

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
OCTOBER 27, 2023**





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: VIRTUAL & VIA ZOOM

DATE: October 27, 2023

TIME: 9:15 a.m. – 1:45 p.m.

Call to Order – Chip Dunn, President

9:15 a.m.

OPEN SESSION (Zoom option available)

<https://us02web.zoom.us/j/88481333180?pwd=ek5ZY2Rud1g1d25wY1lBM0hGbVNwZz09>

Dial-In Phone #: 1-253-215-8782 • Meeting ID: 884 8133 3180 • Passcode: 376293

Review Agenda

1. Approval of Minutes
 - August 25, 2023 Board Meeting Minutes

NEW BUSINESS

2. Association Reports
 - Oregon Dental Association
 - Oregon Dental Hygienists' Association
 - Oregon Dental Assistants Association
3. Committee and Liaison Reports
 - Rules Oversight Committee Meeting 10.3.2023 – Chair Dr. Jose Javier
 - Meeting Minutes – Action Requested
 - DANB feedback on Rules Oversight Committee - possible rule changes
 - Dental Assistant Workforce Shortage Advisory Committee 10.27.2023 – Chair Dr. Clark
 - Topic of Local Anesthesia brought back to the Board from last Board Meeting
 - Oregon DPP #100 Anesthesia administration training for dental therapists
 - CODA info/email on Local Anesthesia
 - Committee & Liaison Assignments
4. Executive Director's Report
 - Board Updates
 - OBD Budget Report
 - Customer Service Survey
 - Staff Speaking Engagement
 - Dental Hygiene License Renewal
 - FY 2023 Annual Performance Progress Report
 - Governor Kotek's Expectations of Agency Leaders
 - M365 Sensitivity Labels on communications & documents
 - HPSP – Year 13 Reports
 - AADA & AADB Annual Meetings
5. Unfinished Business and Rules
 - 10.4.2023 Public Rulemaking Hearing

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 Haley Robinson 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.

- No Public Comment received on proposed rule change from temporary to permanent
- SOS Filing – Action Requested
- Memo - Board Discuss Continuing Education and consider allowing more flexibility on timeframe to complete for first license renewal – Action Requested

6. Correspondence

- CSG Memo: State Licensure Compact
- CRDTS Special News Bulletin regarding licensure compacts
- Steve Bush – Proposed Amendment

7. Other

- Oregon Wellness Program (info submitted to Board late for August Board Meeting packet)
- Tribes
- Other Public Comment

8. Articles & Newsletters (No Action Necessary)

- Wisconsin allowing Marquette Dental Graduates automatic Licensure
- Dental Rate Increases – OHA will amend the Medicaid State Plan
- DANB to offer exam in Spanish

EXECUTIVE SESSION

11:00 a.m.

The Board will meet in Executive Session pursuant to ORS 192.345(4); 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. The Board will also meet in Executive Session pursuant to ORS 192.660(2)(i), to conduct the annual review and performance evaluation of the Executive Director. No final action will be taken in Executive Session.

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. Personal Appearances and Compliance Issues
14. Licensing and Examination Issues
15. Consult with Counsel

LUNCH

12:00 p.m.

OPEN SESSION (Zoom option available)

1:30 p.m.

<https://us02web.zoom.us/j/88481333180?pwd=ek5ZY2Rud1g1d25wY1lBM0hGbVNwZz09>

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Enforcement Actions (vote on cases reviewed in Executive Session)

LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues

Performance Review Executive Director

18. Conduct performance evaluation of Executive Director

ADJOURN

1:45 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 Haley Robinson 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.

APPROVAL OF MINUTES

Draft
OREGON BOARD OF DENTISTRY
MINUTES
AUGUST 25, 2023

MEMBERS PRESENT: Chip Dunn, President
Jennifer Brixey, Vice President
Alicia Riedman, R.D.H., E.P.P.
Sheena Kansal, D.D.S.
Aarati Kalluri, D.D.S.
Jose Javier, D.D.S.
Terrence Clark, D.M.D.
Michelle Aldrich, D.M.D.
Sharity Ludwig, R.D.H., E.P.P. – Present via Zoom

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
Samantha Plumlee, Examination and Licensing Manager
Ingrid Nye, Investigator
Kathleen McNeal, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

**VISITORS PRESENT
IN PERSON & VIA
TELECONFERENCE*:** Mary Harrison, Oregon Dental Assistants Association (ODAA);
Barry Taylor, D.M.D., Oregon Dental Association (ODA); Jill Lomax,
Oregon Dental Assistants Association (ODAA); Olesya Salathe,
D.M.D., Oregon Dental Association (ODA); Julie Spaniel, D.D.S.,
Oregon Dental Association (ODA); Tim Goldfarb, TFME, OWP;
Tracy Brunkhorst, R.D.H., E.P.P., Oregon Dental Hygienist
Association (ODHA); Aaron White, Dental Assistant National Board,
(DANB); Tony Garcia, Dental Assistant National Board, (DANB);
Amy Coplen, R.D.H., E.P.P.; Emily Coates, Legislative Fiscal Office
(LFO); Jessica Dusek; Karen Capuano; Lisa Rowley, Oregon Dental
Hygienist Association (ODHA); Sabrina Riggs; Matthew Sinnot;
Sara Kowalski, Oregon Health Authority Oral Health Program (OHA)

*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 8:02 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

President Chip Dunn welcomed everyone to the meeting and had the Board Members, Lori Lindley, and Stephen Prisby introduce themselves.

NEW BUSINESS

Approval of Minutes

Dr. Javier moved and Ms. Riedman seconded that the Board approve the minutes from the June 16, 2023 Board Meeting as amended. The motion passed unanimously.

ASSOCIATION REPORTS

Oregon Dental Association (ODA)

Dr. Olesya Salathe reported that the ODA is looking forward to working on the Dental Assistant Workforce Shortage Advisory Committee (DAWSAC). The ODA is holding a virtual House of Delegates on September 23rd. This year's Regional Meeting will be November 4th in Florence, Oregon. CE courses will be available.

Oregon Dental Hygienists' Association (ODHA)

Tracy Bruckhorst shared that the Oregon Dental Hygienists' Association has been working on their fall conference which will feature CE courses and social events.

Oregon Dental Assistants Association (ODAA)

Mary Harrison noted that the Oregon Dental Assistants Association has been meeting with the Oregon Dental Laboratory Association and the Oregon Dental Hygienists Association. The ODAA is updating their website. The ODAA is working with ADEX on a four handed demonstration video. Mary also recommended a webinar from the American Dental Educators Association at www.adea.org/elearn

COMMITTEE AND LIAISON REPORTS

President Dunn gave a summary of the well-attended July 12, 2023 Licensing, Standards and Competency Committee Meeting. All rule changes were recommended to the Rules and Oversight committee for further review excluding a few. Rule 818-021-XXXX regarding active-duty military members, was tabled, awaiting new information from the Department of Justice on how to proceed. The committee recommended Rules 818-042-0050 and 818-042-0060 regarding dental assistants and radiographic proficiency be left as presented. All committee recommendations were unanimous except for the rules pertaining to local anesthesia for dental assistants.

Dental assistants performing local anesthesia was discussed, with input from the Oregon Dental Association (ODA), the Oregon Dental Assistants Association (ODAA). It was recommended that DAWSAC look into the local anesthesia rules and training, gather information and send back to the Licensing, Standards and Competency Committee for further review.

Dr. Clark moved and Dr. Kansal seconded that the Board move the rules from the Licensing, Standards and Competency Committee to the Rules Oversight Committee, with the exception of the local anesthesia for dental assistants' rules. The motion passed unanimously.

A Dental Assistant Workforce Shortage Advisory Committee (DAWSAC) memo outlining its formation was discussed by Director Prisby.

Dr. Kalluri moved and Ms Brixey seconded that the Board implement the Dental Assistant Workforce Shortage Advisory Committee per the memo as presented. The motion passed unanimously.

After more discussion, Dr. Clark and Dr. Kalluri volunteered to Co-Chair the new DAWSAC. The first DAWSAC meeting will take place October 27, 2023 at 8 am, prior to the October OBD Board Meeting.

A report on the ADEX Meeting on July 21, 2023 was provided by Dr. Patricia Parker.

EXECUTIVE DIRECTOR'S REPORT

Board Member & Staff Updates

Mr. Prisby announced that the recruitment for the open investigator position yielded over 40 applicants and the OBD recently offered the top candidate the position. Mr. Prisby updated the Board on the recruitment. The OBD had also been understaffed the last 4 weeks with one staff member out for personal reasons. Mr. Prisby appreciated all who engage with the Board for their patience as we are currently operating at 75% of our regular staff level.

OBD Budget Status Report

Mr. Prisby reported the budget report for the 2021 - 2023 Biennium. This report, which is from July 1, 2021 through June 30, 2023, showed revenue of \$3,485,225.82 and expenditures of \$3,620,701.31. The final FY 2023 reports had not been reconciled yet but they usually do not change much besides some final misc expenses. The results for both revenue & expenses were in line with what was budgeted for the two year period.

OBD 2023-2025 Budget

Mr. Prisby reported that the Legislature approved the OBD 2023 - 2025 Budget and the Governor signed off on it on July 18, 2023. The final legislatively adopted budget documents were recently made available and compiled into the final OBD 2023-2025 legislatively adopted budget and it was posted on the OBD Website. Mr. Prisby made note below of the unique Policy Option Packages (POP) incorporated into the OBD budget beyond the typical budget adjustments made when finalizing the state enterprise-wide budget.

Package 100: Dental Therapy Fees Implementation. This is a revenue only package that increases revenue for the board by \$30,000 Other Funds. House Bill 2528, from the 2021 Legislative Session, authorized the board to issue a new dental therapy license, which was implemented with a corresponding license fee, effective July 2022. This package includes the revenue garnered from the new licensee base and fees.

Package 200: Oregon Wellness Program. This package increases Services and Supplies by \$80,000 Other Funds to establish funding and support for the inclusion of OBD into the Oregon Wellness Program. The program is designed to provide confidential urgent mental health services to active clinical providers who self-refer.

Package 801: LFO Analyst Adjustments. This package includes several revenue and expenditure adjustments totaling an Other Funds expenditure limitation increase of \$46,024 and a reduction of 0.38 FTE. The expenditure adjustments include the elimination of one vacant Business Operations Manager 2 (1.00 FTE) position, establishes funding for one previously unbudgeted Health Care Investigator (1.00 FTE), and reduces one Health Care Investigator from 1.00 FTE to 0.50 FTE beginning on January 1, 2024 (a reduction of 0.38 FTE in the 2023-25 biennium). The package also increases Other Funds expenditure limitation by \$84,065 to outsource Dental Assistant Certifications to the Dental Assistant National Board (DANB); and includes an increase of \$123,255 of Other Funds revenue received from DANB for Dental Assistant Certifications; and an increase of \$365,150 Other Funds revenue for a fee increase across all fee types, effective July 1, 2023, to help support Package 200 and allow for the board to maintain an ending balance equivalent to three months of operating funds.

Customer Service Survey

Mr. Prisby attached the legislatively mandated survey results for FY 2023, July 1, 2022 – June 30, 2023. The results of the survey showed that the OBD continued to receive positive ratings from the majority of those that submitted a survey.

Staff Speaking Engagements

Mr. Prisby shared that Dr. Angela Smorra presented “OBD Update and Jurisprudence” to the Dental Hygiene students at Portland Community College in Portland on Friday, June 9, 2023.

Samantha Plumlee gave a License Application virtual presentation to the graduating Dental Hygiene Students at Portland Community College in Portland on Monday, August 14, 2023.

Dental Hygiene License Renewal

Mr. Prisby reported that the dental hygiene license renewal period started on August 1, 2023 (to coincide with the new fee increases) and it was progressing well. A reminder that audits of Continuing Education were planned to be conducted after the renewal period closed, as it did for the dentists who renewed their licenses earlier in the year.

Agency Head Financial Transactions Report July 1, 2022 – June 30, 2023

Mr. Prisby reminded that the Board Policy requires that at least 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 the report, which followed the close of the recent fiscal year. Mr. Prisby was happy to answer any questions regarding the report.

Ms. Riedman moved and Dr. Javier seconded that the Board approve the agency head financial transactions for fiscal year 2023 as presented. The motion passed unanimously.

TriMet 2023-2024 Contract

Mr. Prisby requested that the Board ratified entering into a contract with TriMet, which would allow the OBD to provide transportation passes for employees that were eligible to receive such passes for transportation to and from work.

Dr. Kalluri moved and Dr. Aldrich seconded that the Board approve the TriMet annual contract as presented. The motion passed unanimously.

OBD Draft DEI Plan

Mr. Prisby presented the Draft DEI plan which was reviewed and discussed by the Board at the June Board meeting and for review at the meeting for additional feedback and input.

Dr. Javier moved and Dr. Kalluri seconded that the Board move to approve the DEI plan as presented. The motion passed unanimously.

OBD 2022 -2025 Strategic Plan – Summary of Work

Mr. Prisby provided a brief summary of work completed on the priorities in the OBD strategic plan.

Board Best Practices Self-Assessment & Score Card

Mr. Prisby reported as a part of the legislatively approved Performance Measures, the Board needed to complete the attached Best Practices Self-Assessment Score Card so that it

could be included as a part of the FY 2023 annual progress report. Mr. Prisby would provide the report at the October Board Meeting.

Dr. Javier moved and Dr. Kansal seconded that the Board agree the best practice self-assessment scorecard reflects the work the Board has been doing on each point. The motion passed unanimously.

2023 Legislative Session

Mr. Prisby attached bills that passed and had some impact the OBD and/or its licensees.

American Association of Dental Administrators (AADA) and American Association of Dental Boards (AADB) Annual Meetings

Mr. Prisby reported that both annual meetings would be in Los Angeles, Ca, between Oct 18 - 21, 2023. The preliminary agenda for the AADB meeting was attached for review. President Dunn was planning on attending the AADB Meeting. Lori Lindley would once again lead the Attorney's Roundtable at the meeting as well. The AADB was considering revising their bylaws and a draft of the proposed changes was included. Mr. Prisby would like to attend the AADA Meeting and asked for the Board to approve his travel. Mr. Prisby stated he was an Officer of the AADA, and served as the Immediate Past President.

Dr. Kansal moved and Dr. Clark seconded that the Board approve Director Prisby to travel to and attend the AADA Annual Meeting in Los Angeles, CA in October 2023. The motion passed unanimously.

Newsletter

Mr. Prisby highlighted the summer OBD Newsletter in Tab 8 of the board meeting packet and noted that it is available on the OBD website. Mr. Prisby thanked all that contributed and especially to our graphic artists, Kathleen McNeal and Haley Robinson, along with Alicia Riedman, RDH for her review of it.

UNFINISHED BUSINESS AND RULES

A memo regarding the established agreement and formalization of the Oregon Wellness Program for all Licensees was presented. Tim Goldfarb, OWP representative spoke about the relationship between the OWP and OBD. He also shared the reasons for it and how important it is as a resource for healthcare providers.

Dr. Clark moved and Dr. Javier seconded that the Board approve the OBD entering into the MOA with the TFME for the Oregon Wellness Program. The motion passed unanimously.

The SOS filings made effective July 1, 2023 were presented along with SOS filing for the temporary fee rule 818-001-0087 and a memo recommending a virtual public rulemaking hearing to begin the steps for making the temporary rule permanent.

Dr. Aldrich moved and Ms. Riedman seconded that the Board move OAR 818-001-0087 Fee rule forward to a public rulemaking hearing on October 4, 2023. The motion passed unanimously.

A memo regarding the review and approval of the amended OBD-DANB agreement was presented.

Dr. Kalluri moved and Dr. Javier seconded that the Board approve the DANB agreement for the biennium through 2025 as presented. The motion passed unanimously.

CORRESPONDENCE

Dr. Kalluri moved and Dr. Javier seconded that the Board approve Paul Hendrix, R.D.H. as a test examiner for CRDTS. The motion passed unanimously.

A letter from the American Academy of Dental Sleep Medicine was highlighted and discussed.

Communication from ODHA and ODA regarding questions on the OBD license application and renewal forms regarding mental health and substance abuse was presented.

Dr. Clark moved and Dr. Javier seconded that the Board move the questions brought up about mental health and substance abuse verbiage on licensee applications and renewals to the Licensing, Standards and Competency Committee for review. The motion passed unanimously.

OTHER

Dental Pilot Project 100 Closing Report Letter and Advisory Committee Conclusion was highlighted. Sarah Kowalski, M.S., R.D.H. reported that all participants of DPP 100 are now licensed Dental Therapists and treating patients in Oregon. A final report is expected in November. Also Dental Pilot Project 300 sunsets in 2025 with an estimated 30 individuals trained as Dental Therapists. The next step will be CODA accredited training for Dental Therapy candidates.

The Board will meet in Executive Session pursuant to ORS 192.345(4); 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. The Board will also meet in Executive Session pursuant to ORS 192.660(2)(i), to conduct the annual review and performance evaluation of the Executive Director. No final action will be taken in Executive Session.

OPEN SESSION: The Board returned to Open Session at 1:24 pm

CONSENT AGENDA

2023-0213, 2024-0005, 2023-0206, 2024-0007, 2023-0202, 2023-0204, 2024-0001, 2023-0210, 2024-0008, 2023-0212

Ms. Brixey moved and Dr. Javier seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

COMPLETED CASES

2023-0168, 2023-0200

Ms. Brixey moved and Dr. Javier seconded that the Board close the matters with a finding of No Further Action or No Violation. The motion passed unanimously.

BINDER, ARI, D.M.D. 2023-0143

Dr. Kansal moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand; refund and restitution in the amount of \$9,469.00 by single payment, in the form of a cashier's, bank, or official check made payable to JW and delivered to the Board within 120 days of the effective date of the Order; take 4 hours of CE on effective time management in the busy dental practice within 60 days of the effective date of the Order; and take and pass the Dental Jurisprudence Test within 30 days of the date of the effective date of the Order. The motion passed unanimously.

2023-0086

Dr. Clark moved and Ms. Riedman seconded that the Board close the matter with a finding of No Violation. The motion passed except Dr. Javier recused.

2023-0193

Dr. Aldrich moved and Ms. Riedman seconded that the Board close the matter with a finding of No Violation. The motion passed except Dr. Kalluri recused.

2023-0134

Dr. Kalluri moved and Dr. Kansal seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he documents the name and concentration of a vasoconstrictor when used with a local anesthetic; uses only one medication while performing minimal sedation procedures; documents that he gave the patient the implant placement surgery information in writing; documents that all discharge criteria have been met, and that the patient is ready for discharge after IV sedation procedures are performed. The motion passed unanimously. The motion passed unanimously.

2023-0070

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that she documents that she has reviewed the patient's medical history for changes each dental appointment, the patient's chief complaint, the patient's radiographic findings, and PARQ the patient prior to performing procedures for the patient. The motion passed unanimously.

2023-0137

Dr. Javier moved and Dr. Kalluri seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that he documents his radiographic findings for each image exposed; that he documents how he performs his exam for finding the fourth canal (MB2) in upper first molars and performs his exam for any internal cracks and fractures when entering the pulp chamber prior to performing root canal therapy; and to use non-opioid management of dental pain whenever possible. The motion passed unanimously.

ROBINSON, JAMES COLBY, D.M.D. 2023-0124

Dr. Kansal moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand; a \$5000.00 civil penalty payable within 120 days of the effective date of the Order; a requirement that the licensee complete eight hours of Board approved continuing education (CE) in the area of sedation 60 days after the effective date of the Order; These eight hours will be in addition to the

40 hours of continuing education required for the licensure period April 1, 2022, to March 31, 2024. The motion passed unanimously.

2023-0093

Dr. Clark moved and Dr. Aldrich seconded that the Board for respondent #1, close the matter with a Letter of Concern reminding Licensee to assure that she documents that she reviewed the patient's medical history for each appointment, noting if there have been no medical history changes, or if medical history changes have occurred, so note with appropriate follow-up; and for respondent #2, move to close the matter with a Letter of Concern reminding Licensee to assure that she documents that she reviewed the patient's medical history for each appointment, noting if there have been no medical history changes, or if medical history changes have occurred, so note with appropriate follow-up; and that weekly biological testing of sterilization devices is completed. The motion passed unanimously.

PREVIOUS CASES REQUIRING BOARD ACTION

2023-0172

Dr. Aldrich moved and Dr. Kansal seconded that the Board approve the disclosure of a written summary of the investigative work product. The motion passed unanimously.

2017-0113

Dr. Kalluri moved and Dr. Kansal seconded that the Board direct staff to open a new investigative case to determine if the Licensee is complying with the terms of his prior consent order restrictions on his Oregon License. The motion passed unanimously.

2016-0138

Ms. Riedman moved and Dr. Clark seconded that the Board affirm the Board's previous action taken on October 21, 2016. The motion passed unanimously.

LICENSE & EXAMINATION ISSUES

Request for reinstatement of a retired license – Tamara Amich, R.D.H.

Dr. Javier moved and Dr. Kalluri seconded that the Board approve the license reinstatement. The motion passed unanimously.

Request for reinstatement of a retired license – Gary Underhill, D.M.D.

Dr. Kansal moved and Dr. Javier seconded that the Board approve the license reinstatement. The motion passed unanimously.

RATIFICATION OF LICENSES

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

Executive Director Performance Evaluation

Mr. Dunn moved and Dr. Kansal seconded that the Board rate Mr. Prisby an "outstanding" on his performance review, accept his 2023-2024 goals and award him 40 hours of Exceptional Performance Recognition Leave with Pay per DAS statewide policy 60.000.10. The motion passed unanimously.

ADJOURNMENT

The meeting was adjourned at 1:34 pm. Mr. Dunn stated that the next Board Meeting would take place on October 27, 2023.

Charles 'Chip' Dunn
President

ASSOCIATION REPORTS

COMMITTEE REPORTS

**Rules Oversight Committee Meeting
Minutes
October 3, 2023**

MEMBERS PRESENT: Jose Javier, D.D.S., Chair
Michelle Aldrich, D.M.D.
Sharity Ludwig, R.D.H., E.P.P.
Laura Vanderwerf, R.D.H. - ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA - ODAA Rep.

STAFF PRESENT: Stephen Prisby, Executive Director
Angela M. Smorra, D.M.D. Dental Director/Chief Investigator
Haley Robinson, Office Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Vesna Hopkins

*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 Chair at 5:05 p.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

MINUTES

Dr. Aldrich moved and Ms. Ludwig seconded that the minutes of the January 11, 2023 Rules Oversight Committee meeting be approved as presented. The motion passed unanimously.

Ms. Harrison moved and Ms. Ludwig seconded that the Committee recommend the Board send OAR 818-001-0005 to a public rulemaking hearing as presented. The motion passed unanimously.

818-012-0005

Scope of Practice

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

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

(2) Unless the dentist:

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

(b) Holds privileges either:

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

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

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

Alternatively, a dentist may meet the requirements of subsection (3) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

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

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

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

Ms. Ludwig moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-021-0060 to a public rulemaking hearing as presented. The motion passed unanimously.

818-021-0060

Continuing Education — Dentists

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

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

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

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

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

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

(5) At each renewal, all dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority (Effective July 1, 2022).

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

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

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

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-026-0010 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-026-0010

Definitions

As used in these rules:

(1) "Anesthesia Monitor" means a person trained in monitoring patients under sedation and capable of assisting with procedures, problems and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

(2) "Anxiolysis" means the diminution or elimination of anxiety.

(3) "General Anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(4) "Deep Sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(5) "Moderate Sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile

stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(6) "Minimal Sedation" means minimally depressed level of consciousness, produced by non-intravenous and/or non-intramuscular pharmacological methods, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. When the intent is minimal sedation for adults, the appropriate initial dosing of a single non-intravenous and/or non-intramuscular pharmacological method is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single non-intravenous and/or non-intramuscular pharmacological method in minimal sedation.

(7) "Nitrous Oxide Sedation" means an induced, controlled state of minimal sedation, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

(8) "Maximum recommended dose" (MRD) means maximum Food and Drug Administration (FDA) recommended dose of a drug, as printed in FDA approved labeling for unmonitored use.

(9) "Incremental Dosing" means during minimal sedation, administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).

(10) "Supplemental Dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.

(11) "Enteral Route" means administration of medication via the gastrointestinal tract. Administration by mouth, sublingual (dissolving under the tongue), intranasal and rectal administration are included.

(12) "Parenteral Route" means administration of medication via a route other than enteral. Administration by intravenous, intramuscular, and subcutaneous routes are included.

(13) American Society of Anesthesiologists (ASA) Patient Physical Status Classification System.

(a) ASA I "A normal healthy patient".

(b) ASA II "A patient with mild systemic disease".

(c) ASA III "A patient with severe systemic disease".

(d) ASA IV "A patient with severe systemic disease that is a constant threat to life".

(e) ASA V "A moribund patient who is not expected to survive without the operation".

(f) ASA VI "A declared brain-dead patient whose organs are being removed for donor purposes".

(14) "Recovery" means the patient is easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred, the patient can be monitored by a qualified anesthesia monitor until discharge criteria is met.

Ms. Harrison moved and Ms. Vanderwerf seconded that the Committee recommend the Board send OAR 818-026-0050 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 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

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(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.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-026-0055 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-026-0055

Dental Hygiene, Dental Therapy, and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation

(1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; or

(c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not

required to be present during the time the patient is sedated unless the permit holder leaves the patient.

(d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ Board rules.

(2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with ~~818-026-0050(7) and (8)~~ Board rules.

(3) Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions:

(a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;

(b) The permit holder, or an anesthesia monitor, monitors the patient; and

(c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.

Ms. Ludwig moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-026-0080 (8) to a public rulemaking hearing as presented and send (4) back to the Anesthesia committee for further clarification. The motion passed unanimously.

OAR 818-026-0080

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

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Medical Board, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

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

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

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

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient until easily arousable and can independently

and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge as required by the rules applicable to the level of anesthesia being induced. A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

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

Dr. Aldrich moved and Ms. Ludwig seconded that the Committee recommend the Board send OAR 818-035-0030 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-035-0030

Additional Functions of Dental Hygienists

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

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
- (h) Apply temporary soft relines 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.

