlines but what will Colorado and Kansas' adoption of the DDH compact mean for the rest of the region?

THE INTERSTATE DENTAL AND DENTAL HYGIENE LICENSURE COMPACT IS...

American Association of Dental Boards

SAFE **PORTABLE** **UNIFORM**

- ✓ Learn the components of a good compact
- ✓ Compare the compact Kansas and Colorado have adopted (the DDH Compact) and the Interstate Dental and Dental Hygiene Compact
- ✓ Hear how compact licensure could affect states such as Utah, Nevada, Arizona, Nevada & New Mexico
- ✓ Get tips on how to start conversations with your teams

Plus, get fingertip access to customizable messaging for legislators, talking points for board members, handouts for dentists and dental hygienists, and much more!

Contact Us: info@aadbdentalboards.org

Registration Required

SIGN UP NOW!

Registration Required

Now!

Next Regional Townhall!
Northwest Region - IL, ND, SD, WY, MT, ID, OR, WA, CA
TBA

American Association of Dental Boards
Chicago Office
200 East Randolph Street, Suite 5100
Chicago, IL 60601

DC Office
1701 Pennsylvania Avenue NW, Suite 200
Washington, DC 20006

LICENSE RATIFICATION

RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry, dental therapy and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify the issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H8909	Voyles, Savanna	2024-08-14
H8910	Taylor, Malia Nicole	2024-08-19
H8911	Woodward, Sailor	2024-08-19
H8912	Schull, Brynne Isabel	2024-08-19
H8913	Tapia, Arye	2024-08-20
H8914	Morales, Elida Christine	2024-08-22
H8915	Ng, Lisa	2024-08-22
H8916	Duncan, Chloe Elizabeth	2024-08-22
H8917	Nourollahi, Saba	2024-08-22
H8918	Torres Lozano, Yajaira	2024-08-22
H8919	Wright, Tess Ellen	2024-08-22
H8920	Moncrief, Shelby Nicole	2024-08-22
H8921	Hernandez Hernandez, Brenda Itzel	2024-08-28
H8922	Henriquez, Vincent Isaias	2024-08-29
H8923	Massa, Emilia	2024-09-03
H8924	Montes, Ashley	2024-09-03
H8925	Baker, Alexis Laray	2024-09-04
H8926	Truong, Tina	2024-09-04
H8927	Vuong, Kelly	2024-09-04
H8928	Pham, Thi	2024-09-06
H8929	Navarrete, Christopher Robert	2024-09-06
H8930	Nguyen, Rose	2024-09-09
H8931	Qiu, Jia	2024-09-10
H8932	White, Karly Drew	2024-09-11
H8933	Garcia Alejo, Catalina Monserrat	2024-09-12
H8934	Singh, Paljeet	2024-09-16
H8935	Skinner, Erika	2024-09-18
H8936	Wong, Ryan	2024-09-23
H8937	Ashley, Devon Ann	2024-09-23
H8938	Sadin, Misa	2024-09-30
H8939	Vega Jimenez, Brenda May	2024-10-01

DENTISTS

D12072	Herrman, Elisa Ilse Frances	2024-08-14
D12073	Delgado, Ryleigh	2024-08-19

D12074	Limerick, Jocelyn	2024-08-20
D12075	Perez Cacciatore, Yescenia	2024-08-22
D12076	Lara, Samantha Paula	2024-08-22
D12077	Biltoft, Rachele	2024-08-26
D12078	Young, Zachery	2024-08-29
D12079	Liu, Andy	2024-08-29
D12080	Schilling-Hysjulien, Tracey Leigh	2024-09-03
D12081	Lee, Alexander	2024-09-06
D12082	Wilson, Julia Marie	2024-09-10
D12083	Tam, Nathan	2024-09-12
D12084	Reichelt, Ryan Ilg	2024-09-16
D12085	Jackson, Alicia Renee	2024-09-16
D12086	Blahnik, Brice	2024-09-16
D12087	Backus, Thomas	2024-09-18
D12088	Tomazin Jr, Lawrence	2024-09-18
D12089	Min, Seon Young	2024-09-30
D12090	Marina, Adam	2024-10-01
D12091	Cacciatore, Angelo	2024-10-01
D12092	Mintz, Talya Tennelle	2024-10-02
D12093	Hermann, Robert Hamilton	2024-10-03
D12094	Farag, Ahmed	2024-10-07
D12095	DeBrine, Jasen Scott	2024-10-09
D12096	Romanowicz, Genevieve Elizabeth	2024-10-09
D12097	Goodman, Josiana	2024-10-15
D12098	Rim, Sehee Irena	2024-10-15

DENTAL THERAPISTS

DT0023	Cabrera, Raelene	2024-08-19

LICENSE, PERMIT & CERTIFICATION

OREGON BOARD OF DENTISTRY

LICENSE AND PERMIT REINSTATEMENT APPLICATION

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104	$440.00
1290	$750.00
1706	$50.00
1707	$4.00

RECEIVED
OCT 04 2024
Oregon Board of Dentistry

License # D10686

Peter Ma, DMD

Licensure fee:	$440.00
Penalty fee:	$250.00
Reinstatement:	$500.00
PDMP Program Fee:	$50.00
OWHI Survey Fee:	$4.00
	$1,244.00 ✓

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

Primary Business Address ☐
Kaiser Permanente Salmon Creek Dental
14406 NE 20th Ave
Vancouver, WA, 98686

Phone:

Home Address ☒ Y
15413 NE 14th St.
Vancouver WA, 98684

Phone: 503-415-9534

➤NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE➤
INCOMPLETE FORMS WILL BE RETURNED

Question 1: Do you hold a current license to practice dentistry or dental hygiene in any other state or jurisdiction? ☑ Yes ☐ No

If yes, list the states or jurisdictions in which you are currently licensed: Washington.

Question 1A: Since the date of your last license application (initial or renewal), have you been involved in any pending or final disciplinary action(s) regarding your dental or dental hygiene license in any other state or jurisdiction (including Military, U.S. Public Health Service, Drug Enforcement Administration, etc.)?
☐ Yes ☑ No

Question 2: Do you hold a license to practice any other health care profession (i.e., physician, nurse, chiropractic, massage therapy, denturist) in this or any other state or jurisdiction? ☐ Yes ☑ No

Question 2A: Since the date of your last license application (initial or renewal), have you been involved in any pending or final disciplinary action involving any other health care profession license? ☐ Yes ☑ No

Question 3: Since the date of your last license application (initial or renewal), have you been **convicted** of a misdemeanor or felony; or have you been **arrested** or charged with a felony? ☐ Yes ☑ No

Question 4: Are you aware of any physical or mental condition that would inhibit your ability to practice safely? ☐ Yes ☑ No

Question 5: Since your last license application (initial or renewal), were there any criminal or civil matters filed against you, including pending cases that involved alcohol, drugs, or mind altering substances, other than what is already known by the Board's Diversion Coordinator? ☐ Yes ☑ No

Question 6: Since the date of your last license application (initial or renewal), did you use or possess illegal drugs, Scheduled controlled drugs, or mind altering substances, in violation of any law, other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program?
☐ Yes ☑ No

Question 7: Since the date of your last license application (initial or renewal), have you been evaluated for alcohol or drug abuse; or received any treatment, counseling, or education for your abuse of alcohol, drugs, or mind altering substances other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program? ☐ Yes ☑ No

Question 8: Since the date of your last license application (initial or renewal), has there been any written request to you, your malpractice insurance company, or risk retention group regarding an alleged injury that may have been caused by your professional negligence, or any written notification from you to your malpractice insurance company or risk retention group that a person has made a request from you for an alleged injury caused by your professional negligence? ☐ Yes ☑ No

Other business addresses: Your current license must be conspicuously displayed in plain sight of patients in every office where you practice (OAR 818-021-0115.) On a separate sheet of paper, please provide a list of all business addresses at which you practice. A license will be provided to you for each address listed.

Certification: By signing below I certify that I have met, or will meet prior to the reinstatement of my license, all continuing education requirements, and that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my license.