Ms. Ludwig moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-038-00XX to a public rulemaking hearing as presented. The motion passed

unanimously.

OAR 818-038-00XX

Additional Functions of Dental Therapists

(1) In addition to functions set forth in ORS 679.010, a dental therapist 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 therapist 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 therapist 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.

Ms. Ludwig moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0020 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0020

Dentist, Dental Therapist and Dental Hygienist Responsibility

(1) A dentist is responsible for assuring that a dental assistant has been properly trained, has demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental office. Unless otherwise specified, dental assistants shall work under indirect supervision in the dental office.

(2) A dental hygienist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental hygienist in providing dental hygiene services and the dentist is not in the office to provide indirect supervision. A dental hygienist with an Expanded Practice Permit may hire and supervise dental assistants who will render assistance to the dental hygienist in providing dental hygiene services.

(3) A dental therapist who works under general supervision may supervise dental assistants in the dental office if the dental assistants are rendering assistance to the dental therapist in providing dental therapy services.

(4) The supervising licensee is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place.

(5) Dental assistants who are in compliance with written training and screening protocols adopted by the Board may perform oral health screenings under general supervision.

(6) Dental assistants may take physical impressions and digital scans.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0080 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 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

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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.

Ms. Ludwig moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0100 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0100

Expanded Functions — Orthodontic Assistant (EFODA)

(1) An EFODA may perform the following duties while under the indirect supervision of a licensed dentist:

- (a) Remove orthodontic bands and brackets and attachments with removal of the bonding material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used. Use of a high speed handpiece is prohibited;
- (b) Select or try for the fit of orthodontic bands;
- (c) Recement loose orthodontic bands;
- (d) Place and remove orthodontic separators;
- (e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position and cure orthodontic brackets, attachments and/ or retainers after their position has been approved by the supervising licensed dentist;
- (f) Fit and adjust headgear;
- (g) Remove fixed orthodontic appliances;
- (h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or chains as directed; and
- (i) Cut arch wires.; and

~~(j) Take impressions for study models or temporary oral devices such as, but not limited to, space maintainers, orthodontic retainers and occlusal guards.~~

(2) An EFODA may perform the following duties while under the general supervision of a licensed dentist:

- (a) An expanded function orthodontic assistant may remove any portion of an orthodontic appliance causing a patient discomfort and in the process may replace ligatures and/ or separators if the dentist is not available, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

(b) An EFODA may recement orthodontic bands if the dentist is not available and the patient is in discomfort, providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0110 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0110

Certification— Expanded Function Orthodontic Dental Assistant (EFODA)

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) Completion of an application, payment of fee and satisfactory evidence of:
 - (a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or
 - (b) Passage of the Oregon Basic, Infection Control, Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) examination, and Expanded Function Orthodontic Assistant examination, 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.](#)

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0113 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0113 Certification — Expanded Function Preventive Dental Assistants (EFPDA)

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

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of:
 - (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
 - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or Infection Control examination, and Certified Preventive Functions Dental Assistant (CPFDA) examination, or the Expanded Function Dental Assistant (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.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0114 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0114

Additional Functions of Expanded Function Preventive Dental Assistants (EFPDA)

~~(4)~~ 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 Preventive 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:

~~(2)~~ (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.

Ms. Harrison moved and Dr. Aldrich seconded that the Committee recommend the Board send OAR 818-042-0115 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0115

Expanded Functions — Certified Anesthesia Dental Assistant

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

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

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

(c) Perform phlebotomy for dental procedures.

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

Ms. Ludwig moved and Ms. Harrison seconded that the Committee recommend the Board send OAR 818-042-0117 to a public rulemaking hearing as presented. The motion passed unanimously.

OAR 818-042-0117

Initiation of IV Line and Phlebotomy Blood Draw

(1) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant 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.

(2) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a Certified Anesthesia Dental Assistant 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.

Chair Javier thanked everyone for their attendance and contributions.

The meeting adjourned at 5:37 p.m.

DRAFT

Feedback on OBD proposed rules

Katherine Landsberg <klandsberg@danb.org>

Fri 10/13/2023 11:23 AM

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

Cc: Aaron White <awhite@danb.org>

Good morning, Stephen!

DANB staff has reviewed the rule draft that was circulated on October 4 and we have the following feedback and questions:

1. Regarding dental assistants taking physical impressions and digital scans, we don't see any language limiting this to specific purposes, so it sounds like a dental assistant who is not an EFDA can take a final impression for a permanent crown and other final impressions. (Even though this seems pretty clear, a lot of states limit final impressions to EFDAs or don't permit dental assistants to take them, and so we just wanted to make sure we weren't missing a limitation in another part of the rule.)
2. The rulemaking creates a requirement that the assistant complete clinical experiences and apply for and receive EFDA, EFODA or EFPDA certificate within six months, but it's a little unclear within six months of what. If it is supposed to mirror the six-month requirement for the radiography certificate, then it would be six months from the time they start performing the clinical experiences. Or is it six months from the time they pass the exam? We will need some clarity on that before we implement this into our process.
3. The rulemaking adds "perform phlebotomy for dental procedures" to the functions that Certified Anesthesia Dental Assistants may perform and adds a course requirement to perform this function. Will this be a new certificate?

Thank you for the opportunity to ask questions and provide feedback!

Best regards,

Katherine

Katherine Landsberg

Director, Government Relations

klandsberg@danb.org

312-280-3431



Oregon Tribes Dental Health Aide Therapist Pilot Project

Dental Pilot Project Application #100

October 6, 2015



Oral Health Program
Center for Prevention and Health Promotion
Public Health Division
The Oregon Health Authority

Hours of Training: 96 didactic hours. Some of these objectives are met in previous units, so the hours will overlap.

Learning Objectives. At the end of this unit students will have knowledge of:

- Oral embryology & histology
- Oral anatomy
- Oral microbiology
- Oral biology / physiology
- Oral medicine & oral pathology
- Periodontology

UNIT 8: BASIC RESTORATIVE FUNCTIONS

This unit provides the theoretical and practical components for placing amalgam and composite restorations in pre-prepared teeth in the primary and permanent dentitions. Students learn practical skills on patient simulators (typodonts) mounted on dental chairs in the operator.

Hours of Training: 14 hours of didactic instruction; 21 hours of pre-clinical encounters; 10 hours of laboratory instruction

Learning Objectives. The unit on basic restorative functions addresses the following topics:

- Tooth morphology, structure and function
- Placement and finish of Class I, II and V dental amalgams in pre-prepared typodont teeth
- Placement and finish of Class I, III and V composites in pre-prepared typodont teeth
- Placement and finish of complex (cusp protected) amalgam and composite restorations on pre-prepared typodont teeth
- Placement of stainless steel crowns on pre-prepared typodont teeth
- Placement of restorations in pre-prepared extracted teeth
- Assessment of clinical acceptability of restorations
- Post-procedure patient instructions

UNIT 9: LOCAL ANESTHETIC ADMINISTRATION

Hours of Training: 14 hours of didactic instruction minimum; 7 hours of laboratory instruction minimum

Learning Objectives. At the end of this unit students will demonstrate a working knowledge of local anesthetic agents, the armamentarium to administer the agents, and complications associated with administration of the agents. Students will demonstrate competency in providing clinical local anesthesia. Specifically, students will:

- Describe basic neurophysiology relating to local anesthesia, including fundamentals of impulse generation and transmission, mode and site of action of local anesthetics
- Describe the basic kinetics of local anesthetic onset and duration of action
- List the causes of failure to achieve profound anesthesia
- Describe the basic pharmacology of 2% lidocaine
- Describe the basic pharmacology of 20% benzocaine topical local anesthetic
- Describe the basic pharmacology of 1:100,000 epinephrine vasoconstrictor and its preservatives

- Calculate maximum dosages per weight of 2% lidocaine, 1:100,000 epinephrine
- Calculate maximum safe dosages of "DHATacaine", a fictitious anesthetic assigned variable properties
- List the actions of lidocaine, including onset, duration, and profoundness of nerve anesthesia
- List indications for use of long acting local anesthetic agents (e.g., bupivacaine) and local anesthetic agents without vasoconstrictor
- List contraindications for local anesthetics
- Identify and demonstrate selection and preparation of the instruments, supplies and equipment for administering various local anesthetic agents appropriate to individual patients
- Demonstrate the use of dental anesthetic armamentarium, including syringes, needles, and cartridges
- Demonstrate the use of other armamentarium, such as topical anesthetic, applicator sticks, cotton gauze, and hemostat
- Demonstrate the preparation of the armamentarium, including safe assembly of syringe/needle/cartridge and placing additional cartridges
- Demonstrate the care and disposal of the armamentarium
- List the most common local complications and their consequences
- Systemic complications
- Describe the clinical signs and symptoms of complications to local anesthetic agents
- Perform a medical history evaluation
- List the systemic conditions influencing selection and administration of anesthetic agents
- Describe the head, neck and oral cavity anatomy relating to administering local anesthetic agents, emphasizing surface landmarks, arterial supply, venous drainage, cranial nerves
- Describe the methods of administering local anesthetic agents with emphasis on technique: topical anesthesia, aspiration, slow injection, minimum effective dosage
- List and describe special techniques in pediatric dentistry, with emphasis on infiltration anesthesia for primary molars and use of short needles
- Perform clinical tests to confirm profound anesthesia prior to initiation of dental procedures
- Describe appropriate methods to avoid dental fear caused by the anesthetic procedure

UNIT 10: ADVANCED BEHAVIORAL AND ANXIETY CONTROL

This unit provides students with knowledge of managing fear and anxiety using behavioral management techniques and empathizing with patients in stressful situations. It is designed to help students understand behavior and anxiety in children in a dental context and investigate appropriate management techniques to deal with them.

Hours of Training: 4 hours didactic; 24 hours clinical

Learning Objectives. At the conclusion of this unit students will be able to:

- Identify psycho-social development from birth to adolescence
- Understand the relevance of psycho-social development to dental care

From: Tookss, Sherin <tookss@ada.org>
Sent: Tuesday, September 5, 2023 3:42 PM
To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>
Subject: RE: LOCAL Anesth
Hello Stephen,

The Dental Hygiene and Dental Therapy Standards are found at the link below, under the section entitled Standards for Allied Dental Education Programs.

Dental Hygiene: Since state practice acts vary related to delegable duties, local anesthesia is covered within Standard 2-18: *Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.*

Programs also provide instruction related to pain management as required by Standard 2-8c: *Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.*

Additional Standards within Standard 2 may apply, related to patient experiences, treatment of patients with periodontal diseases, biomedical science content, etc.

Dental Therapy:

Within Dental Therapy please review Standard 2-13 related to didactic dental science instruction in pain management.

2-13: Didactic dental sciences content must ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy: i. pain management

2-21: At a minimum, graduates must be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including: i. administering local anesthetic

Additional Standards within Standard 2 may apply, related to biomedical science content, dental science content, etc.

<https://coda.ada.org/standards>

Please contact me if you have additional questions.

Regards,
Sherin

Sherin Tookss, Ed.D., M.S. tookss@ada.org
Senior Director, Commission on Dental Accreditation
& US Department of Education Compliance
Commission on Dental Accreditation (CODA)
312-440-2940 office

**Oregon Board of Dentistry Committee and
Liaison Assignments
May 2023 - April 2024**

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
Aarati Kalluri, D.D.S., CO-Chair
Olesya Salathe, D.M.D., ODA Rep.
Susan Kramer, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODAA Rep.
Gail Wilkerson

Alyssa Kobylinsky
Jill Lomax
Lynn Murray
Terri Dean
Alexandria Case
Jessica Andrews

Dental Therapy Rules Oversight

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

Committee:

Sheena Kansal, D.D.S., Chair
Alicia Riedman, R.D.H., E.P.P.
Jennifer Brixey
Sarah Kowalski, R.D.H., OHA Rep.
Brandon Schwindt, D.M.D., ODA Rep.

Amy Coplen, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, ODAA Rep.
Jason Mecum, 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
Reza Sharifi, D.M.D.
Jennifer Brixey
Subcommittees:

- Newsletter – Alicia Riedman, R.D.H., E.P.P., Editor

Alayna Schoblaske, D.M.D., ODA Rep.
Lesley Harbison, R.D.H., ODHA Rep.
Linda Kihs, CDA, EFDA, OMSA, MADAA, ODAA Rep.
Kari Kuntzelman, DT Rep.

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Alicia Riedman, R.D.H., E.P.P., Chair
Terrence Clark, D.M.D.
Sheena Kansal, D.D.S.
Jennifer Brixey

David J. Dowsett, D.M.D., ODA Rep.
Lisa Rowley, R.D.H., ODHA Rep.
Bonnie Marshall, CDA, EFDA, EFODA, MADAA, ODAA Rep.
Mark Kobylinsky, R.D.H., E.P.P., DT, DT Rep.

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Reza Sharifi, D.M.D., Chair
Alicia Riedman, R.D.H., E.P.P.
Terrence Clark, D.M.D.
Chip Dunn
Subcommittees:

Evaluators

- Aarati Kalluri, D.D.S., Senior Evaluator
- Sheena Kansal, D.D.S., Evaluator

Jason Bajuscak, D.M.D., ODA Rep.
Jill Mason, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Kristen Thomas, R.D.H., E.P.P., DT Rep.

Licensing, Standards and Competency

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

Committee:

Chip Dunn, Chair
Sheena Kansal, D.D.S.
Sharity Ludwig, R.D.H., E.P.P.
Terrence Clark, D.M.D.

Olesya Salathe, D.M.D., ODA Rep.
Susan Kramer, R.D.H., ODHA Rep.
Ginny Jorgensen, CDA, EFDA, EFODA, AAS, ODAA Rep.
Yadira Martinez, R.D.H., E.P.P., DT, DT Rep.

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Jose Javier, D.D.S., Chair
Michelle Aldrich, D.M.D.
Sharity Ludwig, R.D.H., E.P.P.
Jennifer Brixey

Philip Marucha, D.D.S., ODA Rep.
Laura Vanderwerf, R.D.H., ODHA Rep.
Mary Harrison, CDA, EFDA, EFODA, FADAA, ODAA Rep.
Sandra Galloway, D.M.D., 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., M.C.R.

Brandon Schwandt, 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.

LIAISONS

American Assoc. of Dental Administrators (AADA) — Stephen Prisby, Executive Director

American Assoc. of Dental Boards (AADB)

- Administrator Liaison – Stephen Prisby, Executive Director
- Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
- Dental Liaison – Chip Dunn
- Hygiene Liaison – Alicia Riedman, R.D.H., E.P.P.

American Board of Dental Examiners (ADEX)

- House of Representatives – Aarati Kalluri, D.D.S.
- Dental Exam Committee – Aarati Kalluri, D.D.S.

Oregon Dental Association – Terrence Clark, D.M.D.

Oregon Dental Hygienists' Association – Alicia Riedman, R.D.H., E.P.P.

Oregon Dental Assistants Association – Sharity Ludwig, R.D.H., E.P.P.

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director. Also to work on and make strategic planning recommendations to the Board.

Committee:

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

Subcommittee:

Budget/Legislative – (President, Vice President, Immediate Past President)

- Chip Dunn – President
- Jennifer Brixey – Vice President
- Jose Javier, D.D.S. – Past President

EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S REPORT

October 27, 2023

Board Updates

The Board will have three openings next spring when the terms of Dr. Jose Javier 4/1/2024, Alicia Riedman, RDH 3/31/2024 and Jennifer Brixey 4/6/2024 end in the spring of 2024.

I attached documents summarizing the process, responsibilities and an overview of board service to help promote interest in joining the Board next year. Information about the board openings has been publicized in the OBD summer newsletter, email blasts and emails sent directly to the professional associations and tribal partners.

Candidates need to apply through the state's Workday system and be vetted by early December 2023 to make it through the steps & process to be confirmed by the Senate in February 2024.

Attachment #1 (3 documents)

OBD Budget Report

Attached is the first budget report for the 2023 – 2025 Biennium. This report, which is from July 1, 2023 through August 31, 2023 shows revenue of \$397,103.16, and expenditures of \$300,105.66.

Attachment #2

Information from DAS indicates that all OBD staff and most state employees will receive the following changes to compensation:

- 1) Effective December 1, 2023, generally increase salary rates by six and five tenths percent (6.5%).
- 2) Effective January 1, 2025, generally increase salary rates by six and fifty-five hundredths percent (6.55%).
- 3) Establish a one-time COLA payment for employees as of August 23, 2023 of one thousand five hundred dollars (\$1,500).

The Legislature typically increases all state agencies' expenditure limits to account for these salary increases. However, most of the OBD's revenue (96%) is from applicants & licensees which may not increase enough to keep up with the projected increase in expenses due to salary increases and other cost increases. Another financial concern looming ahead is the OBD transitioning to support from the Medical Board to DAS for all financial, budgeting, accounting and HR support. Below is a budget note contained in the OBD's 2023 – 2025 Budget:

Budget Notes

Transition to the Department of Administrative Services Shared Financial Services

The Oregon Board of Dentistry, in consultation with the Department of Administrative Services Chief Financial Office and Oregon Medical Board, shall review the most cost effective and programmatically efficient approach to transition its budget and accounting services from the Oregon Medical Board to the Department of Administrative Services (DAS), Shared Financial Services (SFS) beginning in the 2025-27 biennium. The agency shall submit a report to the Interim Joint Committee on Ways and Means or Emergency Board before January 2024 on its findings and include for consideration a plan to complete the transition in the most cost effective and efficient way, including the workload impact on both the Oregon Medical Board and DAS SFS.

I will discuss the possible financial impact regarding the OBD Budget and finite resources (people, revenue and time) at this board meeting.

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2023 – September 30, 2023. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #3**

Staff Speaking Engagement

Dr. Angela Smorra presented an “OBD Update and Jurisprudence” presentation to Exceptional Needs Dental Services in Tigard on Friday, September 15, 2023.

Dental Hygiene License Renewal

The renewal period started on August 1st and ended September 30th. At the time of compiling this report I did not have the final numbers to report on. They will be included in the December Board Meeting packet.

FY 2023 Annual Performance Progress Report

Attached is the OBD’s FY 2023 Annual Performance Progress Report which was submitted to the Legislative Fiscal Office before the due date. Most state agencies are required to complete this report annually. **Attachment #4**

Governor Kotek’s Expectations of Agency Leaders

Attached is an update of the OBD’s compliance on the Governor’s expectations of agency leaders. **Attachment #5**

M365 Sensitivity Labels on communications & documents

State documents & communications will now need to be defined & labeled appropriately. The statewide policy is also provided for context. **Attachment #6 (2 documents)**

HPSP Year 13 Reports

The year 13 reports are provided for your review.
Attachment #7 (3 documents)

AADA & AADB Annual Meetings along with proposed updated AADB Bylaws

The American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB) annual meetings were held in Los Angeles, Ca. October 18 – 21, 2023. Attendees will share their experiences and highlights from the meetings. The AADB proposed updated bylaws and those changes are presented as well.

Attachment #8 (3 documents)



State of Oregon

Executive Appointments to Boards and Commissions

OFFICE OF GOVERNOR TINA KOTEK

Executive Appointments Team

- ▶ Maya Crawford Peacock, Executive Appointments Director
 - ▶ maya.crawfordpeacock@oregon.gov
- ▶ Brandy Hemsley, Executive Appointments Advisor
 - ▶ brandy.hemsley@oregon.gov
- ▶ Shawneen O'Brien-Lee, Executive Appointments Manager
 - ▶ shawneen.obrien-lee@oregon.gov
- ▶ Sheri Nees, Workday Business Consultant (Boards/Commissions)
 - ▶ sheri.nees@das.oregon.gov

Recruitment & Vetting

- ▶ Board Executive Directors should play an active role in recruiting and vetting new board members.
- ▶ Recruiting – examples of places to do outreach:
 - ▶ Professional Associations and Groups
 - ▶ Community Groups (including websites, newsletters, etc.)
- ▶ Vetting - examples of strategies:
 - ▶ Review all applications
 - ▶ Meet with top candidates
 - ▶ Research top candidates
 - ▶ Connect with stakeholders

Executive Appointments Process

**Board/Commission
Administrator**

Gov Office Advisor

Executive Appointments Team

Governor Kotek

Senate Rules Committee

Senate

- ▶ Boards/Commissions have openings
- ▶ Board Administrators/EDs, GO Advisors, and Executive Appointments Team all recruit potential members and encourage them to apply
- ▶ Board administrators/EDs submit recommendations to their GO Advisor via Recommendations Spreadsheet
- ▶ GO Advisors review and submit their recommendations to the Executive Appointments Team via Recommendations Spreadsheet
- ▶ Executive Appointments Team reviews and makes recommendations to Governor Kotek
- ▶ Governor Kotek decides who to appoint
 - ▶ Non-Senate Confirmed appointments are finalized
 - ▶ Senate Confirmed appointments have a Rules Committee hearing and if advanced, are voted on by the full Senate.

Recommendations Spreadsheet

	A	B	C	D	E	F	G	H	I
	Board Name*	Position #*	Candidate First Name*	Candidate Last Name*	Replacing*	Reappointment (Y/N)*	Qualification or requirement of position on board (if any)*	Demographic ID	Notes for EA Office (relevant experience, notable background/involvement, etc.)
1	Example Board Name	1	Jane	Smith	John Doe	N	Public Member	Identifies as a person with a disability.	Jane Smith has experience in [XYZ] and the BOP will need that experience when John Doe terms off of the board. Past experience serving on the PSRB. Strong commitment to equity, e.g., supporting BIPOC psychology students at [XYZ] University.
2	Example Board Name	2	John	Doe	n/a	Y	n/a	Eastern OR resident.	Most recently President of [XYZ] Community College, former Professor at [XYZ] University, former. Based in Burns.
3									

- ▶ Please use the Recommendations Spreadsheet to submit candidate recommendations to your Advisor
- ▶ Reappointments need to be included; they are not automatically reappointed
- ▶ Feel free to note or include anything you think would be helpful for the Advisor and/or the Governor to make decisions

Upcoming Plans

- ▶ Support for current board members & board administrators
 - ▶ Networking & relationship building
 - ▶ Training & consultation
 - ▶ Learning collaboratives
 - ▶ Creation and sharing of resources
- ▶ Information gathering
 - ▶ Surveys
 - ▶ 1:1 and small group meetings
 - ▶ Observing boards in action
 - ▶ Collaborative workgroups

Upcoming Plans

- ▶ Equity-centered recruitment & retention
 - ▶ Community outreach and engagement
 - ▶ Information & education for potential members
 - ▶ Recruitment pools & pipelines
 - ▶ Supporting welcoming & inclusive board cultures

Workday

Workday Hire/Reappointment/Termination Process

- ▶ At this time, I will be doing all board and commission hires, reappointments, and terminations in Workday.
 - ▶ Once the appointment spreadsheet has been received, an email will be sent out to each Board Administrator Partner.
 - ▶ I will do the hire/reappointment/termination in Workday.
 - ▶ An email will be sent to the Board Administrator Partners letting them know what has been completed in Workday.
 - ▶ If there is missing information (SSN or DOB), I will work with the Board Administrator Partner.

Workday Resources

- ▶ Workday knowledge articles – where to find them
- ▶ Required training questions – Brandy Meng (Brandy.Meng@das.oregon.gov)
- ▶ Creating a Workday Help Ticket

Questions

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 \$166 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 2023 - 2024 was set at \$166 per full day of board service.

Board Members typically attend 6 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 120 - 150 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 1500 pages for a board meeting.

The OBD strives to meet in person for regular board meetings. It utilizes remote meetings for 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](https://www.governor.oregon.gov/boards-commissions)

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.

OREGON GOVERNMENT ETHICS LAW

A GUIDE FOR PUBLIC OFFICIALS



Oregon Government Ethics Commission
3218 Pringle Rd. SE, Suite 220
Salem, OR 97302-1544
Telephone: 503-378-5105
Fax: 503-373-1456
Web address: www.oregon.gov/ogec



DISCLAIMER

This guide has been approved by the Oregon Government Ethics Commission pursuant to ORS 244.320. ORS 244.320 requires this publication to explain in understandable terms the requirements of Oregon Government Ethics law and the Oregon Government Ethics Commission's interpretation of those requirements. Toward that end, statutes and rules have been summarized and paraphrased in this guide. The discussion in this guide should not be used as a substitute for a review of the specific statutes and rules.

There may be other laws or regulations not within the jurisdiction of the Commission that apply to actions or transactions described in this guide.

A penalty may not be imposed under ORS Chapter 244 for any good faith action taken in reliance on the advice in this guide. "In reliance on" the advice in this guide means that the fact circumstances of the action taken are the same fact circumstances that serve as the basis for advice in this guide.

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INTRODUCTION

In 1974, voters approved a statewide ballot measure to create the Oregon Government Ethics Commission (Commission). The measure established laws that are contained in Chapter 244 of the Oregon Revised Statutes (ORS).

When the Commission was established, it was given jurisdiction to implement and enforce the provisions in ORS Chapter 244 related to the conduct of public officials. In addition, the Commission has jurisdiction for ORS 171.725 to 171.785 and 171.992, related to lobbying regulations, and ORS 192.660 and 192.685, the executive session provisions of Oregon Public Meetings law.

This Guide for Public Officials includes a discussion of some provisions that may also apply to lobbying activities. This is especially true when a lobbying activity involves paying the expenses for meals, lodging, travel, entertainment or other financial benefits of a legislative or executive official. Under specific circumstances, ORS Chapter 244 allows the payment of such expenses, but the public official may have a reporting requirement under ORS Chapter 244 and the source of the payment may be required to register as a lobbyist or report the expenditure. The Commission publishes a guide for lobbyists and clients or employers of lobbyists regulated under provisions in ORS Chapter 171. If you have questions regarding registering as a lobbyist, lobbying activity or reports for lobbying expenditures, please refer to our Guide to Lobbying in Oregon, which is available on our website.