Signature: Jefferson Date: 9/23/2024

other offices practice

Kaiser Pemanente Salmon Creek Dental Office
14406 NE 20th AVE
Vancouver WA, 98686

To OBD,

Please reinstate my Oregon Dental license. I have been practicing in Washington since my license expiring. I would like to continue practicing dentistry in Oregon as part of my job title with Permanente Dental Associate

Peter Ma D.M.D

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201
Phone: (971) 673-3200
Email: Information@obd.oregon.gov

DENTAL CONTINUING EDUCATION LOG

April 1, 21 through March 31, 23

Licensee's Name: Peter Ma License Number: D10686

Please list at least **40 hours** of continuing education that meets the requirements of OAR 818-021-0060. In addition, effective January 1, 2015 all licensees are required to maintain at a minimum a current Health Care Provider BLS or its equivalent certification - **please attach a current copy of your certification.**

Do not send in any other verification, however, you as the licensee are required to retain receipts, vouchers, or certificates as may be necessary to document completion of the required number of continuing education hours. Records of CE must be kept for four years. The Board may request this documentation at any time.

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS

List two hours of infection control courses. If using OSHA, infection control must be delineated separately from other subjects within the course. OHSA generally does not meet the Board's requirements for infection control.

9/24/2024	Environmental infection Prevention and control in oral healthcare settings	Procter & Gamble	2 ✓

List three hours of medical emergencies related to a dental practice. Using your BLS for Healthcare Providers course can be used to fulfill this requirement. However, it cannot be used for the CE required to renew a nitrous permit.

9/25/2021	Medical Emergencies	Permanente Dental Associates	4 ✓

List one hour of pain management. Effective July 1, 2022, all dentists and dental therapists must complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. Here is a link to the course: https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx

9/23/2024	Pain Managment CE module	Oregon Health Authority	1 ✓

List two hours of cultural competency. Effective January 1, 2021, all licensees are required to complete at least two hours of CE related to cultural competency per renewal cycle. Per the Oregon Health Authority, "Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare 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."

03/12/2021	Culture and Cultural competency	colgate Oral health Network	1
03/20/2021	Cross-cultural communication skills in oral health	colgate Oral health Network	1

List seven hours of courses related to placing dental implants. Effective January 1, 2024, A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period. **If you do not place implants, you are not required to complete this category of CE.**

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS

List all courses related to direct clinical patient care or the practice of dental public health. (You may attach additional sheets as necessary)

01/23/2024	Current Concepts in Preventive Dentistry	Procter & Gamble	5
03/20/2021	A Guide to Clinical differential Diagnosis of oral mucosal lesions	Procter & Gamble	4
10/05/2023	Nitrous Oxide	Permanente Dental Associates	2
10/05/2023	Pedo Pearls for the General Dentist	Permanente Dental Associates	4
12/05/2023	DEA MATE compliance: Treatment and management of Patients with opiod or other Abuse disorders	McMarry Medical College	8
07/12/2023	oral pathology and common oral lesion	Permanente Dental Associates	1
02/19/2022	state of the Art Topics and techniques in Implant prosthetics: Increasing precision, productivity, and long term stability.	Permaneten Dental Associates	4
08/18/2022	Laser in Dentistry: Minimal Invasive instruments for the modern practice	Procter & Gamble	4
07/21/2022	The dental professionals Role in opiod crisis	Procter & Gamble	2

List any practice management/patient relations courses (record keeping, team building, risk management, etc.) **This is *not* a required category of CE.** *No more than four hours may be counted towards your CE requirements.*

05/21/2022	Risk Management	Permanente Dental Associates	4

35

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license.

Signature _____ Date 9/24/2024

Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0060(2)).

This Certifies that

Peter Ma

Has successfully completed the required one and a half hour web-based training module,

Changing the Conversation about Pain

09/23/2024 22:41 PDT

in accordance with
76th OREGON LEGISLATIVE ASSEMBLY 2011 Regular Session
Oregon Revised Statutes 413.590

The Oregon Pain Management Commission and the

Oregon Health Authority
Oregon Health Policy and Analytics
OHA Pain Management Program
500 Summer St. NE, E-65
Salem, Oregon 97301

This nursing continuing professional development activity was approved by Oregon Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

BASIC LIFE SUPPORT

BLS Provider

American Heart Association.