ORS 192.660 lists the specific criteria a governing body must use when convening an executive session. Under this statutory authority, executive sessions are limited to discussion of specific matters. This guide does not discuss that portion of the Oregon Public Meetings law, but there is a detailed discussion of executive sessions, as set out in ORS 192.660, in the Attorney General's Public Records and Meetings Manual, available on-line at <https://www.doj.state.or.us/oregon-department-of-justice/public-records/attorney-generals-public-records-and-meetings-manual/>

This guide will discuss how the provisions in ORS Chapter 244 apply to public officials and will summarize Commission procedures. It should be used in conjunction with applicable statutes and rules, but should not be used as a substitute for a review of the statutes and rules. It is intended to be a useful discussion, in understandable terms, of topics and issues that are often the focus of inquiries the Commission receives from public officials and citizens.

You will find links to ORS Chapter 244, ORS Chapter 171.725 to 171.785 and 171.992, ORS 192.660 and ORS 192.685, relevant Oregon Administrative Rules (OAR), and other publications referenced in this guide on the Commission's website at <https://www.oregon.gov/ogec/Pages/default.aspx>. Questions or comments may be submitted to the Commission by email at ogec.mail@oregon.gov, by telephone to 503-378-5105, or by fax to 503-373-1456.

JURISDICTION

The jurisdiction of the Oregon Government Ethics Commission is limited to provisions in ORS Chapter 244, ORS 171.725 to 171.785 and 171.992, and ORS 192.660 and 192.685. Other Oregon statutes may also regulate the activities of elected officials and public employees. Some examples are:



- The Elections Division of the Secretary of State's Office regulates campaign finance and campaign activities.
- Federal, state, or local law enforcement has jurisdiction over alleged criminal activity.
- The Oregon Bureau of Labor and Industries investigates cases involving employment-related sexual harassment or discrimination on the basis of race, religion, disability or gender.
- The initial enforcement of the Public Records law lies with County District Attorneys and the Department of Justice.
- Enforcement of the Oregon Public Meetings law lies with the Oregon Circuit Courts, except that the Commission also has jurisdiction over the execution session provisions in ORS 192.660 and 192.685.

There are occasions when a public official engages in conduct that may be viewed as "unethical," but that conduct may not be governed by Oregon Government Ethics law. The following are some examples of conduct by public officials that may not be within the authority of the Commission to address:

An elected official making promises or claims that are not acted upon.

Public officials mismanaging or exercising poor judgment when administering public money.

Public officials being rude or unmannerly.

A person's private behavior unrelated to their actions as a public official.

While the conduct described above may not be addressed in Oregon Government Ethics law, other statutes and public agency policies may prohibit or redress the behavior. Please contact the Commission staff if you need further clarification regarding how the Oregon Government Ethics law may apply to circumstances you may encounter.

PUBLIC OFFICIAL: AN OVERVIEW

The provisions in Oregon Government Ethics law restrict some choices, decisions or actions of a public official. The restrictions placed on public officials are different than those placed on private citizens because service in a public office is a public trust and the provisions in ORS Chapter 244 were enacted to provide one safeguard for that trust.

Public officials must know that they are held personally responsible for complying with the provisions in Oregon Government Ethics law. This means that each public official must make a personal judgment in deciding such matters as the use of official position for financial gain, what gifts are appropriate to accept, when to disclose the nature of conflicts of interest, and the employment of relatives or household members. If a public official fails to comply with the operative statutes, a violation cannot be dismissed by placing the blame on the public official's government employer or the governing body represented by the public official.

One provision, which is the cornerstone of Oregon Government Ethics law, prohibits public officials from using or attempting to use their official positions or offices to obtain a financial benefit for themselves, relatives or businesses with which they are associated if that financial benefit or opportunity for financial gain would not otherwise be available but for the position or office held.

Oregon Government Ethics law limits and restricts public officials and their relatives as to gifts they may solicit or accept. Under specific circumstances, public officials may accept certain gifts. This guide will discuss those provisions. Public officials are allowed to receive salary and reimbursed expenses from their own government agencies.

Another provision that frequently applies to public officials when engaged in official actions is the requirement to disclose the nature of conflicts of interest. This guide will discuss the definition of a conflict of interest, the distinction between actual and potential conflicts of interest, and describe how a public official must disclose and dispose of a conflict of interest.

For some public officials who are elected to offices or hold other select positions, there is a requirement to file an Annual Verified Statement of Economic Interest. This guide will discuss that filing requirement.

It is important for both public officials and members of the general public served by public officials to know that the provisions in Oregon Government Ethics law apply to the actions and conduct of individual public officials and not to the actions of state and local governing bodies or government agencies. Each individual public official is personally responsible for complying with provisions in ORS Chapter 244. Before taking official action, making a decision, participating in an event, or accepting a gift that may raise potential ethics law violations, each public official must make a personal judgment. The Commission staff is available to discuss the issues and offer guidance in making such judgments.

The statutes and rules discussed or illustrated in this guide do not and cannot address every set of circumstances a public official may encounter. Since compliance is the personal responsibility of each public official, public officials need to familiarize themselves with the wide variety of resources that offer information or training on the provisions in Oregon Government Ethics law.

In addition to the statutes in ORS Chapter 244 and the Oregon Administrative Rules (OAR) in Chapter 199, see <https://www.oregon.gov/ogec/Pages/default.aspx>, the Commission's website, which offers information, training and links to this guide, ORS Chapter 244 and OAR Chapter 199. The Commission offers a variety of free training resources and many government agencies also offer internal training to their employees or the agencies may request training from the Commission's trainers. There are a number of membership organizations, such as The League of Oregon Cities, Association of Oregon Counties, Oregon School Boards Association and the Special Districts Association of Oregon, that provide training to public officials. It is imperative for government agencies or organizations that employ or represent public officials to ensure their public officials receive training in Oregon Government Ethics law. Those that fail to provide this training do a disservice to the public officials who they employ or who represent them.



A PUBLIC OFFICIAL

Are you a public official?

“Public official” is defined in ORS 244.020 as the First Partner and any person who, when an alleged violation of ORS Chapter 244 occurs, is serving the State of Oregon or any of its political subdivisions or any other public body as defined in ORS 174.109 as an elected official, appointed official, employee or agent, irrespective of whether the person is compensated for the services.

There are approximately 200,000 public officials in Oregon. You are a public official if you are:

- The First Partner, defined as the spouse, domestic partner or an individual who primarily has a personal relationship with the Governor.
- Elected or appointed to an office or position with a state, county, regional, or city government.
- Elected or appointed to an office or position with a special district.
- An employee of a state, county, city, intergovernmental agency or special district.
- An unpaid volunteer for a state, county, regional, city, intergovernmental agency, or special district.
- An agent of the State of Oregon or any of its political subdivisions.

The Commission has adopted, by rule, additional language used to clarify the use of “agent” in the definition of “public official.” The following clarification is in OAR 199-005-0035(7):

As defined in ORS 244.020(15), a public official includes the First Person and anyone serving the State of Oregon or any of its political subdivisions or any other public body in any of the listed capacities, including as an “agent.” An “agent” means any individual performing governmental functions. Governmental functions are services provided on behalf of the government as distinguished from services provided to the government. This may include private contractors and volunteers, depending on the circumstances. This term shall be interpreted to be consistent with Attorney General Opinion No. 8214 (1990).

If I am a volunteer, does that make me a public official?

The Commission recognizes that there are those who volunteer to work without compensation for many state and local government agencies, boards, commissions and special districts. Volunteers may be elected, appointed or selected by the government agency or public body to hold a position or office or to provide services. Among the public officials who volunteer, there are elected or appointed members of state boards or commissions, city councils, planning commissions, fire district boards, school district boards, and many others. There are also many who apply and are selected to perform duties for a government agency, board or commission without compensation, such as firefighters, reserve law enforcement officers, and parks or recreation staff members.

If the position for which you have volunteered serves the State of Oregon or any of its political subdivisions or any other public body, irrespective of whether you are compensated, you are a public official.

How are relatives and household members of public officials affected by Oregon Government Ethics law?

Public officials must always comply with state law when participating in official actions that could result in personal financial benefits and also when participating in official actions that could result in financial benefits for a relative or household member. Public officials should also know there may be limits and restrictions on gifts their relatives or household members may accept when offered.

There are provisions in ORS Chapter 244 that restrict or prohibit a public official from using or attempting to use official actions of the position held to benefit a relative or household member, limit the value of financial benefits accepted by a relative or household member of the public official, or require the public official to disclose the nature of a conflict of interest when a relative may receive a financial benefit. There are provisions that place restrictions on a public official regarding the employment or supervision of a relative or household member. These provisions are discussed more comprehensively in the use of position or office section starting on page 17, the gifts section starting on page 26, the conflicts of interest section starting on page 11, and the nepotism section starting on page 35.

Who is a relative?

Public officials need to know how Oregon Government Ethics law defines a “relative.” In everyday conversation the term “relative” is applied to a spectrum of individuals with “family ties” broader than those defined as relatives in ORS 244.020(16). When a provision in ORS Chapter 244 refers to “relative,” it means one of the following:

- The spouse, parent, stepparent, child, sibling, stepsibling, son-in-law or daughter-in-law of the public official or candidate;
- The parent, stepparent, child, sibling, stepsibling, son-in-law or daughter-in-law of

- the spouse of the public official or candidate;
- Any Individual for whom the public official or candidate has a legal support obligation
- Any Individual for whom the public official provides benefits arising from the public official's public employment
- Any Individual from whom the public official or candidate receives benefits arising from the individual's employment.

For purposes of the last two bulleted items, examples of benefits may include, but is not limited to, elements of an official compensation package such as insurance, tuition or retirement benefits.

Who is a “member of the household”?

Public officials need to know how Oregon Government Ethics law defines “member of the household” because there are provisions in ORS Chapter 244 that prohibit a public official from using or attempting to use their official position to financially benefit a member of their household.

A “member of the household” is any person who resides with the public official or candidate. [ORS 244.020] This definition includes any individual who resides in the same dwelling as the public official, regardless of whether that individual pays rent or not, and regardless of whether that individual is a relative or not.

What is a business with which a person is associated?

There are provisions in ORS Chapter 244 that restrict or prohibit a public official from using their position to benefit a business with which the public official or the public official's relative or household member is associated. Other provisions also require the public official to disclose the nature of a conflict of interest when their official actions would or could financially impact a business with which the official or their relative is associated.

As with the definition of relative, public officials need to know how Oregon Government Ethics law defines what a “business” is and how it defines a “business with which the person is associated.” The same sound judgment a public official exercises when participating in actions that could result in a financial benefit to the public official or a relative of the public official should be used when participating in actions that could result in a financial impact to a business with which the public official or the official's relative is associated.

ORS 244.020(2) provides the definition of a “**business**” for the purposes of the application of Oregon Government Ethics law. A “business” is a self-employed individual and any legal entity that has been formed for the purpose of producing economic gain.

- Excluded from this definition are income-producing corporations that are not-for-profit and tax exempt under section 501(c) of the Internal Revenue Code, if a public

official or a relative is associated only as a member, as a member of the board of directors, or in another unpaid position.

Example: An elected County Commissioner is a member of a credit union that operates without profit and is tax exempt under section 501(c) of the Internal Revenue Code. Because the public official is associated with the credit union only as a member, the credit union is not considered a “business” under the definition in Oregon Government Ethics law.

Example: The son of an elected city councilor is a teller employed by a credit union that operates without profit and is tax exempt under section 501(c) of the Internal Revenue Code. Because the public official’s relative is a paid employee of the credit union, the city councilor’s association with the credit union does not meet the exclusion above, and the credit union would be considered a “business” under the definition in Oregon Government Ethics law.

- Also excluded from the definition of business are entities, such as state and local governments or special districts, which are not formed for the purpose of producing income.

Example: An advisory board for the Department of Education awards grants to county, city or other local government entities. The advisory board’s members include public officials who are employed by a city police department and by a local fire district. These public officials would not have conflicts of interest when awarding grants to the city or to the fire district, because these government entities do not meet the statutory definition of a “business.”

Once a public official determines that an entity qualifies as a “business,” the public official must also determine if it is a “business with which the person is associated.” In accordance with ORS 244.020(3), a business is a **“business with which the person is associated”** for a public official or the relative or household member of the public official in any of the following circumstances:

- When a person, or their relative is a director, officer, owner, employee or agent of a private business or a closely held corporation.

Example: The Eugene City Recorder is a public official and her daughter is the president and owner of a private landscaping business. That business would be “a business with which the City Recorder’s relative is associated.”

- When a person or their relative currently holds, or held during the preceding calendar year, stock, stock options, an equity interest or debt instrument worth \$1,000 or more in a **private business or closely held corporation**.

Example: The Mayor of Seaside's brother currently holds an equity interest of more than \$1,000 in a private business owned by a college friend. This would be a "business with which the Mayor's relative is associated."

- When a person or their relative currently owns, or has owned during the preceding calendar year, stock, stock options, an equity interest, or debt instruments of \$100,000 or more in a **publicly held corporation**.

Example: The procurement officer for the City of Portland recently inherited stock worth \$110,000 in Nike, which is a publicly held corporation. Nike is a "business with which the procurement officer is associated."

- When a person or their relative is a director or officer of a **publicly held corporation**.

Example: A Planning Commissioner for Washington County is the son of a member of the Board of Directors for Intel, a publicly held corporation. Intel is a "business with which the Planning Commissioner's relative is associated."

- When a public official is required by ORS 244.050 to file an Annual Verified Statement of Economic Interest and the business is required to be listed as a source of household income, per ORS 244.060.

Example: A Bend city councilor is required to file an Annual Verified Statement of Economic Interest (SEI). A member of the city councilor's household, not a relative, is a paid employee of a private business. The private business which employs the household member would be a "business with which the city councilor is associated" if it provides 10% or more of the councilor's annual household income.



CONFLICTS OF INTEREST

How does a public official know when they are met with a conflict of interest and, if met with one, what must they do?

Oregon Government Ethics law identifies and defines two types of conflicts of interest. An **actual conflict of interest** is defined in ORS 244.020(1) and a **potential conflict of interest** is defined in ORS 244.020(13). In brief, a public official is met with a conflict of interest when participating in official action which would or could result in a financial benefit or detriment to the public official, a relative of the public official or a business with which either is associated.



The difference between an actual conflict of interest and a potential conflict of interest is determined by the words “**would**” and “**could**.” A public official is met with an **actual** conflict of interest when the public official participates in an official action, decision, or recommendation that **would** affect the financial interest of the official, their relative, or a business with which they or their relative is associated. A public official is met with a **potential** conflict of interest when the public official participates in an official action, decision, or recommendation that **could** affect the financial interest of the official, their relative, or a business with which they or their relative is associated. The following hypothetical circumstances are offered to illustrate the difference between actual and potential conflicts of interest and what is not a conflict of interest:

- **POTENTIAL CONFLICT OF INTEREST:** A school district has decided to construct a new elementary school and the school board is at the stage of developing criteria for the construction bid process. A recently elected school board member’s son owns a construction company in town. The school board member would be met with a potential conflict of interest when participating in official actions to develop the bid criteria, because the official actions she takes **could** financially impact her son’s construction company, a business with which her relative is associated.
- **ACTUAL CONFLICT OF INTEREST:** A school district is soliciting bids for the construction of a new elementary school. The bid deadline was last week and the district Superintendent has notified the school board that there are four qualified bids and the school board will be awarding the bid to one of the four bidders at their upcoming meeting. One of the qualified bids was submitted by the construction company owned by a school board member’s son. The school board member would be met with an actual conflict of interest when awarding this bid because the effect of her decision **would** have a financial impact (either positive or negative) on her son’s construction company, a business with which her relative is associated.

- **NO CONFLICT OF INTEREST:** A school district is soliciting bids for the construction of a new elementary school. One of the qualified bids was submitted by a construction company owned by a board member's best friend but neither the board member nor any relative are associated with the construction company. The school board member would **not** be met with a conflict of interest when awarding this bid because the effect of her official decision **would not or could not** have a financial impact on herself, a relative, or a business with which she or her relative is associated.

What if I am met with a conflict of interest?

A public official must announce or disclose the nature of a conflict of interest. The way the disclosure is made depends on the position held. The following public officials must use the methods described below:

Legislative Assembly:

Members must announce the nature of the conflict of interest in a manner pursuant to the rules of the house in which they serve. The Oregon Attorney General has determined that only the Legislative Assembly may investigate and sanction its members for violations of conflict of interest disclosure rules in ORS 244.120. [49 Op. Atty. Gen. 167 (1999) issued on February 24, 1999]

Judges:

Judges must remove themselves from cases giving rise to the conflict of interest or advise the parties of the nature of the conflict of interest. [ORS 244.120(1)(b)]

Public Employees:

Public officials who are hired as public employees, agents, or who volunteer with their public bodies must provide **written notice** to the person who appointed or employed them (their "appointing authority"). The notice must describe the nature of the conflict of interest with which they are met and request that their appointing authority dispose of the conflict. This written disclosure to the appointing authority satisfies the requirements of ORS 244.120 for the employee. The appointing authority must then designate an alternate person to handle the matter or direct the public official in how to dispose of the matter. [ORS 244.120(1)(c)]

Example of Disclosure and Disposal: A County employee's job includes issuing building permits. An application concerns property owned by the employee's stepfather. The employee would be met with a conflict of interest and would need to make a written disclosure of his conflict to his appointing authority, in this case his department supervisor, and ask that the supervisor dispose of the conflict. Once the employee makes the written disclosure, he has complied with the conflict of interest statute. Upon receipt of a written disclosure from an employee, the supervisor must respond by either delegating an alternative person to handle the matter or directing the public official in how to dispose of the matter. **Note:** If the supervisor directs the public official to dispose of the conflict by handling his

relative's permit the same as any other permit, the supervisor could be asking an employee to take official actions that may violate the prohibited use of position statute, ORS 244.040(1). See page 17.

Elected Officials or Appointed Members of Boards and Commissions:

Elected officials (other than legislators) and those appointed to Boards and Commissions must publicly announce the nature of the conflict of interest before participating in any allowable official action on the issue giving rise to the conflict of interest. [ORS 244.120(2)(a) and ORS 244.120(2)(b)] The announcement must be made in a public meeting, or if no public meeting is available, by other means reasonably determined to notify members of the public of the public official's disclosure. For elected officials who do not hold regular public meetings, such as a Sheriff, District Attorney, or the Secretary of State, other means of compliance could be through a press release or by posting the disclosure on the public body's website.

- **Potential Conflict of Interest:** Following the public announcement of the nature of a potential conflict of interest, elected officials (other than legislators) and those appointed to Boards and Commissions, may participate in official action on the issue that gave rise to the conflict of interest.

Example: A city has decided to solicit bids to develop a new computer system and the city councilors are developing criteria for the bid process. A city councilor's brother works for an IT firm in town. The councilor would be met with a **potential** conflict of interest when participating in official actions to develop the bid criteria, because the official actions she takes **could** financially impact her brother's employer, a business with which her relative is associated. The councilor should publicly disclose the nature of her conflict of interest at the council meeting when the development of bid criteria comes up for consideration. Following the public disclosure, she may continue to participate in discussions and votes on the issue.

- **Actual Conflict of Interest:** Following the public announcement of the nature of an actual conflict of interest, the public official must ordinarily refrain from further participation in official action on the issue that gives rise to the conflict of interest. [ORS 244.120(2)(b)(A)]

Example: The city council is meeting to award a bid for a new IT project. Qualified bidders include a company that employs a city councilor's brother. The city councilor has an **actual** conflict of interest because the effect of her decision **would** have a financial affect, whether positive or negative, on a business with which her brother is associated. The city councilor must publicly announce the nature of her conflict of interest at the meeting and then refrain from any discussion or vote on the matter.

Exception: If a public official is met with an actual conflict of interest and the public official's vote is necessary to meet the minimum number of votes required for official action, the public official may vote. The public official must make the required announcement of their conflict of interest and refrain from any discussion or debate, but may participate in the vote required for official action by the governing body. [ORS 244.120(2)(b)(B)]

Example: In the scenario above, the city councilor would be met with an actual conflict of interest. The city council has 5 members and it takes 3 votes for board action. At the time of this meeting, one seat is vacant, another member is absent, and the member with the actual conflict is present, but conflicted, leaving the city council without the requisite 3 votes to take action. In this instance, following her public disclosure, the conflicted city councilor must refrain from any discussion or debate on the issue, but she may vote in order for the council to take action. Alternatively, the council may choose to delay the vote until a later meeting when more city councilors are present.

The following circumstances may exempt a public official from the requirement to make a public announcement or give a written notice describing the nature of a conflict of interest:

- If the conflict of interest arises from a membership or interest held in a particular business, industry, occupation or other class **and** that membership is a prerequisite for holding the public official position. [ORS 244.020(13)(a)]

Example: The Oregon Medical Board requires that one Board member must be a practicing physician, any official action taken by the physician board member that affects all physicians to the same degree would be exempt from the conflict of interest requirements. The physician Board member need not disclose a conflict of interest and may participate in taking official action on the issue.

- If the financial impact of the official action would impact the public official, their relative, or a business with which they or their relative is associated, to the same degree as other members of an identifiable group or "class." The Commission has the authority to identify a group or class and determine the minimum size of that "class." [ORS 244.020(13)(b) and ORS 244.290(3)(a)] The number of persons affected **to the same degree** as the public official will help to determine whether this exception applies.

Only the Commission may determine whether a "class" exemption exists. A written request must be made to the Commission to make that determination in advance. If a public official determines that a "class" exception applies in their situation, without benefit of Commission advice, the Commission may later determine that a "class" exception does not apply to the situation, and could find a violation.

Example: A city council is considering a change to the local transient lodging tax collected and remitted to the city by hotels and motels. One of the city councilors owns a motel. The effect of official actions taken by the city councilor concerning this tax would impact all motel owners within the city. The Commission may determine that the city councilor is part of an identifiable group or “class” of 200 city motel/hotel owners, who would be affected to the same degree and thus exempt from the conflict of interest disclosure and participation restrictions.

Example: A city council is considering a change to the local transient lodging tax collected and remitted to the city by motels. One of the city councilors is a motel owner. The effect of official actions taken by the city councilor concerning this tax would impact all motel owners within the city. The Commission declined to find that the class exemption applies due to the size of the “class” because there are only 3 motels in the city, 2 of which are owned by the councilor. The class exemption would not apply in these circumstances and the councilor must comply with the conflict of interest disclosure and participation restrictions.

Example: A city council is considering a proposal to construct a by-pass route around the city’s business district. The city’s business district includes many businesses and restaurants, including a coffee shop owned by one of the city councilors and a drive-thru espresso stand owned by another resident. The effect of the by-pass would not affect all business owners in the city to the same degree. The class exemption would not apply in these circumstances and the councilor who owns the coffee shop must comply with the conflict of interest disclosure and participation restrictions.

- If the conflict of interest arises from a directorship on the board of, or membership in, a nonprofit corporation that is tax-exempt under 501(c) of the Internal Revenue Code. [ORS 244.020(13)(c)]

Example: A city councilor is also a board member of the local YMCA, a tax-exempt 501(c) organization. The decision, as a city councilor, to award a grant to that YMCA would be exempt from the conflict of interest disclosure and participation restrictions. [ORS 244.020(13)(c)]

How is the public announcement or written disclosure of the nature of a conflict of interest recorded?

- The public body served by the public official is required to record the disclosure of the nature of the conflict of interest in the public body’s official records (e.g. personnel file, meeting minutes, audio/video recording). It is to the public official’s benefit to ensure their conflict disclosure is recorded in their public body’s records. [ORS 244.130(1)]

Is a public official required to make an announcement of the nature of a conflict of interest each time the issue giving rise to the conflict of interest is discussed or acted upon?

Each time a public official is met with a conflict of interest, the nature of the conflict must be disclosed.

- For example, an elected member of the city council when met with a conflict of interest would have to make the public announcement one time, but only one time, ***in each meeting*** of the city council when the matter was raised. If the matter giving rise to the conflict of interest is raised at another meeting, the disclosure must be made again at that meeting.
- Public officials who are employees would need to submit separate written notices on each occasion when a conflict of interest arises. As an example, an employee in a city planning department would have to give a separate written notice before each occasion when they needed to take an official action involving property owned by a relative. [ORS 244.120(3)]

If a public official failed to announce the nature of a conflict of interest and participated in official action, is the official action voided?

- **No.** Any official action that is taken may not be voided by any court solely by reason of the failure of the public official to disclose an actual or potential conflict of interest. [ORS 244.130(2)] Even though the action may not be voided, the public official could face potential personal liability for the violation.



USE OF POSITION OR OFFICE

What are the provisions of law that prohibit a public official from using the position or office held for financial gain or avoidance of financial detriment?

ORS 244.040(1) prohibits every public official from using or attempting to use the position held as a public official to obtain a financial benefit, if the opportunity for the financial benefit would not otherwise be available but for the position held by the public official. The prohibited financial benefit can be either an opportunity for personal financial gain or an opportunity to avoid incurring a personal expense.



Not only is a public official prohibited from using the position as a public official to receive personal financial benefits, but the public official is prohibited from using or attempting to use their position as a public official to obtain financial benefits for a relative or a member of the public official's household. Also prohibited is using or attempting to use the public official's position to obtain financial benefits for a business with which the public official, a relative, or a member of the public official's household is associated.

There are a variety of actions that a public official may take or participate in that could constitute the prohibited use or attempted use of the public official's position. The use of a position could be voting in a public meeting, placing a signature on a government agency's document, making a recommendation, making a purchase with government agency funds, or using a government agency's time or resources (computers, vehicles, machinery) to obtain a personal financial benefit or avoid a personal cost.

The following examples are offered to illustrate what may constitute prohibited use or attempted use of office or position. Please note that this is not an exhaustive list:

- The mayor of a city signs a contract obligating the city to pay for janitorial services provided by a business owned by the mayor's relative.
- An executive director of an agency is ordering 10 new laptops for the agency, which qualifies for a bulk purchase discount of \$150 per laptop. He adds 2 laptops for his family to the agency's order to personally take advantage of the discount, and then reimburses the agency for the discounted cost of his personal laptops.
- A city billing clerk alters water use records so that the amount billed to the clerk's parents will be less than the actual amount due.
- A volunteer firefighter borrows the fire district's power washer to prepare the exterior of the volunteer's personal residence for painting.
- A county public works employee stores a motor home that is owned by the employee's parents in a county building used for storing heavy equipment.
- An employee of a state agency has a private business and uses the agency's computer to conduct the activities of the private business.

- A county commissioner uses the county's pickup truck to haul his own personal boat to and from his vacation home.
- A school district superintendent hires her sister's consulting business to provide an in-service training to teachers in her district.
- A teacher solicits her students' parents to hire her for paid tutoring services.

NOTE: While these examples are offered to illustrate the use of a public official's position prohibited by ORS 244.040(1), the examples illustrate occasions where a public official may also be met with a conflict of interest as defined in ORS 244.020(1) and (13). The provisions in ORS 244.040 apply regardless of whether a public official has properly disclosed a conflict of interest. [ORS 244.040(7)]. For further information, refer to the detailed discussion of conflicts of interest starting on page 11.

There are some additional prohibitions on how current and even former public officials use their offices or positions.

- ORS 244.040(3) prohibits a public official from, directly or indirectly, soliciting or accepting the promise of future employment based on the understanding that the offer is influenced by the public official's vote, official action or judgment.
- Public officials often have access to or manage information that is confidential and not available to members of the general public. ORS 244.040(4) specifically prohibits public officials from using or attempting to use confidential information gained because of the position held to further their own personal gain.
- ORS 244.040(5) prohibits a **former** public official from attempting to use confidential information for **any** person's financial gain if that confidential information was obtained while holding the position as a public official, from which access to the confidential information was obtained.
- ORS 244.040(6) also has a single provision to address circumstances created when public officials, who are members of the governing body of a public body, own or are associated with a specific type of business. The type of business is one that may occasionally send a representative of the business to appear before the governing body on behalf of a client for a fee. Public officials who are members of governing bodies and who own or are employed by businesses, such as a law, engineering, or architectural firm, may encounter circumstances in which this provision may apply.

Example: A member of a city council is an architect. A client developer of the architect's firm has a proposed subdivision to be approved by the city council. The architect/councilor may not appear before the city council on behalf of the client developer. Another person from the architect's firm may represent the client developer before the city council, but not the architect/councilor.

Aside from ORS 244.040, are there other prohibitions on public officials using their positions to avoid a personal financial detriment?

Yes. ORS 244.049 prohibits a holder of public office or candidates for public office from using public moneys or moneys received from a third party to make payments in connection with a non-disclosure agreement relating to workplace harassment if the alleged harassment occurred when the holder of public office or candidate was acting in that capacity. This prohibition applies to a person holding, or a candidate for, any elected state, county, district, city office or position.

Are there any circumstances in which a public official may use their position to accept financial benefits that would not otherwise be available but for holding the position as a public official?

Yes. ORS 244.040(2) provides a list of financial benefits that would not otherwise be available to public officials but for holding the position as a public official. The following financial benefits are not prohibited and may be accepted by a public official, and some may also be accepted by a public official's relative or member of the public official's household:

Not Prohibited:

- **Official Compensation:** Public officials may accept any financial benefit that is identified by the public body they serve as part of the “official compensation package” of the public official. If the public body identifies such benefits as salary, health insurance or various paid allowances in the employment agreement or contract of a public official, those financial benefits are part of the “official compensation package.” [ORS 244.040(2)(a)]



OAR 199-005-0035(3) provides a definition of “official compensation package”:
An “official compensation package” means the wages and other benefits provided to the public official. To be part of the public official's “official compensation package”, the wages and benefits must have been specifically approved by the public body in a formal manner, such as through a union contract, an employment contract, or other adopted personnel policies that apply generally to employees or other public officials. “Official compensation package” also includes the direct payment of a public official's expenses by the public body, in accordance with the public body's policies.

- **Reimbursement of Expenses:** A public official may accept payments from the public official's public body as reimbursement for expenses the public official has personally paid while conducting the public body's business. [ORS 244.040(2)(c)]



The “reimbursement of expenses” means the payment by a public body to a public official serving that public body, of expenses incurred in the conduct of official duties on behalf of the public body. Any such repayment must comply with any applicable laws and policies governing the eligibility of such repayment. [OAR 199-005-0035(4)]

If the payment of a public official’s personal expenses does not meet this definition, it may be a financial benefit prohibited or restricted by other provisions in ORS Chapter 244. There are occasions when someone will refer to the payment of a public official’s expenses by a person or entity other than the public official’s public body as a reimbursement of expenses. That is not the reimbursement of expenses as used in ORS 244.040(2)(c) and defined in OAR 199-005-0035(4).

- **Honoraria:** Most public officials are allowed to accept honoraria by ORS 244.040(2)(b) as defined in ORS 244.020(8). A public official must know how an honorarium is defined because there are many occasions when someone will offer them a financial benefit and call it an honorarium, but it does not meet the definition of honorarium in ORS 244.020(8).



For a payment to be defined as an honorarium, it must be made for a service, like a speech or other service rendered in connection with an event, for which no price is set and for which the public official required no fixed amount to be paid in return for providing the service. A payment or something of economic value given to a public official in exchange for services provided by the public official is an honorarium when the setting of the price has been prevented by custom or propriety.

A public official may not receive an honorarium when performing a service in the course of their duties as a public official. A public official may not accept honoraria if the value exceeds \$50, unless the honoraria is received for services performed in relation to the private profession, occupation, avocation, or expertise of the public official or candidate. [ORS 244.042(3)(a) and (b)].

Public officials must be sure, when they are offered a payment or something of economic value and it is referred to as an honorarium, that it does meet the definition in ORS 244.020(8). If it does not meet this definition, it may be a financial benefit prohibited or restricted by other provisions in ORS Chapter 244.

NOTE: The Governor, First Partner, Secretary of State, State Treasurer, Attorney General, and Commissioner of the Bureau of Labor and Industries are explicitly prohibited by ORS 244.042(4) from soliciting or receiving an honorarium, money or any other consideration for **any** speaking engagement or presentation.

- Awards for Professional Achievement: Public officials may accept an award, if the public official has not solicited the award, and the award is offered to recognize a professional achievement of the public official. [ORS 244.040(2)(d)]



Awards for professional achievement should not be confused with awards of appreciation, allowed by ORS 244.020(7)(b)(C), an honorarium allowed by ORS 244.040(2)(b), or gifts that are allowed or restricted by other provisions in ORS Chapter 244.

Awards for professional achievement are best illustrated by awards that denote national or international recognition of a public official's achievement, such as receipt of the Nobel Prize. These awards may also be offered by public or private organizations in the state that are meant to recognize a public official for a distinguished career, such as Oregon's Teacher of the Year award made by the Oregon Department of Education which includes a monetary prize and travel funds. Professional achievements recognized may be identified as a single accomplishment or an accomplishment achieved during a period of time, such as a calendar year or a public official's career upon retirement.

- Contributions to Legal Expense Trust Fund: There are provisions in ORS 244.209 that allow public officials to establish legal expense trust funds that are approved by the Commission. ORS 244.040(2)(h) allows a public official who has established this trust fund to solicit, accept and be the trustee for contributions to the established fund. This is discussed in a separate section of the Guide p.41.



- Certain Gifts: Public officials may accept some gifts without limitation on the quantity or aggregate value of gifts. Acceptance of these gifts does not constitute a prohibited use of office. See allowable gifts, page 33. [ORS 244.040(2)(e) to (g)]



PRIVATE EMPLOYMENT OF PUBLIC OFFICIAL

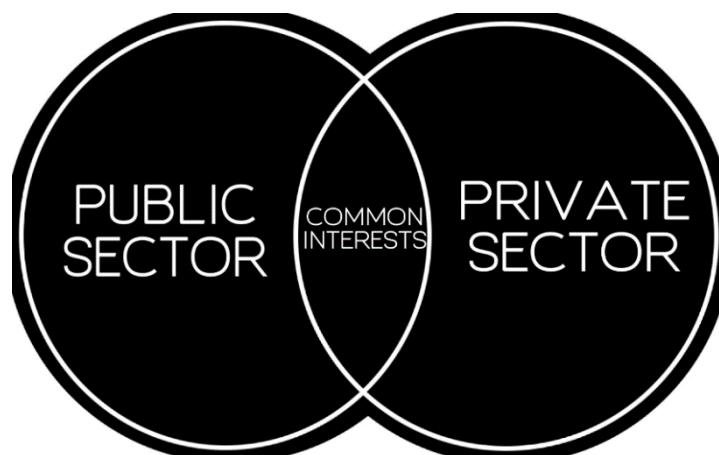
Does Oregon Government Ethics law prohibit a public official from owning a private business or working for a private employer while continuing employment with or holding a position with a public body?

No. As mentioned earlier, many public officials are volunteers, meaning there is little or no compensation for the public position. Other public officials may receive compensation from their public bodies, but still choose to seek additional sources of income. Some work for a private business and others establish a private business of their own. **NOTE: This guide does not address other statutes or agency policies that may limit private employment for public officials.**

In general, public officials may obtain employment with a private employer or engage in private income producing activity of their own, but they must keep a separation between their public positions and their outside employment or private business interests. The Commission has created the following guidelines for public officials to follow in order to avoid violating Oregon Government Ethics law when engaged in private employment or a personally owned business.

GUIDELINES FOR OUTSIDE EMPLOYMENT OF PUBLIC OFFICIALS

1. Public officials must not use their public position to create the opportunity for additional personal income.
2. Public officials may not use a government agency's supplies, facilities, equipment, employees, records or any other public resources to engage in their private employment or business interests.
3. Public officials are not to engage in private business interests or other employment activities on their government agency's time.
4. Confidential information gained as a public official is not to be used to obtain a financial benefit for the public official, a relative or member of the public official's household or a business with which any are associated.



EMPLOYMENT OF FORMER PUBLIC OFFICIALS

What are the restrictions on employment after I resign, retire or leave my public official position?

- ORS 244.040(1) prohibits public officials from using their official positions or offices to create a new employment opportunity; otherwise, most former public officials may enter the private work force with few restrictions.
- ORS 244.040(5) prohibits a former public official from using or attempting to use confidential information for the personal gain of any person if the confidential information was obtained while holding the position as a public official.
- Oregon Government Ethics law restricts the subsequent employment of certain public officials. The restrictions apply to positions listed below:

ORS 244.045(1) State Agencies:

Director of the Department of Consumer and Business Services
Administrator of the Division of Financial Regulation
Administrator of the Oregon Liquor Control Commission
Director of the Oregon State Lottery
Public Utility Commissioner

1. One year restriction on accepting employment from or gaining financial benefits from a private employer in the activity, occupation or industry that was regulated by the agency for which the public official was the Director, Administrator or Commissioner.
2. Two year restriction on lobbying, appearing as a representative before the agency, or otherwise attempting to influence the agency for which the public official was the Director, Administrator or Commissioner.
3. Two year restriction on disclosing confidential information gained as the Director, Administrator or Commissioner for the agency.

ORS 244.045(2) Department of Justice:

Deputy Attorney Generals
Assistant Attorney Generals

Two year restriction from lobbying or appearing before an agency that they represented while employed by the Department of Justice.

ORS 244.045(3) Office of the Treasurer:

State Treasurer
Deputy State Treasurer

1. One year restriction from accepting employment from or being retained by a private entity with which there was negotiation or contract awarding \$25,000 in a single year by the office of the State Treasurer or Oregon Investment Council.
2. One year restriction from accepting employment from or being retained by a private entity with which there was investment of \$50,000 in one year by the office of the State Treasurer or Oregon Investment Council.
3. One year restriction from being a lobbyist for an investment institution, manager or consultant, or from representing an investment institution, manager, or consultant, before the office of State Treasurer or Oregon Investment Council.

ORS 244.045(4) Public Officials who invested public funds:

1. Two year restriction from being a lobbyist or appearing before the agency, board or commission for which public funds were invested.
2. Two year restriction from influencing or trying to influence the agency, board or commission.
3. Two year restriction from disclosing confidential information gained through employment.

ORS 244.045(5) Department of State Police:

Member of State Police who has been designated by law and was responsible for supervising, directing or administering programs related to Native American tribal gaming or the Oregon State Lottery

1. One year restriction from accepting employment from or gaining financial benefit related to gaming from the Lottery or a Native American Tribe.
2. One year restriction from gaining financial benefit from a private employer who sells gaming equipment or services.
3. One year restriction from trying to influence the Department of State Police or from disclosing confidential information.

Exceptions include subsequent employment with the state police, appointment as an Oregon State Lottery Commissioner, Tribal Gaming Commissioner or lottery game retailer, or personal gaming activities.

ORS 244.045(6) Legislative Assembly
Representative
Senator

A person who has been a member of the Legislative Assembly, may not, within one year after ceasing to be a member of the Legislative Assembly, receive money or other consideration for lobbying as defined in ORS 171.725.

How would Oregon Government Ethics law apply when a former public official is employed by a business that has a contract with the public body previously represented by the former public official?



In addition to the restrictions on specific positions identified above, the restriction in ORS 244.047 applies to all former public officials. After a public official ceases serving a public body or being employed in a position as a public official, that public official may not have a direct beneficial financial interest in a public contract for two years after the date the contract was authorized by the person acting in their capacity as a public official.

Whether a public official authorizes a contract individually as an employee of a public body, or participated in the authorization of a contract in their official capacity as a member of a board, commission, council, bureau, committee or other governing body, the person is restricted from financially benefiting from that public contract for two years after the date of authorization. [ORS 244.047]

“Authorized by” is defined in OAR 199-005-0035(6) as follows:

As used in ORS 244.047, a public contract is “authorized by” a public official if the public official performed a significant role in the selection of a contractor or the execution of the contract. A significant role can include recommending approval or signing of the contract, including serving on a selection committee or team, or having the final authorizing authority for the contract.

GIFTS

Oregon Government Ethics law establishes restrictions on the value of gifts that can be accepted by a public official. If the source of a gift to a public official has a legislative or administrative interest in the decisions or votes of the public official, the public official can only accept gifts from that source when the aggregate value of gifts from that source does not exceed \$50 in a calendar year. [ORS 244.025].



The following framework of conditions applies when public officials, their relatives, or members of their households are offered gifts. To decide if a gift, or “something of value,” can be accepted with or without restrictions, the public official must analyze the offer and the source of the offer. As will be apparent in the following discussion, the burden of any decision on accepting a gift rests solely with the individual public official.

What counts as a “gift”?

When Oregon Government Ethics law uses the word “gift” it has the meaning in ORS 244.020(7)(a):

“Gift” means something of economic value given to a public official, a candidate or a relative or member of the household of the public official or candidate:

(A) Without valuable consideration of equivalent value, including the full or partial forgiveness of indebtedness, which is not extended to others who are not public officials or candidates or the relatives or members of the household of public officials or candidates on the same terms and conditions; or

(B) For valuable consideration less than that required from others who are not public officials or candidates.

In other words, a “gift” is something of economic value that is offered to:

- A public official or candidate or to relatives or members of the household of a public official or candidate,
- Without cost or at a discount or as a forgiven debt, and,
- The offer is not made or available to members of the general public who are not public officials, candidates, or their relatives or household members on the same terms and conditions.

Example: At a conference exclusively for city and county officials, a public official buys a raffle ticket and wins a big screen television. The television is a gift because the value of the television exceeds the cost of the raffle ticket and the opportunity to enter the raffle and win the television was not available to members of the general public on the same terms and conditions.

Example: Outside of a grocery store, a public official buys a raffle ticket from a local scout troop and wins a big screen television. The television is not a gift because, although the value of the television exceeds the cost of the raffle ticket, the opportunity to enter the raffle and win the television was available to members of the general public on the same terms and conditions.

Once a public official or candidate has determined that an offer is a gift, because it is something of economic value that is not offered to members of the general public who are not public officials or candidates on the same terms and conditions, the public official or candidate must then determine if the value of the gift, combined with any other gifts from the same source during the calendar year, exceeds \$50. If so, the public official must then determine if the source of the gift has a legislative or administrative interest.

Any discussion of gifts must begin with the reminder that if the source of a gift to a public official or candidate **does not** have a legislative or administrative interest in the decisions or votes of the public official or candidate if elected, the public official or candidate can accept unlimited gifts from that source. [ORS 244.040(2)(f)]

What is a “Legislative or Administrative Interest”?



Whether there is a legislative or administrative interest is pivotal to any decision a public official or a candidate, if elected, makes on accepting gifts. It will mean the difference between being allowed to accept gifts without limits, accepting gifts with an annual limit of \$50 on the aggregate value, or accepting gifts which are specified exceptions under ORS 244.020(7).

The definition of a legislative or administrative interest is set forth in ORS 244.020(10):

“‘Legislative or administrative interest’ means an economic interest, distinct from that of the general public, in:

- (a) Any matter subject to the decision or vote of the public official acting in the public official’s capacity as a public official; or
- (b) Any matter that would be subject to the decision or vote of the candidate who, if elected, would be acting in the capacity of a public official.”

When analyzing a set of circumstances and applying “legislative or administrative interest,” there are several factors to consider:

Source: The Commission adopted a rule that identifies the source of a gift as the person or entity that makes the ultimate and final payment of the gift's expense. OAR 199-005-0030 places two burdens on a public official who accepts gifts. The public official must know the identity of the source and, if applicable, avoid exceeding the limit on the aggregate value of gifts accepted from that source. [OAR 199-005-0030(2)]

Distinct from that of the general public:

With regard to gifts, this phrase refers to a distinct economic interest held by the source of a gift. That economic interest is in the financial gain or loss that could result from any votes cast or decisions made by a public official. If the source of a gift would realize a financial gain or detriment from matters subject to the vote or decision of a public official, that source has an economic interest in that public official. That economic interest is “distinct from that of the general public” if the potential financial gain or detriment is distinct from the financial impact that would be realized by members of the general public from the matters subject to votes or decisions of that same public official.



There are decisions or votes that have an economic impact on single individuals or individuals from specific businesses or groups that are distinct from the economic impact on members of the general public. On the other hand, there are many votes or decisions made by public officials that have the same general economic impact on individuals, businesses, organizations and members of the general public. Some examples of decisions or votes that would likely have an economic impact on members of the general public would be those that change water usage rates for residential users, fees for pet licenses, or fines for parking violations.

To illustrate, private contractors have an economic interest in any public official who has the authority to decide or vote to award them contracts. The economic interest of these contractors is distinct from the economic interest held by members of the general public in those decisions or votes.

To further illustrate, real estate developers have an economic interest in any public official who has the authority to decide or vote to approve their land use applications or building permits. The economic interest of these developers is distinct from the economic interest held by members of the general public in those decisions or votes.

Vote: This has the common meaning of to vote as an elected member of a

governing body of a public body or as an appointed member of a committee, commission or board appointed by a governing body, Oregon Legislative Assembly, or the Office of the Governor.

Decision: A public official makes a decision when the public official exercises the authority given to the public official to commit the public body to a particular course of action. [OAR 199-005-0003(2)].



Whether to accept or reject the offer of a gift must be made individually by each public official. There will be some public officials who may accept unlimited gifts from a source and other public officials within the same public body that would have restrictions on gifts have the same authority, responsibilities or duties. Some may vote and make decisions, others may do one but not the other, and many will not vote or make decisions. This means that when gifts are offered to two or more public officials, one public official may be allowed to accept the gift without limits, and another public official may not be able to accept the gift at all, or may only be able to accept it with limits as to value or with other restrictions.

Example: A cellular service provider offers a discounted cell-phone plan for first responders. The discounted plan is available only to first responders who work for state or local governments. Because the discounted cell-phone plan is not available to members of the general public on the same terms and conditions, it is a gift subject to the restrictions and limitations in ORS 244.025. First responders who are in positions to make official decisions for their agencies that could financially affect the cellular service provider, such as Fire Chiefs or board members, could not accept the discounted cell-phone plan since the discount totals more than \$50 in a calendar year; however, first responders who are not in positions to make official decisions for their agencies that could financially affect the cellular service provider could accept the discounted cell-phone plan.

What obligations are placed on the giver of a gift?

Sources who offer gifts or other financial benefits to public officials must also be aware of the provisions in ORS Chapter 244. While the specific gift of paid expenses may be allowed by ORS 244.020(7)(b)(F), ORS 244.100(1) requires the source of this gift, if over \$50, to notify the public official in writing of the aggregate value of the paid expenses. There is also a notice requirement in ORS 244.100(2) for the source of an honorarium when the value exceeds \$15. Lobbyists, clients or employers of lobbyists, and others who provide gifts or financial benefits to public officials should also familiarize themselves with the provisions in ORS 171.725 through ORS 171.992 and Divisions 5 and 10 of Chapter 199 in the Oregon Administrative Rules. The Commission has published a “Guide to Lobbying in Oregon” that provides a summary of these regulations and rules.

What gifts may a public official accept regardless of value?

While gifts from a source with a legislative or administrative interest in the decisions or

votes of a public official may only be accepted up to the \$50 limit, there are some gifts that are excluded from the definition of a “gift,” when offered under specific conditions or when prerequisites are met. If the offer of a gift is excluded from the definition of a “gift,” the offer may be accepted by a public official, regardless of value.

The value of gifts that are allowed as exclusions does not have to be included when calculating the aggregate value of gifts received from that source in one calendar year. [ORS 244.020(7)(b)] Although some gifts are allowed by these exclusions, it should be remembered that a source may have a notice requirement or there may be reporting requirements for the public official or the source. If you are a public official accepting gifts or a source offering gifts, it is important that you become familiar with the requirements that may apply to you.

ORS 244.020(7)(b) provides a description of the **GIFTS THAT ARE ALLOWED** as exclusions to the definition of a “gift.” **NOTE:** Not all of these exclusions apply to gifts offered to candidates. These exclusions include:

- Campaign contributions as defined in ORS 260.005. [ORS 244.020(7)(b)(A)]
- Contributions to a legal expense trust fund established under ORS 244.209. [ORS 244.020(7)(b)(G)]
- Gifts from relatives or members of the household of public officials or candidates. [ORS 244.020(7)(b)(B)]
- Anything of economic value received by a public official or candidate, their relatives or members of their household when:

The receiving is part of the usual and customary practice of the person’s business, employment, or volunteer position with any non-profit or for-profit entity; [ORS 244.020(7)(b)(O)(i)] **and**

The receiving bears no relationship to the person’s holding the official position or public office. [ORS 244.020(7)(b)(O)(ii)]

- Unsolicited gifts with a resale value of less than \$25 and in the form of items similar to a token, plaque, trophy and desk or wall mementos. [ORS 244.020(7)(b)(C); OAR199-005-0010]
- Publications, subscriptions or other informational material related to the public official’s duties. [ORS 244.020(7)(b)(D)]
- Waivers or discounts for registration fees or materials related to continuing education or to satisfy a professional licensing requirement for a public official or candidate. [ORS 244.020(7)(b)(J)]

- Entertainment for a public official or candidate and their relatives or members of their households when the entertainment is incidental to the main purpose of the event. [ORS 244.020(7)(b)(M); OAR 199-005-0001; OAR 199-005-0025]
- Entertainment for a public official, a relative of the public official or a member of the public official's household when the public official is acting in an official capacity and representing a government agency for a ceremonial purpose. [ORS 244.020(7)(b)(N); OAR 199-005-0025(2)]
- Cost of admission or food and beverage consumed by the public official, a relative of the public official, a member of the public official's household or staff when they are accompanying the public official, who is representing a government agency, at a reception, meal or meeting held by an organization. [ORS 244.020(7)(b)(E); OAR 199-005-0015; OAR 199-005-0001]
- Food or beverage consumed by a public official or candidate at a reception where the food and beverage is an incidental part of the reception and there was no admission charged. [ORS 244.020(7)(b)(L); OAR 199-005-0001(3)]
- When public officials travel together inside the state to an event bearing a relationship to the office held and the public official appears in an official capacity, a public official may accept the travel related expenses paid by the accompanying public official. [ORS 244.020(7)(b)(K)]
- Payment of reasonable expenses if a public official is scheduled to speak, make a presentation, participate on a panel or represent a government agency at a convention, conference, fact-finding trip or other meeting. The paid expenses for this exception can only be accepted from another government agency, Native American Tribe, an organization to which a public body pays membership dues, or not-for-profit organizations that are tax exempt under 501(c)(3). [ORS 244.020(7)(b)(F); OAR 199-005-0020; OAR 199-005-0001]
- Payment of reasonable food, lodging or travel expenses for a public official, an accompanying relative, member of household, or staff, may be accepted when the public official is representing their government agency at one of the following: [ORS 244.020(7)(b)(H); OAR 199-005-0020; OAR 199-005-0001]
 - Officially sanctioned trade promotion or fact-finding mission; [ORS 244.020(7)(b)(H)(i)] **or**
 - Officially designated negotiation or economic development activity when receipt has been approved in advance. [ORS 244.020(7)(b)(H)(ii)]

[NOTE: Who may officially sanction and officially designate these events, and how to do so, is addressed in OAR 199-005-0020(3)(b).]

- Payment to a public school employee of reasonable expenses for accompanying students on an educational trip. [ORS 244.020(7)(b)(P)]
- Food and beverage when acting in an official capacity in the following circumstances: [ORS 244.020(7)(b)(I)]
 - In association with a financial transaction or business agreement between a government agency and another public body or a private entity, including such actions as a review, approval or execution of documents or closing a borrowing or investment transaction; [ORS 244.020(7)(b)(I)(i)]
 - When the office of the Treasurer is engaged in business related to proposed investment or borrowing; [ORS 244.020(7)(b)(I)(ii)]
 - When the office of the Treasurer is meeting with a governance, advisory or policy making body of an entity in which the Treasurer's office has invested money. [ORS 244.020(7)(b)(I)(iii)]

GIFTS AS AN EXCEPTION TO THE USE OF OFFICE PROHIBITION IN ORS 244.040

As covered in more detail in the discussion beginning on page 17, public officials are prohibited from using or attempting to use the position they hold to obtain a prohibited financial benefit. [ORS 244.040(1)] As covered in more detail in the discussion beginning on page 26, Oregon Government Ethics law does not prohibit public officials from accepting gifts, but it does place on each individual public official the personal responsibility to understand there are circumstances when the aggregate value of gifts may be restricted. [ORS 244.025] These provisions of Oregon Government Ethics law often converge and require analysis by public officials to determine whether the opportunity to obtain financial benefits represents the use of an official position prohibited by ORS 244.040(1) or a gift addressed with other provisions in ORS Chapter 244 [ORS 244.020(7), ORS 244.025 or ORS 244.040(2)(e),(f) and (g)].