Peter Ma

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date
5/25/2023

Training Center Name
Cascade Healthcare Services LLC dba Cascade Training Center

Training Center ID
WA15590

Training Center City, State
Seattle, WA

Training Center Phone Number
(206) 213-3116

Training Site Name

Renew By
05/2025

Instructor Name
Raymond Watkins

Instructor ID
10140279799

eCard Code
235417056998

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

Oregon
Board of Dentistry
1500 SW 1st Ave. Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

MEMO

To: Applicants/Licensees

From: Kathleen McNeal, Examination and Licensing Manager

Subject: Live Scan Fingerprint

Live Scan Fingerprints are required if applying for a new license or reinstating a license in Oregon. You will be required to have your fingerprints taken via Live Scan (electronically) instead of submitting a hard copy of your fingerprints.

On page two of this form you will find instructions to schedule an appointment to have your fingerprints taken via Live Scan through FieldPrint, which has facilities throughout the United States.

Once you have completed your fingerprinting, please fill out the bottom of this form and submit it using the following instructions:

New Applicants: *Please submit your completed form using the 'Resolve Deficiences' button on your user portal, and upload it to the 'Supplemental Documents' tab.*

Licensees reinstating an existing license: *Please email your completed form to Kathleen.McNeal@obd.oregon.gov*

Signature:

Print Name:
Peter H. Ma

Date Fingerprints were taken:
10/11/2024

Course taken on
www.colgateoralhealthnetwork.com

VERIFICATION OF PARTICIPATION

Diversity of Culture, Diversity of Thought, and Diversity of Action

1 Online C.E. Credit **Recorded Webinar**
Fri. Oct. 11 2024/ duration 1 hour(s)
Fri. Oct. 11 2024, 19:41 PM EST (New York)

MEMBER CONTACT INFO:

Dr. Peter Ma
General Dentist
United States
Oregon
Vancouver
15413 NE 14th st.
peterma2@gmail.com

PARTICIPANTS:

PACE
ACADEMY OF GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

Tribune Group

QUALITY INTERACTIONS

AMEDCO

Certificate of Completion

peter ma

has successfully completed the educational activity titled:

ResCUE Model™ for Cross-Cultural Care in Oral Health

and is awarded 1 hours

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Quality Interactions. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Amedco Joint Accreditation #4008163.

Dentists (ADA) Credit Designation

Amedco LLC is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns for Continuing Education Provider Recognition at ADA.org/CERP. Amedco LLC designates this activity for 1.00 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider, or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

ACE

CCMP PACE Pre-Approved Continuing Education

Certificate Issued: October 14, 2024

dentalcare.com CE Online Interactive Course

Procter and Gamble verifies that

Dr. Peter Ma

License Number(s):

Is Awarded 2 Hour(s) of Continuing Education Credit for Successful Completion of:

Alveolar Ridge Preservation and Augmentation for Optimal Implant Placement

Lavanya Rajendran, DMD, MDSc | Sejal Thacker, DDS, MDSc

Method: Self-instructional

AGD Subject Code(s): 690, 310, 490

Upon completion of this course, the dental professional should be able to:

- Understand in brief the biology behind bone modeling following extraction and resorption.
- Identify and classify bone defects in edentulous sites.
- Describe the eligibility for bone grafting and select the appropriate modality of treatment for the same.
- Explain the steps involved in executing bone augmentation procedures.
- Discuss the risks and complications of bone augmentation.
- Explain the long-term prognosis of procedures described.

09/24/2024

AGD Provider No. 211886; AGD Verification Code: 626092424

California Provider No. 02-3111-20519

CE Broker Publishing No. 20-847056

AADHPGC-CE626-09242402

Approved PACE Program Provider

PACE ACADEMY OF GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

THE PROCTER & GAMBLE COMPANY

Nationally Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement.