ORS 244.040 was amended in 2007 to make the acceptance of gifts that comply with ORS 244.020(7) and ORS 244.025 exceptions to the prohibition on public officials' use or attempted use of an official position to gain financial benefits. [ORS 244.040(2)(e), (f) and (g)] If a public official, relative, or household member accepts a permissible gift or a financial benefit that qualifies as an exception to the definition of a gift, ORS 244.040(1) does **not** prohibit its acceptance. If a public official, relative, or household member accepts a gift that exceeds the restrictions or limitations set forth in ORS 244.025, then that gift would not qualify under the exceptions set forth in ORS 244.040(e), (f) and (g). Acceptance of that gift could constitute a violation of both ORS 244.025 and ORS 244.040(1).

When the Commission applies Oregon Government Ethics law to "something of economic value" offered to a public official that meets the definition of "gift," it will first be analyzed to determine whether it is a violation of ORS 244.025. If the Commission determines that acceptance of the gift constitutes a violation of ORS 244.025 (unlawful acceptance of a gift), it will then determine if it also constitutes a violation of ORS 244.040(1) (prohibited use of office).

The following are examples to illustrate the Commission's approach:

- The mayor of a town on the Oregon coast was a college roommate with Bob Smith, who now manages a company that owns many golf courses in Oregon and other states. One of the company's golf courses is in the mayor's town. The mayor and

Bob have remained friends ever since college. Recently, Bob invited the mayor to join him at the Masters' Tournament in Augusta, offering to fly him there on Bob's private jet, stay in Bob's condo, and host him at a private booth at the Tournament. The value of this trip exceeds \$50, and Bob has a legislative or administrative interest in the mayor's decisions as a public official, as one of Bob's golf courses is in the mayor's town. Since the value of the trip exceeds \$50, is not extended to others who are not public officials on the same terms and conditions, and is from a source with a legislative or administrative interest, it is a gift that the mayor cannot accept without violating ORS 244.025(1). It also does not qualify as an exception to ORS 244.040(1). [ORS 244.040(2)(e)]. Bob has been inviting his old college friend on this trip for at least 10 years, long before the friend was elected mayor recently. This and other evidence indicates that the mayor received this offer because he and Bob are friends, not because he is the town's mayor; therefore, the offer of this trip does not represent a financial gain that would not be available to the mayor but for his holding his public office. Thus, if the mayor accepted the gift of this trip, the mayor would violate ORS 244.025(1) (acceptance of an unlawful gift), but would not violate ORS 244.040(1) (prohibited use of office).

- A public works director for B City holds weekly breakfast meetings at a local diner. The public works director invites five main contractors in B City, all of whom do business with the city, to attend these meetings. The contractors take turns picking up the tab for the public works director's breakfast. Because the public works director has the authority to recommend the contractors for projects with the city, the contractors have economic interests distinct from that of the general public in the public works directors' decisions or recommendations. Over the course of a calendar year, each contractor pays for at least ten meals for the public works director, at a total aggregate cost exceeding \$50. These meals constitute unlawful gifts to the public works director, as their value exceeds \$50, they are not extended to others who are not public officials on the same terms and conditions, and they are from sources with distinct economic interests in the public works director's decisions or recommendations. The contractors would not pay for these meals if he were not the public works director. Thus, in addition to violating ORS 244.025(1), by accepting these meals the public works director also violates ORS 244.040(1).

The responsibility for judgments and decisions made in order to comply with the various provisions in Oregon Government Ethics law rests with the individual public official who faces the circumstances that require a judgment or decision. That is true of questions regarding gifts, use of an official position, announcing the nature of conflicts of interest and the many situations addressed in ORS Chapter 244.

NEPOTISM



Does Oregon Government Ethics law prevent two or more relatives from being employees of the same public body?

No. Public officials who are relatives can be employed by the same public body employer at the same time, or serve at the same time on the same governing body of a public body.

ORS Chapter 244 does, however, does address the issue of “nepotism.” The definitions of “member of household” and “relative” found in ORS Chapters 244.020(11) and 244.020(16) apply here: See page 7.

What are the provisions that address nepotism?

Public officials are restricted from participating in personnel actions taken by the public agency that would impact the *paid employment* of a relative or member of the public official’s household. If a public official has a relative or household member who has applied to be or serves as an *unpaid volunteer*, the public official may participate in any personnel action that involves the relative or member of the household.

Personnel actions addressed by this statute include:

- Appointing, employing or promoting a relative or member of the public official’s household; or
- Discharging, firing or demoting a relative or member of the public official’s household.

ORS 244.177(1)(a) provides that a public official may not appoint, employ or promote (or discharge, fire or demote) a relative or member of their household from a position with the public body that the public official serves or over which the public official exercises jurisdiction or control, unless the public official complies with the conflict of interest requirements of ORS Chapter 244. Even if the public official discloses a conflict of interest, a public official who takes such a personnel action for a relative or member of their household could still be found in violation of the use of office provisions of ORS 244.040(1).

Separately, ORS 244.177(1)(b) directs that a public official may not participate in any interview, discussion or debate regarding such personnel actions involving a relative or member of the public official’s household.

A public official who is assigned duties that include performing “ministerial acts” related

to any stage of a relative's employment is not prohibited from performing such acts. "Ministerial acts" would include mailing or filing forms or correspondence, taking and relaying messages, scheduling appointments or preparing documents and minutes for public meetings. A public official may serve as a reference or provide a recommendation for a relative who has applied for a position of employment, promotion, or is subject to any personnel action.

Exception: Public officials may not, however, participate in appointing a relative or member of the household to an unpaid position on the governing body of the public body that the public official serves or over which the public official exercises jurisdiction or control. [ORS 244.177(3)(a) and (b)]

Can public officials supervise their relatives or members of their households?

Nepotism also applies to supervision of relatives or members of the public official's household. ORS 244.179(1) prohibits public officials from directly supervising relatives or members of their household in paid positions. The public official may supervise an unpaid volunteer serving the public body, unless the volunteer position is as a member of a governing body of the public body. [ORS 244.179(3)]



Policy Exception: ORS 244.179(4) permits a public body to adopt policies that specify when a public official, acting in an official capacity for the public body, may directly supervise a relative or member of the public official's household in a paid position. OAR 199-005-0080 provides guidance to public bodies in developing such policies. Absent such a policy, a public official may not directly supervise a remunerated person who is a relative or member of the public official's household. [ORS 244.179(1)]

Direct supervision of a paid relative or household member includes official actions that would financially impact their relative or household member, such as:

- Conducting performance reviews
- Approving leave or vacation time
- Recommending or approving pay changes
- Assigning shifts
- Approving overtime
- Authorizing or approving reimbursements or travel expenses
- Authorizing worksite assignments or teleworking

Exception: Public officials who are elected members of the Oregon Legislative Assembly are not prohibited from participating in employment actions, including supervision of their relatives or household members on their personal staff [ORS 244.177(2)].

ANNUAL VERIFIED STATEMENT OF ECONOMIC INTEREST



There are approximately 5,500 Oregon public officials who must file an **Annual Verified Statement of Economic Interest (SEI)** with the Oregon Government Ethics Commission **by April 15** of each calendar year. The SEIs are now filed electronically through the Commission's Electronic Filing System (EFS).

ORS 244.050 identifies the public officials who are required to file SEIs. Please refer to that statute to see if your specific office or position requires you to file an SEI. In general, public officials who hold the following positions are required to file:

- State public officials who hold elected or appointed executive, legislative or judicial positions. This includes those who have been appointed to positions on certain boards or commissions.
- In counties, all elected officials, such as commissioners, assessors, surveyors, treasurers and sheriffs must file. Planning commission members and the county's principal administrator must also file.
- In cities, all elected officials, the city manager or principal administrator, municipal judges and planning commission members must file.
- Administrative and financial officers in school districts, education service districts and community college districts must file.
- Some members of the board of directors for certain special districts must file.
- Candidates for some elected public offices are also required to file.

The Commission staff has identified by jurisdiction the public officials whose position requires them to file the SEI. Each jurisdiction (city, county, executive department, board or commission, etc.) has a person (jurisdictional contact) who acts as the Commission's point of contact for that jurisdiction. [OAR 199-020-0005(1)]

The **jurisdictional contact (JC)** for each jurisdiction has an important role as a liaison between the Commission and the SEI filers in their jurisdiction. It is through the JC that the Commission obtains the current name, address and email address of each public official who is required to file. When there is a change in who holds a position through resignation, appointment or election, the JC periodically updates their jurisdictional records and beginning in January of each year the JC is asked to update and verify the required filers in the EFS system. Any necessary changes or updates in EFS are due by February 15. [OAR 199-020-0005(2)]

As with other provisions in Oregon Government Ethics law, it is each public official's personal responsibility to ensure they comply with the requirement to complete and submit the SEI by April 15. Those public officials who must file an SEI are well served if the JC for their jurisdiction ensures that the Commission has the correct name and email address of the public official. The JC should ensure that each SEI filer has been advised of the reporting requirements. Each filer should also receive information as to the procedures the jurisdiction follows to assist the filer in meeting the SEI filing requirement.

Again, the requirement to file the SEI is the personal responsibility of each public official. Each public official should comply and file timely, as the civil penalties for late filing are \$10 for each of the first 14 days after the filing deadline and \$50 for each day thereafter until the aggregate penalty reaches the maximum of \$5,000. [ORS 244.350(4)(c)]

SEI Filing

NOTE: Only public officials who hold a position that is required to file, and who hold that position on April 15 of the year the SEI is due, must file an SEI.

SEIs are filed online through the Commission's Electronic Filing System (EFS). Notifications and instructions for e-filing will be sent to SEI filers electronically via email addresses initially supplied in EFS by the JC and updated when necessary.

The following is a brief description of the information requested in the SEI electronic filing. The information needed to complete the filing pertains to the previous calendar year.

- Name, address and a brief description of each business in which a position as officer or director was held by the filer or household member. [ORS 244.060(1)]

Name, address and a brief description of each business through which the filer or household member did business. [ORS 244.060(2)]

Name, address, and brief **description** of the **sources** (*not amounts*) of income for the filer and household members that represent 10 percent or more of the annual household income. [ORS 244.060(3)]

Example: An SEI filer resides only with a spouse and their annual household income from the prior year is derived from the spouse's job at Walmart, the spouse's retirement, and the public official's salary as an employee at a public university. The respective "sources" would be: "Walmart", "Social Security" and "XX University"; respective "descriptions" would be "spouse's wages", "spouse's retirement" and "filer's salary".

- Ownership interests held by the filer or household members in real property, **except for their principal residence**, located within the geographic boundaries of the jurisdiction in which the filer holds the position or seeks to hold. [ORS 244.060(4)(a) and (b)] **NOTE: SEI filers who serve statewide and members of the Legislative**

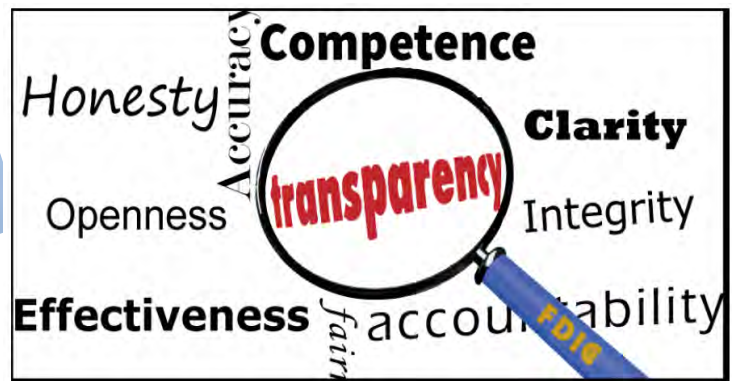
Assembly must report real property held within the entire state of Oregon. This applies to candidates for statewide office and the Legislative Assembly.

- Honoraria or other items allowed by ORS 244.042 that exceed \$15 in value given to the filer or household members. Include a description of the honoraria or item and the date and time of the event when the item was received. [ORS 244.060(7)] Remember that honorarium cannot exceed \$50. [ORS 244.042(3)(a)]
- Name of each lobbyist associated with any business with which the filer or household member is associated, unless the association is through stock held in publicly traded corporations. [ORS 244.090]
- If the public official received over \$50 from an entity when participating in a convention, fact-finding mission, trip, or other meeting as allowed by ORS 244.020(7)(b)(F), list the name and address of the entity that paid the expenses. Include the event date, aggregate expenses paid and the purpose for participation. [ORS 244.060(5) and ORS 244.100(1)] [Not required for candidates]
- If the public official received over \$50 from an entity when participating in a trade promotion, fact-finding mission, negotiations or economic development activities as allowed by ORS 244.020(7)(b)(H), list the name and address of the person that paid the expenses. Include the event date, aggregate expenses paid and nature of the event. [ORS 244.060(6)] [Not required for candidates]
 - **EXCEPTION:** Expenses paid by the public body to their own public officials need not be reported by the public official under ORS 244.060 [OAR 199-005-0035(4)].

The following is required if the information requested relates to an individual or business that has been doing, is doing or could reasonably be expected to do business with the filer's governmental jurisdiction, has a legislative or administrative interest in the filer's governmental jurisdiction, or over which the filer exercises any authority:

- Name, address and description of each source of income (taxable or not) that exceeds \$1,000 for the filer or a household member. [ORS 244.060(8)]
- Name of each person the filer or a household member owes or has owed \$1,000 or more in the previous calendar year. Include the date of the loan and the interest rate. Debts on retail contracts or with regulated financial institutions are excluded. [ORS 244.070(1)]
- Name, address and description of nature of each business in which filer or household member has beneficial interest over \$1,000 or investment held in stocks or securities over \$1,000. Exemptions include mutual funds, blind trusts, deposits in financial institutions, credit union shares and the cash value of life insurance policies. [ORS 244.070(2)]

- Name of each person from whom the filer received a fee of over \$1,000 for services, unless disclosure is prohibited by law or a professional code of ethics. [ORS 244.070(3)]



LEGAL EXPENSE TRUST FUND

The Oregon Government Ethics Commission can authorize a public official to establish a legal expense trust fund to be used to defray expenses incurred for a legal defense in any civil, criminal or other legal proceeding or investigation that relates to or arises from the course and scope of duties of the person as a public official. [ORS 244.205]

The provisions regarding the establishment of this fund are detailed in ORS 244.205 through ORS 244.221. If a public official is considering the need to establish a legal expense trust fund, these provisions should be reviewed. The Commission staff is available to provide guidance on the procedures. The following are some of the significant elements of a legal expense trust fund:

- A public official may only have one trust fund at any one time. [ORS 244.205(4)]
- The application to establish the fund must be submitted to the Commission for review and authorization. ORS 244.209 details what information and documents must accompany the application.
- The public official may act as the public official's fund trustee. [ORS 244.211(2)]
- Once authorized and established, any person may contribute to the fund. [ORS 244.213(1)]
- Contributions from a principal campaign committee are not allowed. [ORS 244.213(3)]
- Funds must be maintained in a single exclusive account [ORS 244.215].
- Quarterly reports of contributions and expenditures from the fund are required. [ORS 244.217]
- The fund may be terminated within six months after the legal proceeding for which the fund was established has been concluded. [ORS 244.219]
- When terminated, remaining funds must be returned to contributors on a pro rata basis. [ORS 244.221(1)]
- If the legal proceeding for which the fund was initiated resulted in any financial award or money judgment in favor of the public official, such moneys shall be distributed in the following order: outstanding legal expenses, to trust fund contributors on a pro rata basis, and to the public official or, if required by the trust agreement, to an organization exempt from taxation under section 501(c)(3) of the IRS Code. [ORS 244.221(2)]

Once established, can the public official solicit funds in order to pay for the cost of a legal defense?

Yes. An exception to the prohibited use of office provision explicitly allows a public official to solicit and accept funds for the official's legal expense trust fund. [ORS 244.040(2)(h)] Also, contributions to a legal expense trust fund are excluded from the definition of a "gift." [ORS 244.020(7)(b)(G)]

OREGON GOVERNMENT ETHICS COMMISSION

The Governor appoints all nine members of the Commission and each appointee is confirmed by the Senate. The commissioners are recommended as follows: [ORS 244.250]

- 2 Recommended by the Senate Democratic leadership
- 2 Recommended by the Senate Republican leadership
- 2 Recommended by the House Democratic leadership
- 2 Recommended by the House Republican leadership
- 1 Recommended by the Governor

The Commission members select a chairperson and vice chairperson annually. No more than three commissioners with the same political party affiliation may be appointed to the Commission to serve at the same time. The commissioners are limited to one four-year term, but if an appointee fills an unfinished term they can be reappointed to a subsequent four year term.

The Commission is administered by an executive director, who is selected by the Commission. Legal counsel is provided by the Oregon Department of Justice. Commission staff provide administration, training, guidance, issue written opinions and advice, and conduct investigations when complaints are filed with the Commission.

Training:

The Commission has designated training as one of its highest priorities. It has two staff positions to provide free training to public officials and lobbyists on the laws and regulations under its jurisdiction. Training is provided through presentations at training events, web-based training, informational links on the website, topical handouts and guidance offered when inquiries are received. Contact the Commission to obtain free training through our website at <https://www.oregon.gov/ogec/training/Pages/default.aspx>



Advice:



Questions regarding the Commission's laws, regulations and procedures are a welcome daily occurrence. Timely and accurate answers are a primary objective of the staff. All members of the Commission staff are cross-trained in the laws and regulations under the Commission's jurisdictions. Guidance and information is provided either informally, over the telephone at 503-378-5105, by e-mail at ogec.mail@oregon.gov, or in the following written formal advice and opinions:

- **Staff Advice:** ORS 244.284 provides for informal staff advice, which may be offered in several forms, such as in person, by telephone, e-mail or letter. In a letter of advice, the proposed, hypothetical or actual facts are restated as presented in

the request, along with the relevant statutes and administrative rules. The advice will discuss how the law applies to the questions asked or raised by the fact circumstances presented in the request.

- **Staff Advisory Opinion:** ORS 244.282 authorizes the executive director to issue a staff advisory opinion upon receipt of a written request. The Commission must respond to any request for a staff advisory opinion within 30 days, unless the executive director extends the deadline by an additional 30 days. The staff advisory opinion is issued in a letter that restates the proposed, hypothetical or actual facts presented in the written request and identifies the relevant statutes and administrative rules. The opinion will discuss how the law applies to the questions asked or raised by the fact circumstances presented in the request.
- **Commission Advisory Opinion:** ORS 244.280 authorizes the Commission to prepare and adopt by vote a Commission Advisory Opinion. Commission advisory opinions are reviewed by legal counsel before being adopted by the Commissioners. The opinion will identify the relevant statutes and administrative rules and will discuss how the law applies to the questions asked or raised by the fact circumstances provided in the request. The Commission must respond to any request for a Commission Advisory Opinion within 60 days, unless the Commission extends the deadline by an additional 60 days.

Public officials who request advice or formal opinions must describe the specific facts and circumstances that provide the basis for questions about how the Oregon Government Ethics law may apply. The facts and circumstances may be hypothetical or actual, but must be prospective, describing a proposed transaction or action, not one that has already occurred. If actual circumstances indicate that a violation may have already occurred, the staff cannot provide advice or an opinion because to do so could compromise the Commission's objectivity if a complaint were to be filed. As described below, whether a public official relied on Commission advice or opinions is relevant to sanctions, in the event a complaint is filed against the public official.

If a person requests, receives or relies on any of the advice or opinions authorized by ORS 244.280 through ORS 244.284, does that person have what is referred to as “safe harbor”?

There is no “safe harbor,” if the term is understood to mean that any person who relies on any advice or opinions offered by the Commission or the staff is protected from being a respondent to a complaint or from being found in violation of laws within the jurisdiction of the Commission.



There is, however, specific and conditional protection for any person who has requested and relied in good faith upon advice or an opinion from the Commission or its staff. The conditions and protection is as follows:

- The fact circumstances described in the request must not misrepresent, misstate or omit material facts.
- Reliance on the advice or opinion means that the action or transactions of the person were those described or suggested in the advice or opinion.
- The protection applies only during the penalty phase, after the Commission has determined that a violation has occurred. If there was reliance on staff advice or a Staff Advisory Opinion, the Commission may consider the reliance during the penalty phase. If reliance was on a Commission Advisory Opinion, the Commission may not impose a penalty.

The specific protections for the different forms of advice are as follows:

Staff Advice: If the Commission makes a finding that a public official violated provisions of law within its jurisdiction, and that public official acted in accordance with staff advice offered under the authority of ORS 244.284, the Commission may consider that information when sanctioning the violation. [ORS 244.284(2)] The Commission is not prevented from finding a violation, but the sanction imposed could be affected.

Staff Advisory Opinion: If the Commission determines that a public official violated provisions of law within its jurisdiction, and the public official acted in accordance with a staff advisory opinion under the authority of ORS 244.282, in sanctioning the violation, the Commission may consider whether the public official committed the violation when acting in reliance on the staff advisory opinion. [ORS 244.282(3)] The Commission is not prevented from finding a violation in these circumstances, but any sanction is limited to issuing a written letter of reprimand, explanation, or education, unless it finds that the person omitted or misstated material facts in the request for a staff advisory opinion.

Commission Advisory Opinion: The Commission may not impose a penalty on a person for any good faith action taken by the person while relying on a Commission Advisory Opinion, unless it is determined that the person who requested the opinion omitted or misstated material facts in the opinion request. [ORS 244.280(3)] For the Commission Advisory Opinion to be a factor in preventing the imposition of a penalty, it is important to understand that the circumstances described in the request must have been an accurate description of what occurred when the respondent committed the violation, and the actions of the respondent must have been those recommended or described in the Commission Advisory Opinion. The Commission is not prevented from finding a violation in these circumstances, but could be prevented from imposing a sanction.

Any person who has not requested advice or an opinion must be cautious when trying to apply advice or opinions offered to others. The advice and opinions given are based on and tailored to the specific fact circumstances presented in a request. Fact circumstances

vary from one situation to another and they vary from one public official to another. If a person reviews an opinion or advice issued to another for circumstances the person believes similar to those now met and relies on that advice, the person must ensure the similarity is sufficient for the application of law to be the same.

It is important to remember that the provisions of law apply to the individual actions of the person or public official. There are events or occasions when more than one public official may be present and participating in their official capacities. Depending on the circumstances and conditions for an event or transaction, the law may have a different application for one public official than for other public officials.

Published advice that the Commission has issued may be found at <https://www.oregon.gov/oec/public-records/Pages/Advice-and-Opinions.aspx>



Compliance:

The Commission has a program manager who oversees the management and administration of the various reports that are filed with the Commission. There are approximately 1,000 lobbyists who must file or renew their lobbying registrations every two years. These lobbyists, and their clients or employers, must also file lobbying activity expense reports every quarter. Additionally, there are approximately 5,500 public officials who must file the Annual Verified Statement of Economic Interest each April 15. The program manager and Commission staff are available by telephone or e-mail to provide assistance and answer questions about registration and filing requirements and procedures.

Complaint Review Procedures:

Investigations are initiated through a complaint procedure. [ORS 244.260 and ORS 171.778] Any person may file a signed, written complaint alleging that there may have been a violation of Oregon Government Ethics law, Lobbying Regulation or the executive session provisions of Oregon Public Meetings law. The complaint must identify the public official believed to have violated the law, and must state the person's reason for believing that a violation may have occurred and include any evidence that supports that belief. The complaint must identify and be signed by the person filing it. Anonymous complaints are not accepted. The executive director reviews the complaint for jurisdiction and sufficiency. If additional information is needed, the complainant is asked to provide that information.

Complaints are filed online via the “Complaint Form” found on the Commission’s website homepage at <https://www.oregon.gov/ogec/public-records/Pages/Complaints.aspx>. All complaints must be signed, either through an e-signature if submitted through the online complaint system, or an inked signature if filed by paper. NOTE: The name of the complainant is furnished to the subject of a complaint.

If there is reason to believe that a violation of laws within the jurisdiction of the Commission may have been committed, a case will be initiated upon receipt of a complaint. The Commission may also initiate a case on its own complaint by motion and vote. Before approving such a motion, the public official against whom the action may be taken is notified and given an opportunity to appear before the Commission at the meeting when the matter is discussed or acted upon.

When a case is initiated, the public official against whom the allegations are made is referred to as the respondent. The respondent is notified of the complaint and provided with the information received in the complaint and the identity of the complainant. Whether based on a complaint or a motion by the Commission, the initial stage of the case is called the preliminary review phase. The time allowed for this phase is limited to 30 days (135 days for lobby cases) and ends when the executive director finalizes the preliminary review report.

A court may enjoin the Commission from continuing its inquiry during the preliminary review phase. Also, if a complaint is made against a candidate within 61 days of an election, the candidate may make a written request for a delay. [ORS 244.260(4)(a)]

During the preliminary review phase, the Commissioners and staff can make no public comment on the matter other than to acknowledge receipt of the complaint. It is maintained as a confidential matter until the Commission meets in executive session to consider whether to dismiss the complaint or find cause to conduct an investigation. Following the Commission’s consideration of the preliminary review report in executive session, the case file is subject to public disclosure.

If the Commission votes to dismiss the complaint, the matter is concluded and both the respondent and complainant are notified. If cause is found to investigate, then an investigatory phase begins. The investigatory phase is limited to 180 days. The investigatory phase may be suspended during a pending criminal investigation if the Commission determines that its own investigation cannot be adequately completed until the criminal investigation is complete, or if a court enjoins the Commission from investigation.

During the investigatory phase, Commission investigators will solicit information and documents from the complainant, respondent, and other witnesses and sources that are identified. Before the end of the 180 day investigatory period, an investigation report will be prepared. The investigation report is reviewed by the Commission’s legal counsel before being finalized by the executive director. The investigation report is presented to the Commission in the public session portion of its meeting. The Commission will then

consider the results of the investigation and generally will vote to either dismiss the complaint or make a preliminary finding that a violation of law was committed by the respondent. The preliminary finding of a violation is based on what the Commission considers to be a preponderance of evidence sufficient to support such a finding.

If a preliminary finding of violation is made, the respondent will be offered the opportunity to request a contested case hearing. At any time, either during the investigative phase or after a preliminary finding of violation is made, the respondent is encouraged to negotiate a settlement with the executive director, who represents the Commission in such negotiations. Most cases before the Commission are resolved through a negotiated settlement, with the terms of the agreement set forth in a Stipulated Final Order.

The Commission has a variety of sanctions available after making a finding that a violation occurred. Sanctions range from letters of education, reprimand, or explanation, to civil penalties and forfeitures. The maximum civil penalty that can be imposed for each violation of Oregon Government Ethics law is \$5,000, except for violations of ORS 244.045 (regulation of subsequent employment) where the maximum penalty is \$25,000 and for “willful” violations of ORS 244.040 (the “prohibited use of position or office” provision) where the maximum penalty is \$10,000. An additional civil penalty may be assessed equal to twice the financial gain that a respondent realized from a violation. Each violation of the executive session provisions in ORS 192.660 is subject to a maximum fine of \$1,000. Any monetary sanctions paid are deposited into the State of Oregon General Fund.

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Agency 834

Appn Year			2025		
			Monthly Activity	Biennium to Date	Budget
Fund	Budget Obj	Budget Obj Title			
3400	1000	REVENUES	250,303.76	397,103.16	3,972,405.00
	2500	TRANSFER OUT	0.00	0.00	267,000.00
	3000	PERSONAL SERVICES	105,513.41	193,973.14	2,273,180.00
	4000	SERVICES AND SUPPLIES	76,765.78	106,132.52	1,968,770.00
3400 Total			432,582.95	697,208.82	8,481,355.00
Grand Total			432,582.95	697,208.82	8,481,355.00

Agency	834		
Agency Title	BOARD OF DENTISTRY		
Appn Year	2025		
Rpt Fiscal Mm	02		
Rpt Fiscal Mm Name	AUGUST 2023		
Load Date GI	9/15/2023		
	Monthly Activity	Biennium to Date	Budget

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl			
3400	BOARD OF DENTISTRY	1000	REVENUES	0205	OTHER BUSINESS LICENSES	243,419.00	276,254.00	3,495,149.00
				0210	OTHER NONBUSINESS LICENSES AND FEES	0.00	500.00	14,900.00
				0410	CHARGES FOR SERVICES	2,468.50	2,580.50	148,355.00
				0505	FINES AND FORFEITS	0.00	107,839.70	240,000.00
				0605	INTEREST AND INVESTMENTS	4,191.43	8,144.13	60,000.00
				0975	OTHER REVENUE	224.83	1,784.83	14,001.00
			REVENUES Total			250,303.76	397,103.16	3,972,405.00
		2500	TRANSFER OUT	2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	0.00	267,000.00
				TRANSFER OUT Total			0.00	0.00
		3000	PERSONAL SERVICES	3110	CLASS/UNCLASS SALARY & PER DIEM	67,173.14	123,198.60	1,403,771.00
				3115	BOARD MEMBER STIPENDS	4,710.00	8,007.00	46,900.00
				3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,585.00
				3170	OVERTIME PAYMENTS	0.00	113.83	6,669.00
				3180	SHIFT DIFFERENTIAL	0.00	1.00	0.00
				3190	ALL OTHER DIFFERENTIAL	591.25	1,182.50	41,510.00
				3210	ERB ASSESSMENT	13.14	26.28	404.00
				3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	12,895.06	23,720.81	255,636.00

Agency	834		
Agency Title	BOARD OF DENTISTRY		
Appn Year	2025		
Rpt Fiscal Mm	02		
Rpt Fiscal Mm Name	AUGUST 2023		
Load Date GI	9/15/2023		
	Monthly Activity	Biennium to Date	Budget

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl			
3400	BOARD OF DENTISTRY	3000	PERSONAL SERVICES	3221	PENSION BOND CONTRIBUTION	3,794.83	6,971.82	80,296.00
				3230	SOCIAL SECURITY TAX	5,497.36	10,055.01	116,198.00
				3241	PAID FAMILY MEDICAL LEAVE INSURANCE	287.45	525.76	5,391.00
				3250	WORKERS' COMPENSATION ASSESSMENT	11.23	22.37	351.00
				3260	MASS TRANSIT	406.56	746.92	9,521.00
				3270	FLEXIBLE BENEFITS	10,133.39	19,401.24	301,948.00
			PERSONAL SERVICES Total			105,513.41	193,973.14	2,273,180.00
		4000	SERVICES AND SUPPLIES	4100	INSTATE TRAVEL	1,382.36	1,382.36	55,194.00
				4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,220.00
				4150	EMPLOYEE TRAINING	(595.00)	1,580.00	58,929.00
				4175	OFFICE EXPENSES	663.90	1,074.65	99,149.00
				4200	TELECOMM/TECH SVC AND SUPPLIES	414.80	1,085.31	27,088.00
				4225	STATE GOVERNMENT SERVICE CHARGES	1,427.36	1,482.36	94,114.00
				4250	DATA PROCESSING	414.22	837.44	163,405.00
				4275	PUBLICITY & PUBLICATIONS	0.00	60.77	16,145.00
				4300	PROFESSIONAL SERVICES	51,834.00	65,501.00	458,367.00
				4315	IT PROFESSIONAL SERVICES	0.00	0.00	161,038.00
				4325	ATTORNEY GENERAL LEGAL FEES	6,758.40	6,758.40	338,907.00
				4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	120.00	120.00	766.00
				4400	DUES AND SUBSCRIPTIONS	0.00	574.90	11,331.00
				4425	LEASE PAYMENTS & TAXES	7,952.81	15,905.62	206,576.00
				4475	FACILITIES MAINTENANCE	0.00	0.00	634.00

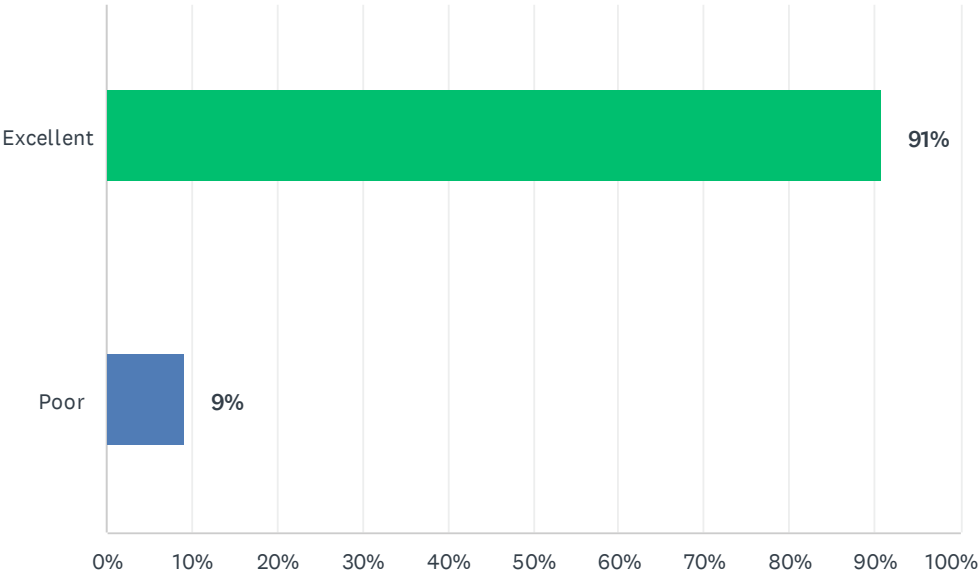
Agency	834		
Agency Title	BOARD OF DENTISTRY		
Appn Year	2025		
Rpt Fiscal Mm	02		
Rpt Fiscal Mm Name	AUGUST 2023		
Load Date GI	9/15/2023		
	Monthly Activity	Biennium to Date	Budget

Fund	D23 Fund Title	D10 Budget Obj	Budget Obj	ORBITS (D10 Compt Srce Grp)	D10 Compt Srce Grp Ttl			
3400	BOARD OF DENTISTRY	4000	SERVICES AND SUPPLIES	4575	AGENCY PROGRAM RELATED SVCS & SUPP	301.76	444.28	142,660.00
				4650	OTHER SERVICES AND SUPPLIES	6,091.17	9,325.43	94,383.00
				4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	6,343.00
				4715	IT EXPENDABLE PROPERTY	0.00	0.00	25,521.00
			SERVICES AND SUPPLIES Total			76,765.78	106,132.52	1,968,770.00

DAFR9210 Agency 834 - month end

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

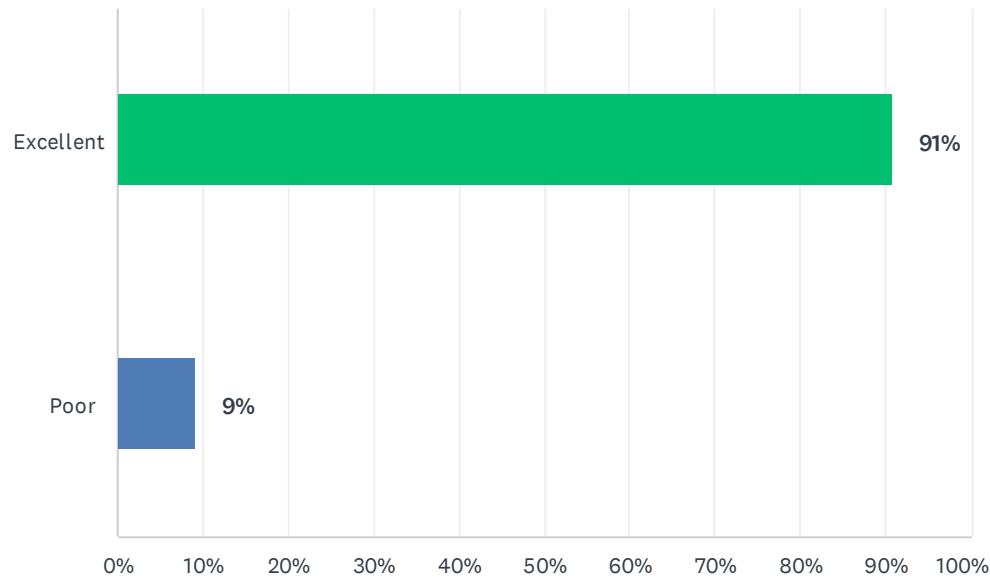
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	91%	10
Poor	9%	1
TOTAL		11

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

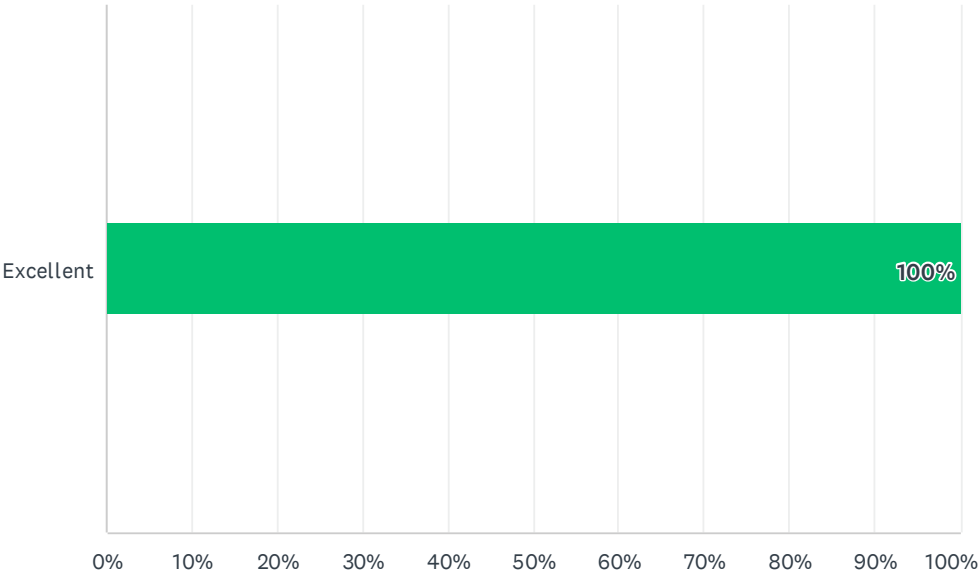
Answered: 11 Skipped: 0



ANSWER CHOICES		RESPONSES	
Excellent		91%	10
Poor		9%	1
TOTAL			11

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

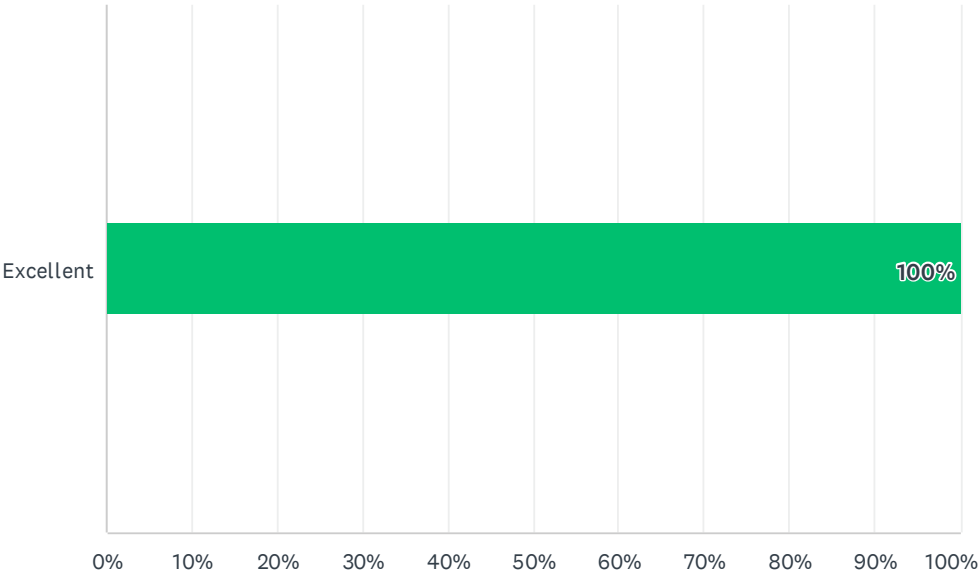
Answered: 11 Skipped: 0



ANSWER CHOICES		RESPONSES	
Excellent		100%	11
TOTAL			11

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

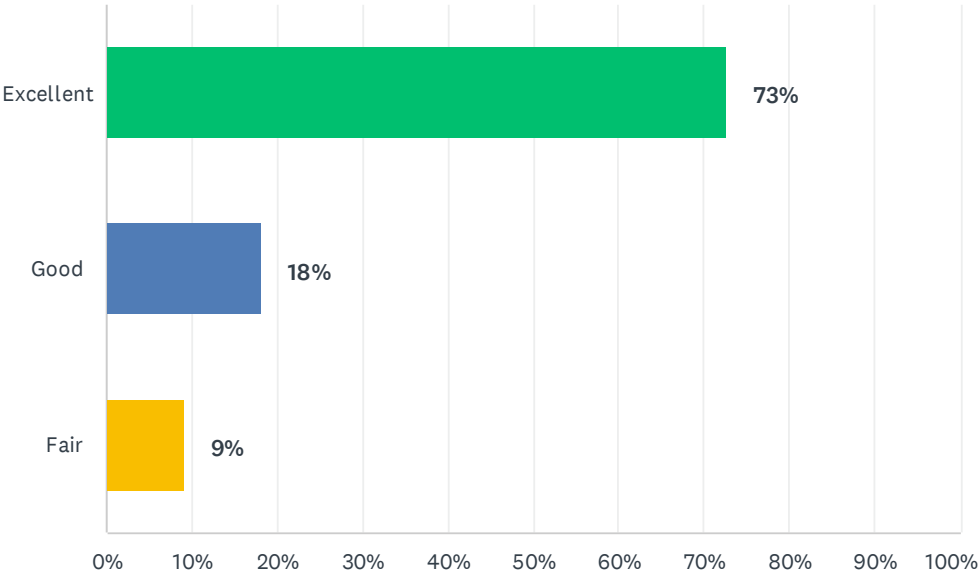
Answered: 11 Skipped: 0



ANSWER CHOICES		RESPONSES	
Excellent		100%	11
TOTAL			11

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

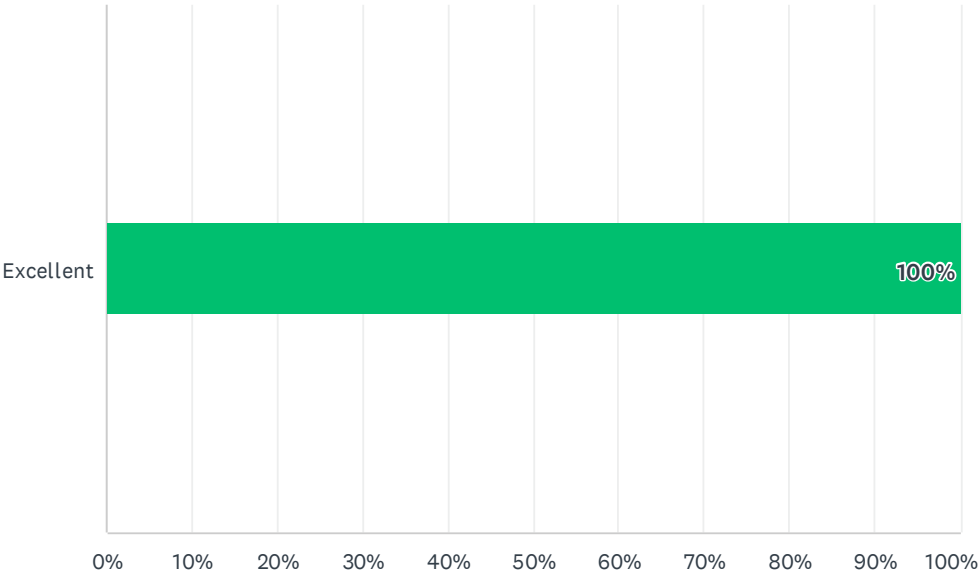
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	73%	8
Good	18%	2
Fair	9%	1
TOTAL		11

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

Answered: 11 Skipped: 0



ANSWER CHOICES		RESPONSES	
Excellent		100%	11
TOTAL			11

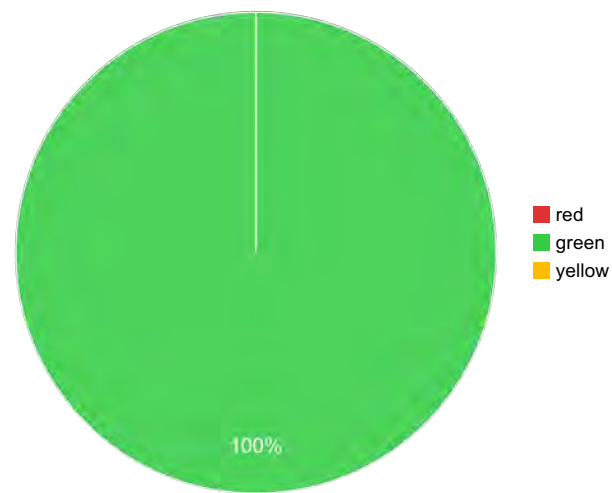
Board of Dentistry

Annual Performance Progress Report

Reporting Year 2023

Published: 9/7/2023 11:39:54 AM

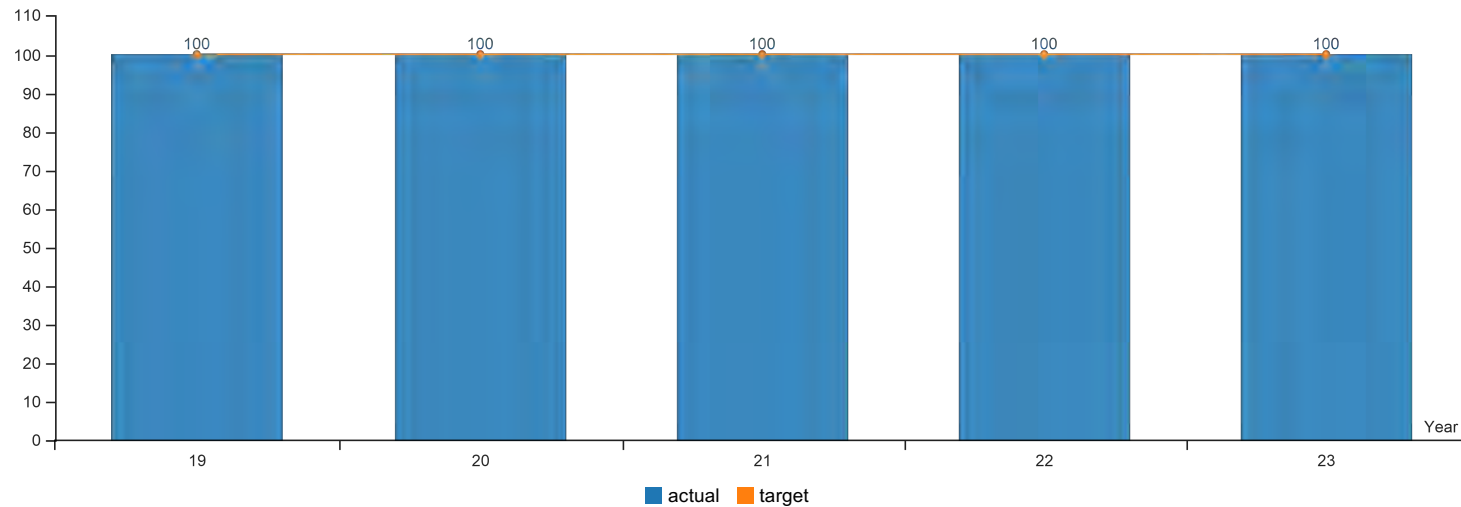
KPM #	Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average months from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - 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:	100%	0%	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	2019	2020	2021	2022	2023
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

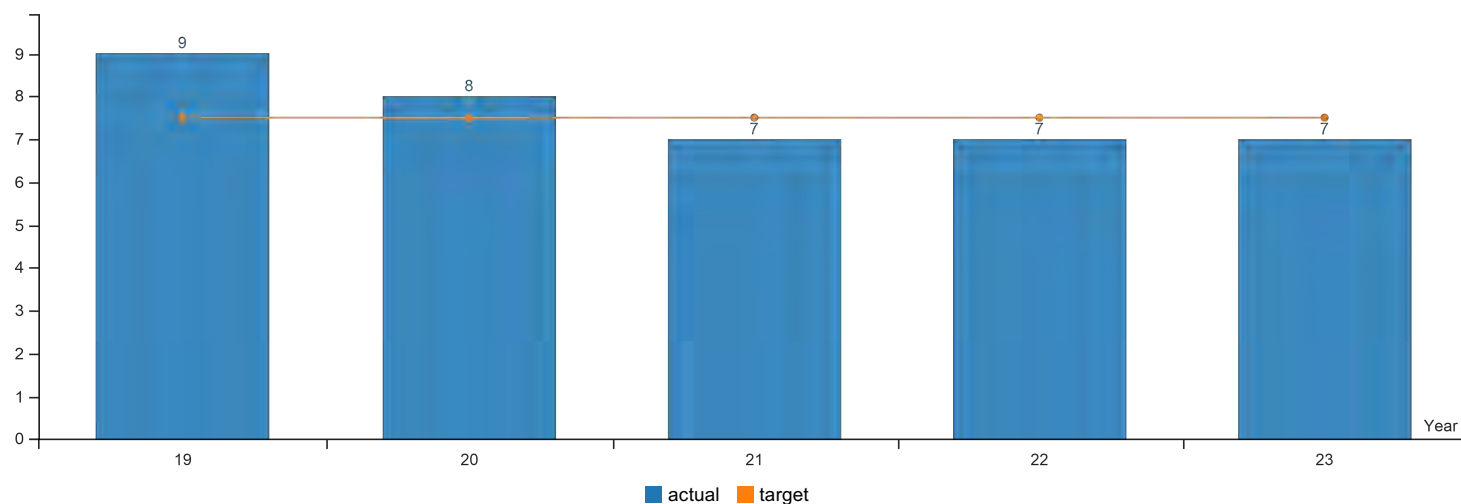
For FY 2023 we accomplished this goal by requiring our licensees complete and comply with continuing education requirements. The Board's view is that licensees should keep current on practice issues. One way to do this is to take continuing education courses during their two-year licensure period. The 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	2019	2020	2021	2022	2023
Average time to Investigate Complaints					
Actual	9	8	7	7	7
Target	7.50	7.50	7.50	7.50	7.50

How Are We Doing

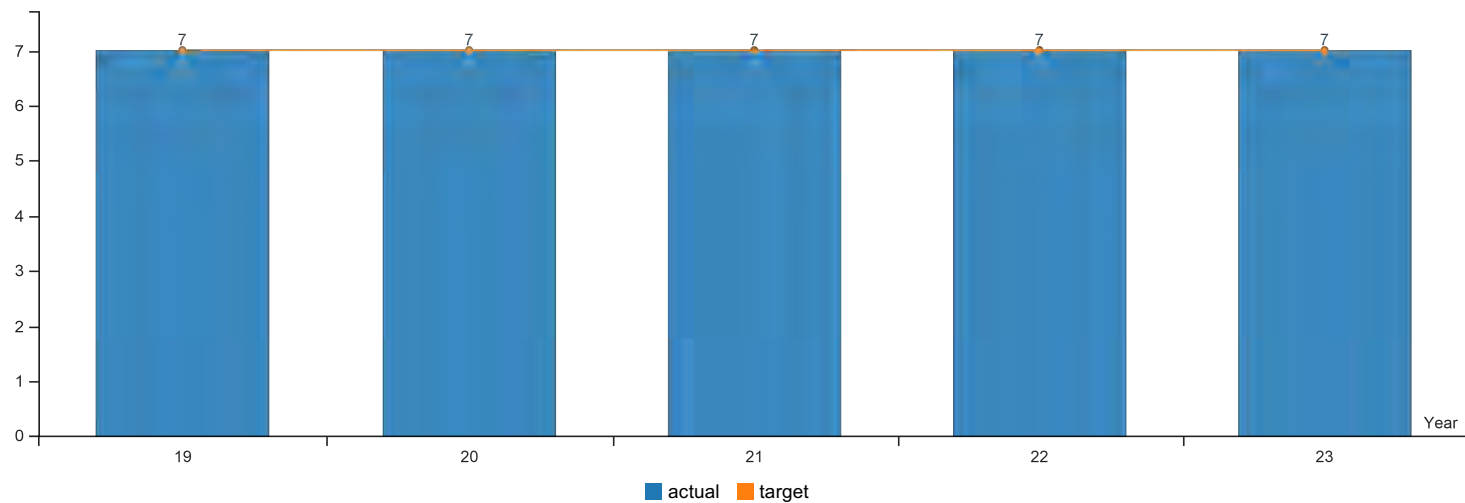
The investigators worked hard to close the cases and the regularly scheduled Board meetings remained on schedule in spite of the lingering effects of the pandemic. An investigation can sometimes take longer than usual because of a number of reasons: the number of treatment providers involved in the case, 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 2023 was 213 compared to 150 in FY 2022. The number of cases closed in FY 2023 was 170 compared to 154 in FY 2022. All new complaints are addressed and investigated in a timely manner.