8/1/2021 to 7/31/2027

Provider ID# 211886

AADH Approved Program Provider

AMERICAN ACADEMY OF DENTAL HYGIENE

Approved provider through December 31, 2025

Procter & Gamble is designated as an approved Provider by the American Academy of Dental Hygiene, Inc. #AADHPGC (January 1, 2024-December 31, 2025). Approval does not imply acceptance by a state or provincial Board of Dentistry. Licensee should maintain this document in the event of an audit.

dentalcare.com CE Online Interactive Course

Procter and Gamble verifies that

Dr. Peter Ma

License Number(s):

Is Awarded 1 Hour(s) of Continuing Education Credit for Successful Completion of:

Biologically Contoured Esthetic Implant Restorations

Swati Ahuja, BDS, MDS

Method: Self-instructional

AGD Subject Code(s): 690

Upon completion of this course, the dental professional should be able to:

- Define emergence profile and list considerations for creating an optimum emergence profile.
- Identify the factors affecting the diagnosis and treatment planning of biologically contoured implant restorations.
- List the importance of the fabrication of provisional restoration.
- Describe the importance and the procedures for fabricating a customized healing abutment.
- Use the cervical contouring concept, ready-made molds, or CAD-CAM technology for optimally conditioning the soft tissues.
- Describe the techniques for capturing tissue architecture in the definitive restoration.
- Develop the clinical workflow for fabricating implant restorations (emphasizing the creation of biologically contoured restorations).

10/13/2024

AGD Provider No. 211886; AGD Verification Code: 684101324

California Provider No. 01-3111-24570

CE Broker Publishing No. 20-1226352

AADHPGC-CE684-10132401

Approved PACE Program Provider

PACE ACADEMY GENERAL DENTISTRY

THE PROCTER & GAMBLE COMPANY

Nationally Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement.

8/1/2021 to 7/31/2027

Provider ID# 211886

AADH Approved Program Provider

AADH AMERICAN ACADEMY OF DENTAL HYGIENE

Procter & Gamble is designated as an approved Provider by the American Academy of Dental Hygiene, Inc. #AADHPGC (January 1, 2024-December 31, 2025). Approval does not imply acceptance by a state or provincial Board of Dentistry. Licensee should maintain this document in the event of an audit.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

10/14/2024

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Dentist License for Ma, Peter Hoan Vu.

This site is a Primary Source for Verification of Credentials.

Credential Number:	DE60772175
Credential Type:	Dentist License
First Credential Date:	08/02/2017
Last Renewal Date:	10/01/2024
Credential Status:	ACTIVE
Current Expiration Date:	10/14/2025
Enforcement Action:	No

The Washington Department of Health presents this information as a service to the public.

The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified.

This site provides disciplinary actions taken and credentials denied for failure to meet qualifications. If the Enforcement Action is listed as a No, there has been no disciplinary action. It allows viewing and downloading of related legal documents since July 1998. Contact our Public Records Office for information on actions before July 1998. This information comes directly from our database. It is updated daily.

OREGON BOARD OF DENTISTRY

LICENSE AND PERMIT REINSTATEMENT APPLICATION

RECEIVED

AUG 12 2024

Oregon Board of Dentistry

Return to: Oregon Board of Dentistry
Unit 23
PO Box 4395
Portland, OR 97208-4395

2104	$255.00
1290	$750.00
1707	$4.00

License # H6696

Alisa Stephenson, RDH.