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	2019	2020	2021	2022	2023
Average Number of Working Days to Issue license after Paperwork is Completed.					
Actual	7	7	7	7	7
Target	7	7	7	7	7

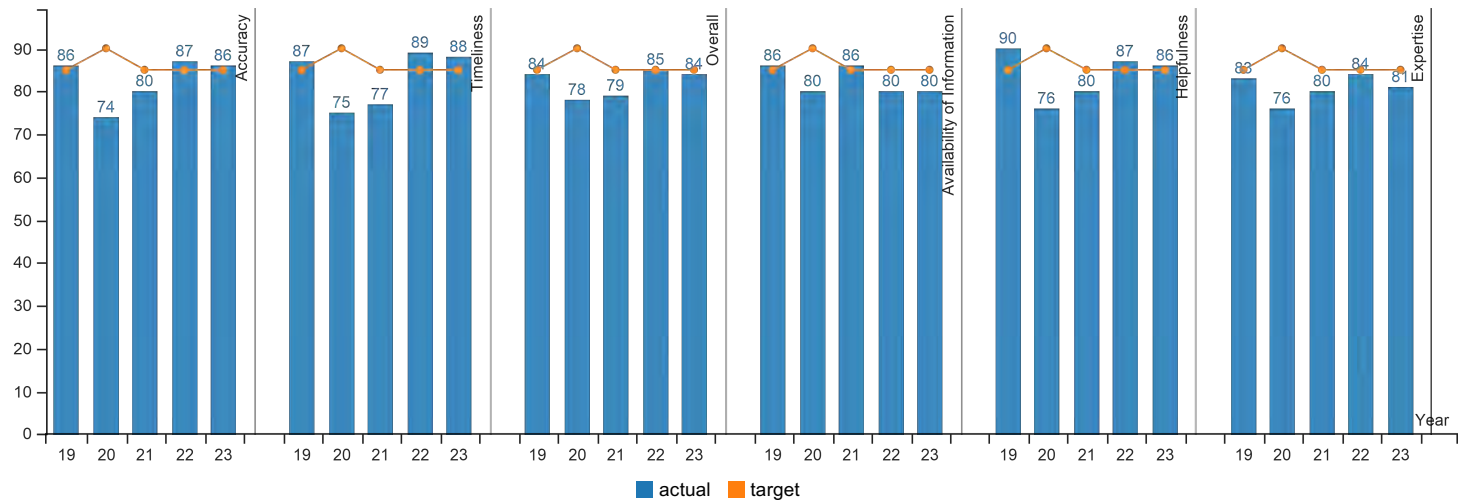
How Are We Doing

For FY 2023 we accomplished this goal. Although there were delays due to the pandemic and other agencies and entities working remotely. OBD Staff continued to work in the downtown Portland office and transitioned to a hybrid work model in spring of 2022. All staff were designated "essential personnel" back in March 2020 and remain so at the time of this report. Once all required documentation and paperwork is completed, then licenses were issued with minimal delay due to OBD Staff.

Factors Affecting Results

It is one of our priorities that applications and renewals be processed accurately and efficiently. The delay in processing (not issuing) was due to a number of factors beyond OBD Staff control: US Postal Service delays, schools delaying classes and transmitting transcripts, testing agencies modifying tests and other issues due to the pandemic.

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	2019	2020	2021	2022	2023
Accuracy					
Actual	86%	74%	80%	87%	86%
Target	85%	90%	85%	85%	85%
Timeliness					
Actual	87%	75%	77%	89%	88%
Target	85%	90%	85%	85%	85%
Overall					
Actual	84%	78%	79%	85%	84%
Target	85%	90%	85%	85%	85%
Availability of Information					
Actual	86%	80%	86%	80%	80%
Target	85%	90%	85%	85%	85%
Helpfulness					
Actual	90%	76%	80%	87%	86%
Target	85%	90%	85%	85%	85%
Expertise					
Actual	83%	76%	80%	84%	81%
Target	85%	90%	85%	85%	85%

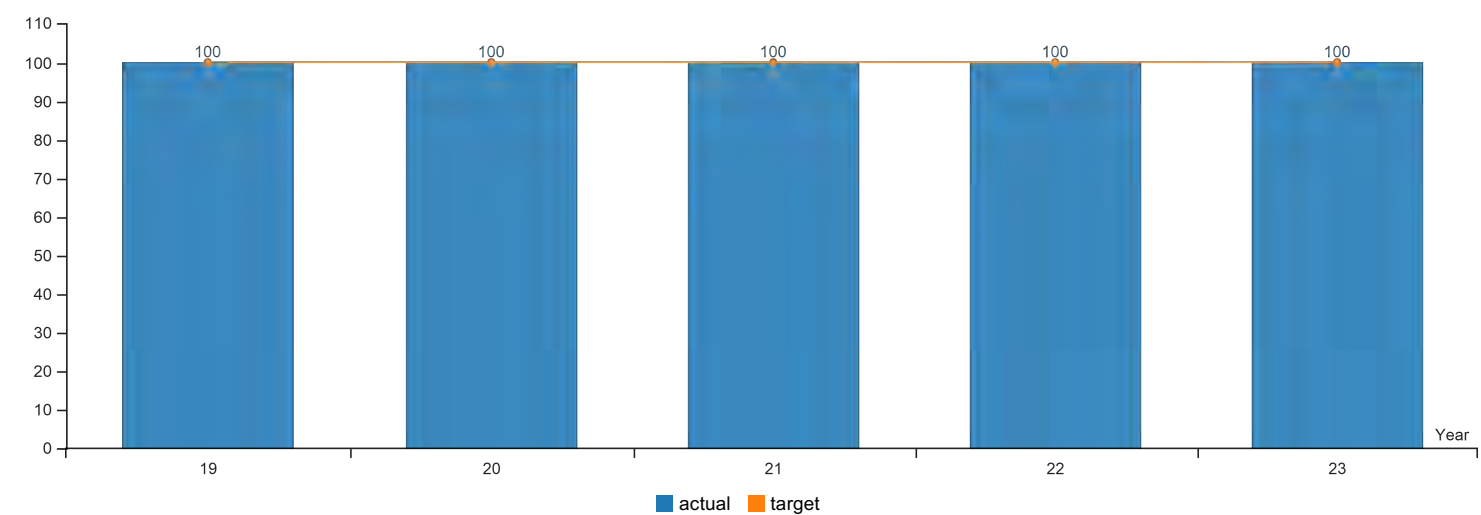
In compliance with the Oregon Legislatures directive, the Board conducts a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the statutory requirements and Mission of the Board. The overall results were positive.

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	2019	2020	2021	2022	2023
Compliance with Best Practices Performance Measurement					
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

How Are We Doing

For FY 2023 the Board accomplished this goal. Annually at the August Board Meeting the Board reviews these metrics and conducts the performance review of the Executive Director. The Board is in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

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 at its August 25, 2023 Board Meeting.

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 25, 2023 Board Meeting, the Board reviewed the best practices self-assessment documents and unanimously agreed that all Best Practices were met.

Governor Kotek's Expectations of Agency Leaders

	Complete	In Progress	Not Applicable	Other
Strategic Planning	X			
Succession Planning		X		Due Dec 31, 2023
Managing IT Processes			X	For agencies over 50 FTE
Performance Feedback for Employees	X			Quarterly Check Ins
Measuring Employee Satisfaction			X	For agencies over 75 FTE
Diversity, Equity and Inclusion Plan	X			
Agency Emergency Preparedness	X			
Agency Hiring Practices	X			
Audit Accountability				Date TBA
New Employee Orientation	X			more enhancements coming
Uplift Oregon Benefits Workshop	X			
Intro Manager Training			X	No new managers
Customer Service Training				Date TBA

OBD report as of 9/30/2023

M365 Sensitivity Labels – Mandatory October 16, 2023

Jennifer de Jong, EIS Shared Services Director

All Directors Meeting

September 12, 2023



ENTERPRISE
information services

Attachment #6

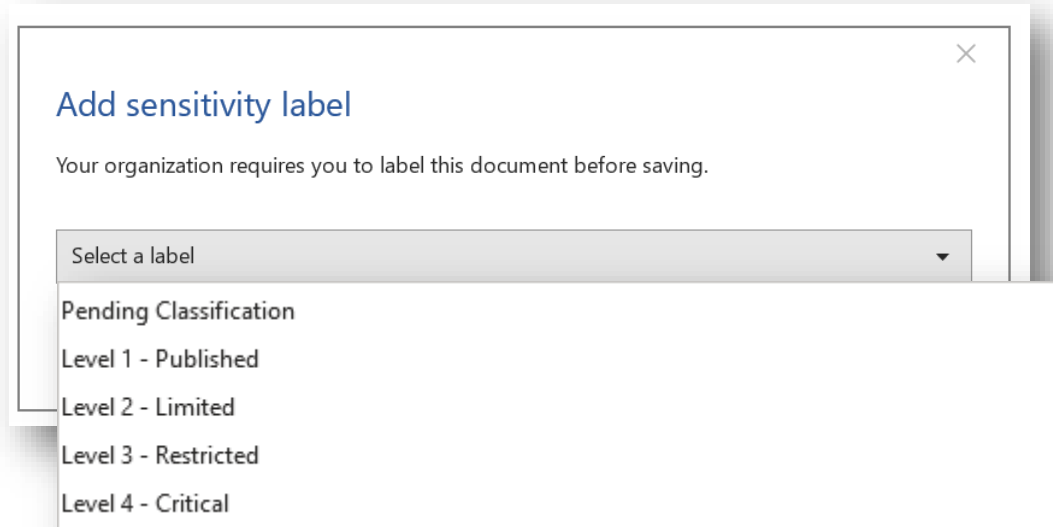
Review of M365 Sensitivity Labels

- ▶ M365 sensitivity labels provide the capability to label a document's data classification level based on Statewide Policy [107-004-050](#)
- ▶ Impacted M365 items include Word documents, Excel spreadsheets, PowerPoint, sites, teams, and M365 groups
- ▶ Labels will inform staff to reduce oversharing
- ▶ Mandatory effective October 16, 2023
- ▶ All M365 users will be required to add sensitivity labels to M365 items before editing, saving and sharing (available now as optional)

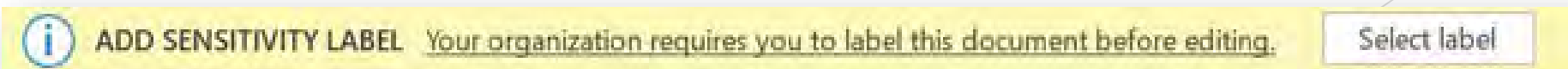


User Experience Effective October 16, 2023

- ▶ **New Items:** User will be prompted to select sensitivity label when saving a new item.

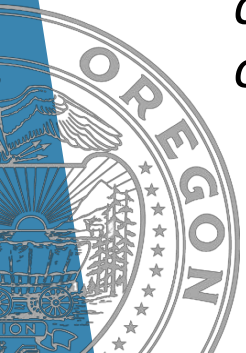
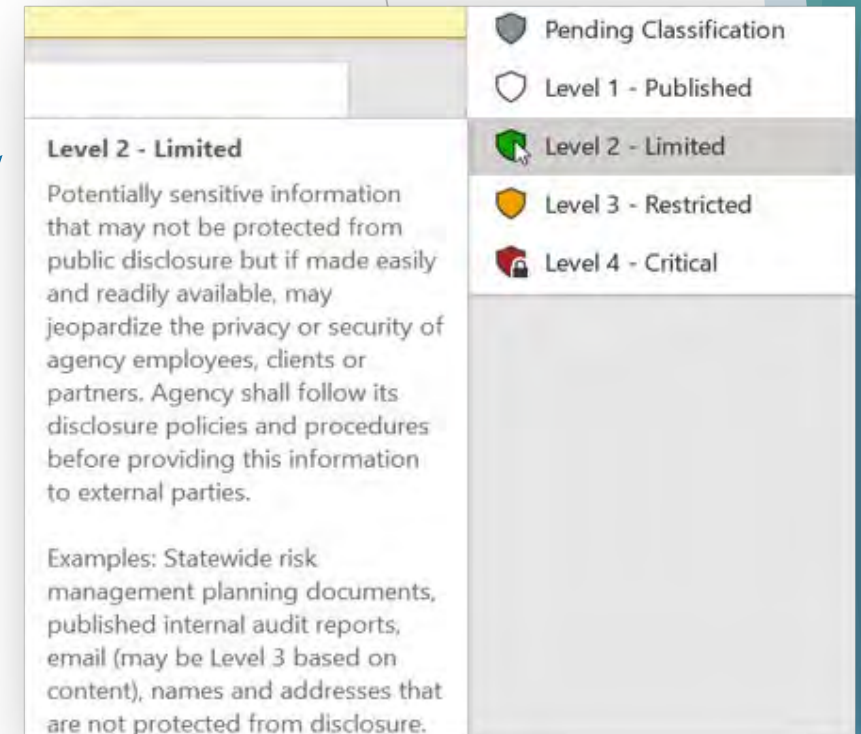
A screenshot of a dialog box titled "Add sensitivity label" with a close button (X) in the top right corner. Below the title, it says "Your organization requires you to label this document before saving." There is a dropdown menu with the placeholder text "Select a label". The dropdown is open, showing the following options: "Pending Classification", "Level 1 - Published", "Level 2 - Limited", "Level 3 - Restricted", and "Level 4 - Critical".

- ▶ **Existing Items:** When opening existing items as of October 16, 2023, the user will be prompted with this banner message.



Sensitivity Labels – Additional Support

- ▶ Agencies are responsible to provide communication and organizational change management. The following resources are available:
 - Definitions display when the user hovers over the label
 - Sensitivity Labels [Communications Guide](#)
 - Sensitivity Labels [User Guide](#)
 - [M365 Hub](#)
- ▶ *Note: While the technology enforces the use of sensitivity labels, the agency is responsible for ensuring data classifications are understood and applied correctly based on their business content.*



Thank you



STATEWIDE POLICY

<div><div><div>DAS</div><div>DEPARTMENT OF ADMINISTRATIVE SERVICES</div></div></div> <div>STATEWIDE POLICY</div>	<div>NUMBER</div> <div>107-004-050</div>	<div>SUPERSEDES</div> <div>Policy #107-004-050 January 1, 2008</div>
	<div>EFFECTIVE DATE</div> <div>7/12/2023</div>	<div>PAGE NUMBER</div> <div>Pages 1 of 4</div>
	<div>REVIEWED DATE</div> <div>7/12/2023</div>	
<div>Division</div> <div>Enterprise Information Services (State CIO)</div>	<div>REFERENCE</div> <div>ORS 162.305, 192.660, 276A.200, 276A.206, 276A.300, 291.110</div> <div>OAR 125-800-0005, 125-800-0020</div>	
<div>Policy Owner</div> <div>Data Governance and Transparency</div>		
<div>SUBJECT</div> <div>Information Asset Classification Policy</div>	<div>APPROVED SIGNATURE</div> <div>Terrence Woods, State Chief Information Officer (Signature on file with Strategic Initiatives and Enterprise Accountability Office)</div>	

PURPOSE

This policy defines Oregon state government’s approach to identifying, classifying, and protecting state data and information assets throughout their lifecycles. Information, like other assets, must be properly managed from its creation to disposal. For the purpose of this policy, data is incorporated into the definition of “information.”

APPLICABILITY

This policy applies to all state agencies as defined in ORS 276A.230, and includes any board, commission, department, division, or office within the Oregon Executive Branch. The following agencies and boards are excluded:

- Secretary of State
- State Treasurer
- The Attorney General, but only with respect to its authority under ORS 276A.303 over information systems security in the Department of Justice
- Oregon State Lottery
- State Board of Higher Education or any public university listed in ORS 352.002

FORMS/EXHIBITS/INSTRUCTIONS

The Statewide Information Security Plan identifies information asset protection safeguards and the Statewide Information Security Standards define the minimum technical requirements and approaches for implementing these safeguards. The current version of each document can be found on the [EIS Cyber Security Services page](#).

Enterprise Information Services' (EIS) Data Governance Policy (107-004-160) establishes the roles and responsibilities associated with stewarding data and information assets.

DEFINITIONS

Asset: Anything that has value to the organization. (Source: NIST Glossary)

Availability: Ensuring timely and reliable access to and use of information. (Source: NIST Glossary)

Confidentiality: Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information. (Source: NIST Glossary)

Data: Unprocessed facts, raw numbers, figures, images, words, sounds, derived from observations or measurements. Data is the raw material for information. (Source: EIS Data Governance Policy)

Information: Data that has been processed to add context, meaning, and/or interpretation. Information assets may be documents, reports, analytical products, dashboards, or other products and exists in both digital and analog forms.

GENERAL INFORMATION

As with other assets, not all data and information assets have the same value or importance to the state and therefore information requires different levels of protection. Information asset classification is a critical first step to ensure that the state's information assets have a level of protection corresponding to their sensitivity and value. All state agency information must be classified and protected based on its confidentiality and sensitivity requirements.

Agencies comply with this policy by identifying information assets under the custodianship of the agency and subsequently assigning a classification level to each asset. Agencies should focus initially on identifying and classifying Level 3 or Level 4 information assets. Agencies may create procedures, standards or guidance consistent with this policy and the Statewide Information Security Standards. Agencies are expected to maintain information asset inventories and update them periodically. EIS may request an audit of the agency's established information asset inventory, classification program, or processes and procedures for inventorying and classifying information assets.

Information Classification Responsibilities

Each agency must establish procedures and practices for managing information assets within the agency's lines of business. These procedures and practices must:

- 1) Establish processes for identifying agency information assets and assigning classification levels;
- 2) Establish procedures in support of decision-making regarding controls, access privileges of users, and ongoing information management;
- 3) Ensure the information is regularly reviewed for value and updated to manage changes to risks due to new threats, vulnerabilities, or changes in the environment;
- 4) Establish practices for periodic reclassification based on business impact, changing business priorities or new laws, regulations, and security standards; and
- 5) Establish practices in accordance with all laws and regulations for releasing or sharing information assets according to their classification level.

Information Classification Levels

Each agency shall identify its information assets and their sensitivity according to the classification scheme identified below. All information assets shall be classified strictly according to their level of sensitivity as follows:

Level 1, “Published” – Low-sensitive information. Information that is not protected from disclosure, that if disclosed will not jeopardize the privacy or security of agency employees, clients and partners. This includes information regularly made available to the public via electronic, verbal or hard copy media.

Examples: Press releases, brochures, pamphlets, public access webpages, and materials created for public consumption.

Level 2, “Limited” – Potentially sensitive information that may not be protected from public disclosure but if made easily and readily available, may jeopardize the privacy or security of agency employees, clients or partners. Agency shall follow its disclosure policies and procedures before providing this information to external parties.

For user account credentials (e.g. usernames and/or passwords) for state-owned or controlled information systems, agencies shall classify “personal information” as defined in ORS 646A.602(12)(a)(B) (“[a] user name or other means of identifying a consumer for the purpose of permitting access to the consumer’s account, together with any other method necessary to authenticate the user name or means of identification.”) at a minimum as Level 2 information, unless criteria for a Level 3 or Level 4 classification for the related account or system also applies. If the related account or system contains Level 3 or Level 4 information, the user account information should be similarly classified.

Examples: Statewide risk management planning documents, published internal audit reports, email (may be Level 3 based on content), names and addresses that are not protected from disclosure.

Level 3, “Restricted” – Sensitive information, or regulated data intended for limited business use that may be exempt from public disclosure because, among other reasons, such disclosure will jeopardize the privacy or security of agency employees, clients, partners or individuals who otherwise qualify for an exemption. Information in this category may be accessed and used by internal parties only when specifically authorized to do so in the performance of their duties. External parties requesting this information for authorized agency business must be under contractual obligation of confidentiality with the agency (for example, confidentiality/non-disclosure agreement) prior to receiving it.

Agencies shall classify “personal information” as defined in ORS 646A.602(12)(a)(A), at minimum as Level 3 information. Agencies shall classify “personal information” as Level 4 if the information meets the definition of Level 4 provided below.

Security threats at this level include unauthorized disclosure, alteration or destruction of data as well as any violation of privacy practices, statutes or regulations. Information accessed by unauthorized individuals could result in financial loss or identity theft. Security efforts at this level are rigorously focused on confidentiality, integrity, and availability.

Examples: Network diagrams, personally identifiable information (for example, credit card information, Social Security numbers, regulated data), other information exempt from public records disclosure.

Level 4, “Critical” – Information that is deemed extremely sensitive and is intended for use by named individual(s) only. This information is typically exempt from public disclosure because, among other reasons, such disclosure would potentially cause major damage or injury up to and including death to the named individual(s), agency employees, clients, partners, or cause major harm to the agency.

Examples: Information that, if disclosed, could result in loss of life, disability or serious injury or disruption to critical agency operations; regulated information with significant penalties for unauthorized disclosure.

Information may have different classifications during its life cycle. Agencies are responsible for periodic reclassification based upon business impact, changing business priorities and/or new laws, regulations, and security standards. Information received from another agency must be maintained according to the classification assigned by the custodian agency.



Uprise Health Monitoring Health Professionals' Services Program (HPSP) Satisfaction Report

Year 13 Annual Report: January and July 2023 Surveys

Health Professionals' Services Program
PO Box 8668
Portland, Oregon 97207
Phone: 888.802.2843
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Hpspmonitoring.com

Attachment #7

Executive Summary

Health Professionals' Services Program Satisfaction Survey: Year 13 Annual Report

Overview: This Health Professionals' Services Program report reviews the satisfaction survey results for the thirteenth year of the program. Surveys were sent at the beginning of both January and July 2023 to the following groups of stakeholders: Licensees, Workplace Monitors, Providers (GMC/PMCs and third-party evaluators), and Professional Health Associations.

An overview of the number of surveys sent, number of responses received, and the response rate by stakeholder group is displayed below:

Table 1: Response Rate – Year 13	Licensees	Workplace Monitors	Providers (GMC/PMC/3 rd Party Evaluators)	Health Associations
# Sent	239	173	37	36
# Of Responses	29	10	7	0
Response Rate	12.1%	5.8%	18.9%	0.0%

Highlights

1. Licensee responses were received from three of four boards. No responses from any Board of Pharmacy licensees were received this year:
 - a. Over 95% of respondents “agree” or “strongly agree” that they understand the program’s statutory monitoring requirements
 - b. A majority feel that they are treated with dignity (58.6%) and respect (68.9%).
 - c. 82.1% feel that the program requirements are clearly explained.
 - d. 96.5% feel that HPSP provides a “significant amount” or between a “significant amount” and “some” structure. 100% of respondents feel this way about the program’s accountability.
 - e. A minimum of 83% of respondents “agree” or “strongly agree” that:
 - i. questions/concerns are addressed fully;
 - ii. information is communicated clearly and professionally; and
 - iii. the Agreement Monitor is knowledgeable about his/her case.
 - f. The HPSP website was used by 69% of respondents and, of those, 65% find it “useful” or “extremely useful.”
 - g. RecoveryTrek’s tools (portal and app) were included in this period’s survey for the first time. 77% of respondents used the portal, of which 60% were “very satisfied” or “satisfied.” 100% of respondents used the app, and 53.9% were “very satisfied” or “satisfied.”
 - h. 82.2% rated HPSP as “excellent,” “above average,” or “average.”
2. Responses were received from Workplace Monitors for licensees from all boards except the Board of Dentistry:
 - a. 100% of workplace monitor respondents indicated that they are satisfied or very satisfied with Uprise Health’s support in their role as a workplace monitor.
 - b. Uprise Health’s ability to monitor licensees to ensure safety in the workplace is also endorsed by 100% of monitors.
 - c. “Excellent” was the most frequent response to four out of five of the items rating Uprise Health’s services, including response timeframe; ability to respond to questions regarding program administration; frequency of feedback; and overall services.
 - d. 100% rated their overall experience working with Uprise Health as “excellent,” “above average,” or “average.”
3. All GMC/PMC providers and evaluator respondents rated the program positively.
 - a. 100% of respondents felt that questions and concerns were responded to promptly and that information was communicated clearly and professionally.
 - b. 71.5% indicated that they had all necessary information was on hand when they met with the licensee.