Licensure fee:	$255.00
Penalty fee:	$250.00
Reinstatement:	$500.00
OWHI Survey Fee:	$4.00
	$1,009.00

Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

Primary Business Address ☐

Home Address ☒

3935 HIGHWOOD RD
EAST HELENA, MT 59635

Phone:

Phone: 406.461-2685

NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE
INCOMPLETE FORMS WILL BE RETURNED

Question 1: Do you hold a current license to practice dentistry or dental hygiene in any other state or jurisdiction? ☒ Yes ☐ No

If yes, list the states or jurisdictions in which you are currently licensed: MONTANA

Question 1A: Since the date of your last license application (initial or renewal), have you been involved in any pending or final disciplinary action(s) regarding your dental or dental hygiene license in any other state or jurisdiction (including Military, U.S. Public Health Service, Drug Enforcement Administration, etc.)?
☐ Yes ☒ No

Question 2: Do you hold a license to practice any other health care profession (i.e., physician, nurse, chiropractic, massage therapy, denturist) in this or any other state or jurisdiction? ☐ Yes ☒ No

Question 2A: Since the date of your last license application (initial or renewal), have you been involved in any pending or final disciplinary action involving any other health care profession license? ☐ Yes ☒ No

Question 3: Since the date of your last license application (initial or renewal), have you been **convicted** of a misdemeanor or felony; or have you been **arrested** or charged with a felony? ☐ Yes ☒ No

Question 4: Are you aware of any physical or mental condition that would inhibit your ability to practice safely? ☐ Yes ☒ No

Question 5: Since your last license application (initial or renewal), were there any criminal or civil matters filed against you, including pending cases that involved alcohol, drugs, or mind altering substances, other than what is already known by the Board's Diversion Coordinator? ☐ Yes ☒ No

Question 6: Since the date of your last license application (initial or renewal), did you use or possess illegal drugs, Scheduled controlled drugs, or mind altering substances, in violation of any law, other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program?
☐ Yes ☒ No

Question 7: Since the date of your last license application (initial or renewal), have you been evaluated for alcohol or drug abuse; or received any treatment, counseling, or education for your abuse of alcohol, drugs, or mind altering substances other than what is already known by the Board's Diversion Coordinator or the State's Health Professionals' Services Program? ☐ Yes ☒ No

Question 8: Since the date of your last license application (initial or renewal), has there been any written request to you, your malpractice insurance company, or risk retention group regarding an alleged injury that may have been caused by your professional negligence, or any written notification from you to your malpractice insurance company or risk retention group that a person has made a request from you for an alleged injury caused by your professional negligence? ☐ Yes ☒ No

Other business addresses: Your current license must be conspicuously displayed in plain sight of patients in every office where you practice (OAR 818-021-0115.) On a separate sheet of paper, please provide a list of all business addresses at which you practice. A license will be provided to you for each address listed.

Certification: By signing below I certify that I have met all continuing education requirements and that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my license.

Signature: _____ Date: 7/30/24

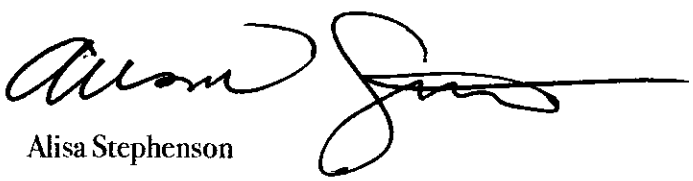
July 31, 2024

Oregon Board of Dentistry,

My name is Alisa Stephenson and I am writing to ask that you reinstate my dental hygiene license. I am requesting to have my dental hygiene license reinstated because I am moving back to Oregon and want to continue providing dental services for the community I will be in.

Since letting my dental hygiene license lap I have been working in Montana for a non-profit, Smiles Across Montana. With this company I have been going into rural schools and preschools/head starts to deliver preventive dental care. I have also been helping to create systems within the company to allow for easier training of new employees, helping to make policies and procedures, SOPs and adding new locations to Smiles Across Montana.

Thank you for taking the time to read this and reinstate my dental hygiene license.



Alisa Stephenson

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201
Phone: (971) 673-3200
Email: Information@obd.oregon.gov

DENTAL HYGIENE CONTINUING EDUCATION LOG

October 1, 2022 through September 30, 2024

Licensee's Name: ALISA STEPHENSON License Number: H6696

Please list at least **24 hours** (36 hours if you hold an Expanded Practice Permit) of continuing education that meets the requirements of OAR 818-021-0070. In addition, effective January 1, 2015 all licensees are required to maintain at a minimum a current Health Care Provider BLS or its equivalent certification - **please attach a current copy of your certification.**

Do not send in any other verification, however, you as the licensee are required to retain receipts, vouchers, or certificates as may be necessary to document completion of the required number of continuing education hours. Records of CE must be kept for four years. The Board may request this documentation at any time.

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
List two hours of infection control courses. If using OSHA, infection control must be delineated separately from other subjects within the course. OHSA generally does not meet the Board's requirements for infection control.			
7/16/24	Infection Control Common Mistakes: From Missteps to Mastery	MICHELLE STRANGE	1
7/31/24	Personal Protective Equipment	GEZA TEREZHALMY MICHAELL HUBER DENISE KISSELL	1
List three hours of medical emergencies related to a dental practice. Using your BLS for Healthcare Providers course can be used to fulfill this requirement. However, it cannot be used for the CE required to renew a nitrous permit.			
6/5/23	Health Care Provider CPR	AMERICAN ACADEMY of CPR & FIRST AID	1
7/30/24	Management of Pediatric Medical Emergencies	STEVEN SCHWARTZ JAYAKUMAR JAYARAMAN	2
List two hours of Cultural Competency. Effective January 1, 2021, all licensees are required to complete at least two hours of CE related to cultural competency per renewal cycle. Per the Oregon Health Authority, "Cultural competency continuing education is a life-long process of examining values and beliefs while developing and applying an inclusive approach to healthcare 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."			
2/16/24	VETERAN ORAL HEALTH IN MONTANA	AIDPH	1
7/31/24	caring for the Latin Community	AMBER LOVAJOS	1.5

DATE	COURSE TITLE/BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS

List all courses related to direct clinical patient care or the practice of dental public health. (You may attach additional sheets as necessary)

6/27/23	Prevention of Caries by Silver Diamine Fluoride 38%	DR. JEREMY HORST	1
12/13/22	Oral Pain: No Shots, No Pills, No Gels Just Erased	KATRINA SANDERS, RDH	1
11/09/22	Practice in Motion: Part 1	JACQUELYN DYLTA JANE FORREST	3
11/14/23	Revolutionizing Oral Systemic Health: The Impact of mobile programs	JAMIE COLLINS	1
4/24/24	MyoMentor Program: 12 week Intro Training	SARAH HORNSBY	30
10/19/22	How Whitening Works	DONALD WHITE BETH JORDAN	2

List any practice management/patient relations courses (record keeping, team building, risk management, etc.) This is *not* a required category of CE. *No more than two hours may be counted towards your CE requirements.*

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license.

Signature _____ Date 7/31/24

Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0070(2)).

American Academy of CPR & First Aid, Inc.

Health Care Provider CPR

Alisa Stephenson

This individual successfully completed the required course, passed the exam, and demonstrated proficiency per American Academy of CPR and First Aid, Inc. guidelines.

AB1453403-HCP	06/05/2023	06/05/2025
Certificate Number	Issue Date	Renewal Date

American Academy of CPR & First Aid, Inc.

Issued by American Academy of CPR & First Aid

Director of Training J. Gavani MD

Training Site Online Training

Holders Signature

Oregon
Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

MEMO

To: Applicants/Licensees

From: Kathleen McNeal, Examination and Licensing Manager

Subject: Live Scan Fingerprint

Live Scan Fingerprints are required if applying for a new license or reinstating a license in Oregon. You will be required to have your fingerprints taken via Live Scan (electronically) instead of submitting a hard copy of your fingerprints.

On page two of this form you will find instructions to schedule an appointment to have your fingerprints taken via Live Scan through FieldPrint, which has facilities throughout the United States.

Once you have completed your fingerprinting, please fill out the bottom of this form and submit it using the following instructions:

New Applicants:* *Please submit your completed form using the 'Resolve Deficiences' button on your user portal, and upload it to the 'Supplemental Documents' tab.

Licensees reinstating an existing license:* *Please email your completed form to Kathleen.McNeal@obd.oregon.gov

Signature: 

Print Name: Alisa Stephenson

Date Fingerprints were taken: 09/10/2024