- c. All but one respondent provided an “excellent” or “above average” rating of their overall experience working with HPSP staff. The other respondent provided an “average” rating. Notably, 71.4% provided an excellent rating.
- 4. While 18 members of professional healthcare associations were surveyed twice this year, no responses were received. Uprise Health will continue to foster relationships with these important stakeholders in the coming year.

All responses will be reviewed by the PAC and an action plan will be put into place to provide for continued improvement.

Uprise Health Monitoring

Health Professionals' Services Program (HPSP)

Satisfaction of LICENSEES

Purpose

The purpose of assessing participants (licensees) in the Health Professionals' Services Program (HPSP) is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of HPSP. In order to provide continuous quality services, Uprise Health evaluates licensees' satisfaction with HPSP twice yearly.

Feedback is obtained from licensees via a satisfaction survey that is mailed or emailed to each licensee. When mailed, licensees are given the option of completing the enclosed survey and mailing it back to Uprise Health in the postage-paid envelope or completing the survey online through the included link. The survey is short and can be completed in 2-3 minutes. Feedback includes information about program administration, Uprise Health customer service, communication, Agreement Monitors, the portal, and overall services.

One method of determining the value of HPSP is through the Satisfaction Survey. One of the roles of the Uprise Health Policy Advisory Committee (PAC) is quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 13	Year 12	Year 11	Year 10	Year 9
# Sent	108	239	296	354	387	383
# Of Responses	13	29	44	55	65	80
Response Rate	12.0%	12.1%	14.9%	15.5%	16.8%	20.1%

The HPSP Licensee Satisfaction Survey was issued to all the licensees who had been enrolled for more than four months. This delay allows licensees to become established in the program before providing program feedback.

The survey was emailed to 103 licensees and mailed to five this period, for a total of 108 surveys distributed. A total of 13 responses were received, representing a response rate of 12.0%. This continues the years-long trend of decreasing responses.

For the year, a total of 239 surveys were distributed with 29 responses received, nearly exactly the same response rate (12.1%) for period one. There was a decrease in response rate of nearly three percent from year 12. Results should be continue to be considered with caution as it cannot be assumed that the results represent all participants.

Respondents

Question 1: Respondents are first asked the board by which they are licensed. Data is displayed in Table 2. The Medical Board was overrepresented for both the period and the year (much more so for the period). The Board of Nursing had the next highest response rate for both the period and the year and was accurately represented among all boards for the year. The Board of Dentistry had the third lowest response rate for the year and had no responses for the period. The Board of Pharmacy was not represented in either the period or the year as a whole.

Data Table 2:

Table 2: Respondents by Board	This Period (n=13)		Year 13 (n=29)		Year 12 (n=44)	
	#	%	#	%	#	%
Medical Board	11	84.6%	20	69.0%	24	54.5%
Board of Nursing	2	15.4%	7	24.1%	12	27.3%
Board of Dentistry			2	6.9%	7	15.9%
Board of Pharmacy					1	2.3%
No Response						

Question 2: Continuing to learn about the response pool, the survey then asks if the respondent is currently participating in the toxicology program. Results for the period and the year show that nearly 100% of respondents were testing. Licensees with mental health only diagnoses with no indication of a substance use disorder are not required to test unless required by their board or recommended by their independent third-party evaluator (after six tests in the first six months).

Data Table 3:

Table 3: Participating in Toxicology Program?	This Period (n=13)		Year 13 (n=29)		Year 12 (n=44)	
	#	%	#	%	#	%
Yes	13	100%	28	95.6%	42	95.5%
No			1	3.4%	2	4.6%
No Response						

Overall Program

Question #3: This question asks licensees to respond to four statements regarding the overall program. These statements include understanding the program's statutory requirements, the ability of the program to treat the licensee with dignity and with respect, and the program requirements being clearly explained. Although original response data is displayed in Tables 4a-c, the chart below combines the data for the year to provide additional insight into the response patterns:

	Strongly Agree or Agree	Disagree or Strongly Disagree
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	96.5%	3.5%
The program treats me with dignity.	58.6%	41.4%
The program treats me with respect.	68.9%	31.1%
The program requirements are clearly explained.	82.1%	17.9%

It is affirming to note that the overwhelming majority of respondents endorsed understanding the program's statutory requirements, with only one respondent disagreeing. (It should be noted that the same respondent answered all survey questions negatively, which should be considered when reviewing the overall results.) Additionally, greater than 80% of respondents felt that program requirements are clearly explained. As in period one of year 13, respondents expressed a decrease in ratings concerning the program treating them with dignity and respect over year 12. Specific comments (included at the end of this report) indicate that dissatisfied respondents largely point to statutory and/or contractual limitations and restrictions rather than actual customer service and agreement monitor satisfaction.

Data Table 4a, b and c: The mode (most frequent) response is highlighted in red.

Table 4a: This Period (n=13)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	4	30.8%	8	61.5%			1	7.7%		
The program treats me with dignity.	1	7.7%	7	53.9%	4	30.8%	1	7.7%		
The program treats me with respect.	3	23.1%	6	46.2%	3	23.1%	1	7.7%		
The program requirements are clearly explained.	2	15.4%	9	69.2%	2	15.4%				

Table 4b: Year 13 (n=29)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	15	53.6%	12	42.9%			1	3.6%	1	3.4%
The program treats me with dignity.	7	24.1%	10	34.5%	10	34.5%	2	6.9%		
The program treats me with respect.	9	31.0%	11	37.9%	8	27.6%	1	3.5%		
The program requirements are clearly explained.	9	32.1%	14	50.0%	5	17.9%			1	3.4%

Table 4c: Year 12 (n=44)	Strongly Agree		Agree		Disagree		Strongly Disagree		No Response	
	#	%	#	%	#	%	#	%	#	%
I understand the program's statutory monitoring requirements (regardless if I agree with it or not).	23	52.3%	19	43.2%	2	4.5%				
The program treats me with dignity.	14	31.8%	20	45.5%	10	22.7%				
The program treats me with respect.	17	38.6%	15	34.1%	12	27.2%				
The program requirements are clearly explained.	15	34.1%	21	47.7%	5	11.7%	3	6.8%		

Question #4: Continuing to evaluate the overall program, the next question asks respondents to rate the amount of structure and the amount of accountability the program provides. The scale is "0" (none) to "4" (a significant amount) with "2" representing "some." The mode response was a "significant amount" (4) for both items for the period and the year, with weighted averages of 3.38 for structure and 3.77 for accountability. These responses are consistent with previous years.

Data Table 5a, b and c: The mode (most frequent) response is highlighted in red.

Table 5a: This Period (n=13)	4 (significant amount)		3		2 (some)		1		0 (none)		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
The amount of structure the program provides	9	69.2%	1	7.7%	2	15.4%	1	7.7%				
The amount of accountability the program provides	11	84.6%	1	7.7%	1	7.7%						

Table 5b: Year 13 (n=29)	4 (significant amount)		3		2 (some)		1		0 (none)		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
The amount of structure the program provides	18	62.1%	7	24.1%	3	10.3%	1	3.5%				
The amount of accountability the program provides	24	82.8%	2	6.9%	3	10.3%						

Table 5c: Year 12 (n=44)	4 (significant amount)		3		2 (some)		1		0 (none)		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
The amount of structure the program provides	25	56.8%	12	27.3%	5	11.4%	2	4.5%				
The amount of accountability the program provides	32	72.7%	8	18.2%	4	9.1%	0	0.0%				

Customer Service

Question #5: This question queries response time frame, quality of response, communication style, and Agreement Monitor knowledge. Data tables 6a-c show the specific responses to each item and the mode responses. The chart below combines the “strongly agree” and “agree” responses as well as the “strongly disagree” or “disagree” responses for the year:

	Strongly Agree or Agree	Strongly Disagree or Disagree
My questions and/or concerns are responded to within one business day	86.2%	10.4%
My questions and/or concerns are addressed fully within the structure of the program	79.3%	17.3%
Information is communicated clearly and professionally	82.8%	10.3%
My Agreement Monitor is knowledgeable about my case.	86.2%	10.3%

The clear majority of respondents continue to positively endorse each item, indicating overall satisfaction with all areas of communication. Compared to last year, we note a strong increase in respondents who “strongly agree” or “agree” that their questions and/or concerns are responded to within one business day (86.2% this year versus 72.7% last year). However, we also note a small decrease in satisfaction with the other three questions. Although responses are well within acceptable ranges, the HPSP team is committed to increasing “strongly agree” or “agree” responses in year 14.

Data Table 6a, b and c: The mode (most frequent) response is highlighted in red.

Table 6a: This Period (n=13)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns are responded to within one business day	4	30.8%	6	46.2%	1	7.7%	1	7.7%		
My questions and/or concerns are addressed fully within the structure of the program	3	23.1%	5	38.5%	3	23.1%	1	7.7%	1	7.7%
Information is communicated clearly and professionally	5	38.5%	5	38.5%	2	15.4%	1	7.7%		
My Agreement Monitor is knowledgeable about my case	6	46.2%	4	30.8%	3	23.1%				

Table 6b: Year 13 (n=29)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns are responded to within one business day	10	34.5%	15	51.7%	2	6.9%	1	3.5%	1	3.5%
My questions and/or concerns are addressed fully within the structure of the program	9	31.0%	14	48.3%	4	13.8%	1	3.5%	1	3.5%

Information is communicated clearly and professionally	12	41.4%	12	41.4%	3	10.3%			1	3.5%
My Agreement Monitor is knowledgeable about my case	16	55.2%	9	31.0%	3	10.3%			1	3.5%

Table 6c: Year 12 (n=44)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns are responded to within one business day	13	29.5%	19	43.2%	11	25.0%	1	2.3%		
My questions and/or concerns are addressed fully within the structure of the program	17	38.6%	19	43.2%	8	18.2%				
Information is communicated clearly and professionally	19	43.2%	20	45.4%	4	9.1%	1	2.3%		
My Agreement Monitor is knowledgeable about my case	27	61.4%	14	31.8%	2	4.5%	1	2.3%		

HPSP Website

Question #6: This question asks respondents to rate the usefulness of the HPSP website *if* they have used it. This year, 69% of respondents (20) indicated that they had used the website, which is nearly the same as those who used the website last year (68.2%). Of those who used the website, 65% find it “useful” or “extremely useful.”

It is relevant to note a change in this question. Previously, the survey asked participants to rate the “HPSP portal,” which is where participants could log in to see specific and personalized information such as: whether a test was scheduled that day, account balance, test sites, and check in history. As of July 5, 2022, the HPSP **portal** no longer exists, as that information is now available on the RecoveryTrek participant portal. Question 7 below will address the RecoveryTrek portal. However, the HPSP **website** is still active, where anyone can see general program information such as guidelines, forms, resources, and evaluator lists. There may be confusion among respondents between the HPSP website and the RecoveryTrek portal, as is evident in the comments below.

A revision of the content of the HPSP website (hpspmonitoring.com) took place on 7/9/2023, where information, forms, and resources were updated and consolidated.

Data Table 7: The mode (most frequent) response is highlighted in red.

Table 7: If you used the HPSP website (hpspmonitoring.com) in the last six months, please rate its usefulness.	This Period (n=8)		Year 13 (n=20)		Year 12 (n=30)	
	#	%	#	%	#	%
Extremely Useful	0	0.0%	4	20.0%	7	23.3%
Useful	4	50.0%	9	45.0%	11	36.7%
Somewhat Useful	2	25.0%	3	15.0%	10	33.3%
Not Useful	2	25.0%	4	20.0%	2	6.7%

Respondents are asked to provide comments specific to the website and told that they will have room for general comments at the end of the survey.

Actual Comments – This Period:

****Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.**

1. It is okay.
2. I spend up to 2 hours approximately for each drug screen at [test site] in [city]. I have filed complaints with [test site] with no improvement. They have limited hours and days they are available to do the drug screening. The other huge problem is that without an email from the drug testing group they will not allow me to test. Fortunately [agreement monitor] answers [their] phone but this is contributing to the overall dissatisfaction I am enduring and no other place to go as [former test site] closed. [Former test site] usually had main and out in 10 minutes.
3. Information is out of date and many questions are not answered on the website
4. The App is not user friendly and is subject to going down. When the app is not working there is little warning. If any. The alternatives when the app is down are sometimes also down as well. The app location function for tests sites when out of town does not work.

RecoveryTrek

Question #7: This is a new question for this period (July, 2023 survey). As such, there is no data with which to compare at this time. This question asks respondents to rate their satisfaction with the RecoveryTrek website/portal and app if they have used them in the past six months. This period, 10 respondents (77%) used the website/portal, and 100% of respondents used the app. Preliminary results indicate that a majority of respondents who used the website/portal were satisfied or very satisfied with the platform (60%), and over half of respondents were satisfied or very satisfied with the app (53.9%). Uprise Health will carefully review this data and work with RecoveryTrek to determine if there are any changes that can be made to these platforms to enhance the user experience.

Data Table 8: The mode (most frequent) response is highlighted in red.

Table 8: (n=13) If you used the RecoveryTrek website/participant portal (recoverytrek.com) or app in the last six months, please rate your level of satisfaction.	Very Satisfied		Satisfied		Dissatisfied		Very Dissatisfied		N/A – I Did not Use in the Past 6 Months	
	#	%	#	%	#	%	#	%	#	%
RecoveryTrek website/portal	2	20.0%	4	40.0%	2	20.0%	2	20.0%	3	23.1%
RecoveryTrek app	4	30.8%	3	23.1%	4	30.8%	2	15.4%		

Respondents are asked to provide comments specific to the RecoveryTrek platforms and told that they will have room for general comments at the end of the survey.

Actual Comments – This Period:

****Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.**

1. Website is awkward and time consuming to use. App is okay, as long as it is working. It is better than the old app.
2. Poor response when site goes down.
3. Malfunctions often. Information on testing sites is incorrect at times
4. See comments above
5. occasionally doesn't work

Overall Rating of Services

Question #8: Respondents are asked to rate the overall services. For the period, 75% of respondents rated the program overall as average or better, which increases to 82.2% looking at all of year 13. This represents a minor decrease in overall satisfaction from year 12's average or better rating of 86.3%. One rating of "poor" was received this period (this respondent was highly critical of all aspects of the program and Uprise Health).

Data Table 9: The mode (most frequent) response is highlighted in red.

Table 9: Overall Rating	This Period (n=13)		Year 13 (n=29)		Year 12 (n=44)		Year 11 (n=55)		Year 10 (n=65)		Year 9 (n=80)		Year 8 (n=99)	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Excellent	2	16.7%	8	28.6%	13	29.5%	19	34.5%	18	27.7%	27	33.8%	34	34.3%
Above Average	4	33.3%	8	28.6%	11	25.0%	10	18.2%	19	29.2%	24	30.0%	37	37.4%
Average	3	25.0%	7	25.0%	14	31.8%	17	30.9%	14	21.5%	21	26.3%	18	18.2%
Below Average	2	16.7%	4	14.3%	6	13.6%	5	9.1%	7	10.8%	5	6.3%	6	6.1%
Poor	1	8.3%	1	3.6%			3	5.5%	7	10.8%	3	3.8%	4	4.0%
No Response	1	7.7%	1	3.4%			1	1.8%						

Additional Comments

At the conclusion of the survey, respondents are asked for any additional comments. In addition to the nine comments received earlier in the survey, eight concluding comments were received this period. All seventeen of these substantive comments will be reviewed and addressed individually by the PAC over the next month.

Actual Comments Received – This Period

****Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected. Names and locations have been removed for confidentiality purposes.**

1. It would be great if we could check in starting at midnight rather than three AM. Midnight would make it MUCH easier for me to plan my day at work if I know I have to test. (As it is now, I wake up routinely at 3 to 5 AM to check in and see if I have to test. Not the best use of my sleep time...) My agreement monitor is an asset.
2. I realize your group is a tool for the Medical Board but this treatment of me is concerning.
3. This program treats addiction as a crime rather than a disease. Steps to "keep the public safe" do not consider downstream effects that actually make health care in Oregon less safe. The program needs recovered health care addicts as advocates with a genuine say in the program. If needed, take it back to the state legislature to modify the program rather than say "our hands are tied by the laws". If Uprise and the state medical boards care about the citizens of Oregon, make this program better. Don't abandon our dedicated health care providers. Help them to achieve recovery. They will be some of your best, most caring, dedicated providers in the state if you show them compassion in their recovery. Monitoring is necessary. A policing, fear based program is not.
4. Rating would be below average if not for my agreement monitor who I rate as excellent
5. My only comment is since Covid, hours of testing sites have become very limited, which makes it challenging to work and get tested in the allotted hours.
6. I fired [name]. [They are] terrible

7. The HPSP program is degrading. I have experienced work place discrimination and demoralization. You need to give participants more autonomy and freedom to go about their lives. My monitoring liason [agreement monitor name] is very understanding and works with me.
8. [Agreement monitor name] is the most professional, kind, and personable monitor I've had the pleasure of working with over my time in HPSP. I hope [they] find ongoing fulfillment in this job, as [they are] a major asset to this program.

Summary Analysis

The response rate for year 13 was 12.1%, down from a 14.9% response rate last year. Response rates have steadily decreased since year 6 of the program. Results should continue to be interpreted with the caution that they may not be representative of program participants as a whole. Most respondents (69%) were licensed by the Oregon Medical Board, with just under a quarter licensed by the Oregon State Board of Nursing. The remaining seven percent of respondents were from the Board of Dentistry. The Board of Pharmacy was not represented in this year's satisfaction survey.

Respondents continue to report overall satisfaction with HPSP. The majority of respondents understand the program's statutory requirements, believe that the program treats them with dignity and respect, and find that the program requirements are clearly explained. Additionally, approximately 80% or greater of respondents agree that their questions and concerns are addressed within one business day, that their questions and concerns are addressed within the scope of the program, that information is communicated clearly and professionally, and that their agreement monitor is knowledgeable about their case. Satisfaction with the HPSP program website decreased overall this year, and we are now inquiring about the RecoveryTrek programs and applications to track satisfaction and usefulness thereof. Overall, 82.2% of respondents rate HPSP as "average" or above.

All responses, including comments, will be reviewed closely by the PAC and addressed accordingly.

Uprise Health Monitoring

Health Professionals' Services Program (HPSP)

Satisfaction of WORKPLACE MONITORS

Purpose

The purpose of assessing the Workplace Monitors is to obtain constructive feedback that can be used to improve the services provided by HPSP. Uprise Health strives to maintain the quality, effectiveness, and efficiency of the program, and thus evaluates Workplace Monitors' satisfaction with HPSP twice yearly.

Feedback is obtained from Workplace Monitor via a satisfaction survey that is emailed to Workplace Monitors who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes. Feedback includes information about timeliness of response, knowledge level of staff, the monthly safe practice form and an overall rating of Uprise Health's support of the supervision of licensees. The survey also asks for any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. One role of the Uprise Health Policy Advisory Committee (PAC) is that of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 13	Year 12	Year 11	Year 10	Year 9
# Sent	74	173	264	327	331	340
# Responses	4	10	8	20	60	42
Response Rate	5.4%	5.8%	3.0%	6.1%	18.1%	12.4%

This period the Workplace Monitors' satisfaction survey had a response rate of 5.4%, with four responses out of 74 surveys sent. The response rate for the year was virtually identical, with 10 surveys received out of 173 sent out (5.8%). This represents a slight increase from last year's historically low response rate of 3%, but is still far below what can be considered an ideal response rate. Given the low response rate, results should not be considered representative of the population of workplace monitors.

Report continues next page

Professional Licensing Board

Question 1: Respondents are first asked which professional board licenses the employee they monitor. This period, two were licensed by the Medical Board, one by the Board of Nursing, and one by the Board of Pharmacy. For the year, there were again responses from Workplace Monitors of Medical Board (five, or 50%), Nursing Board (four, or 40%), and Pharmacy Board (one, or 10%) licensees. Workplace Monitors of Board of Dentistry licensees are not represented in this year's responses.

Data Table 2: The mode (most frequent) response is highlighted in red.

Table 2: Type of Services Provided	This Period (n=4)		Year 13 (n=10)		Year 12 (n=8)	
	#	%	#	%	#	%
Medical Board	2	50.0%	5	50.0%	4	50.0%
Board of Nursing	1	25.0%	4	40.0%	4	50.0%
Board of Pharmacy	1	25.0%	1	10.0%		
Board of Dentistry						
Other / Not Identified						
No Response						

Supervision Support

Question 2: The next item reads: "Uprise Health supports you in your role as workplace monitor. How satisfied are you with our support?" This year, as was the case last year, all respondents were either "very satisfied" (60%) or "satisfied" (40%) with Uprise Health's support. The same is true for the period, although the mode response was "very satisfied" with 75% of responses. Overall, this represents a slight increase in satisfaction as compared to last year, as indicated by the increase in "very satisfied" responses.

Data Table 3: The mode (most frequent) response is in red:

Table 3: Supervision Support	This Period (n=4)		Year 13 (n=10)		Year 12 (n=8)	
	#	%	#	%	#	%
Very Satisfied	3	75.0%	6	60.0%	4	50.0%
Satisfied	1	25.0%	4	40.0%	4	50.0%
Unsatisfied						
Very Unsatisfied						
No Response						

Workplace Safety

Question 3: Uprise Health’s ability to monitor the licensee to ensure safety in the workplace is queried in the next item. This is one of HPSP’s most vital functions, so it is important to note that responses continue to be positive. This period, 100% of respondents indicated that Uprise Health does an “excellent” or “above average” job at monitoring licensees to ensure public safety. “Excellent” and “above average” ratings are also strong when looking at the year, at 80%. These responses demonstrate an increase from last year’s 62.5% “excellent” and “above average” ratings.

Data Table 4: The mode (most frequent) response is highlighted in red:

Table 4: Workplace Safety	This Period (n=4)		Year 13 (n=10)		Year 12 (n=8)	
	#	%	#	%	#	%
Excellent	3	75.0%	5	50.0%	4	50.0%
Above Average	1	25.0%	3	30.0%	1	12.5%
Average			2	20.0%	3	37.5%
Below Average						
Poor						
No Response						

A follow-up question requests any suggested changes or recommendations. The following comment was received this period. All comments will be addressed by the PAC.

Actual Comments – This Period:

****Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.**

1. Online forms for monthly reports!

Services

Question 4: Respondents are asked to think about their recent contacts with Uprise Health and rate the following: response timeframe, knowledge of licensee when there is a concern in the workplace; ability to respond to questions regarding program administration; and frequency of feedback from Uprise Health. Finally, an overall rating is requested.

For the period, 100% of respondents who answered the questions gave a rating of “excellent.” For the year, mode responses for items one, three, four, and five were “excellent,” with the mode response for item two being split between “excellent” and “above average.” These results are identical to last year’s results.

Data for this period, this year and the prior year follows on the next page.

Data Tables 5a and b: The mode (most frequent) response is highlighted in red.

Table 5a This Period (n=4)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	3	75.0%									1	25.0%
Staff knowledge of a licensee when there is concern in the workplace	2	50.0%									2	50.0%
Our ability to respond to questions regarding program administration	2	50.0%									2	50.0%
Frequency of feedback from Uprise Health regarding licensee's compliance	4	100.0%										
Overall rating of our services	4	100.0%										

Table 5b Year 13 (n=10)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	5	50.0%	1	10.0%	2	20.0%					2	20.0%
Staff knowledge of a licensee when there is concern in the workplace	3	30.0%	3	30.0%	1	10.0%					3	30.0%
Our ability to respond to questions regarding program administration	4	40.0%			3	30.0%					3	30.0%
Frequency of feedback from Uprise Health regarding licensee's compliance	7	70.0%	1	10.0%	1	10.0%						
Overall rating of our services	7	70.0%	1	10.0%	2	20.0%						

Table 5c Year 12 (n=8)	Excellent		Above Average		Average		Below Average		Poor		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Response timeframe when I request information	4	50.0%	2	25.0%	2	25.0%						
Staff knowledge of a licensee when there is concern in the workplace	2	25.0%	2	25.0%	1	12.5%					3	37.5%
Our ability to respond to questions regarding program administration	4	50.0%	2	25.0%	1	12.5%					1	12.5%
Frequency of feedback from Uprise Health regarding licensee's compliance	3	37.5%	2	25.0%	2	25.0%					1	12.5%
Overall rating of our services	4	50.0%	2	25.0%	2	25.0%						

Overall Experience

Question 5: Respondents are asked to rate their overall experience working with Uprise Health. The mode response was “excellent” for both the period (100%) and year (60%). We are pleased to again report receiving no “below average” or “poor” ratings this year.

Data Table 6: The mode (most frequent) response is highlighted in red:

Table 6: Overall Experience	This Period (n=4)		Year 13 (n=10)		Year 12 (n=8)	
	#	%	#	%	#	%
Excellent	4	100.0%	6	60.0%	4	50.0%
Above Average			2	20.0%	3	37.5%
Average			2	20.0%	1	12.5%
Below Average						
Poor						
N/A or No Response						

Additional Comments

No additional comments were received this period.

Summary Analysis

The response rate for this survey was again low, both for the period (5.4%) and the year (5.8%). However, this does represent a slight increase over responses from last year. As such, results should be interpreted carefully as they may not be representative of the entire population. That said, results are not dissimilar from what has been reported in past years.

We are pleased to report that once again, there were no responses indicating dissatisfaction with Uprise Health's services, communication, or ability to ensure public safety. All responses were either “very satisfied,” “satisfied,” “excellent,” “above average,” or “average.”

The PAC committee will review the survey data and the comment carefully.

Uprise Health Monitoring

Health Professionals' Services Program (HPSP)

Satisfaction of PROFESSIONAL ASSOCIATIONS

Purpose

The purpose of assessing representatives from the related professional associations is to obtain constructive feedback that can be used to improve and maintain the quality, effectiveness, and efficiency of HPSP. In order to provide continuous quality services, Uprise Health evaluates this stakeholder group's satisfaction with HPSP twice yearly.

Feedback is obtained from Association representatives via a satisfaction survey that is emailed to representatives who are asked to complete the survey online. The survey is short and can be completed in 2-3 minutes.

Feedback includes information about the timeliness of response, knowledge level of staff, ability to enroll licensees and an overall rating of Uprise Health services. Also, the survey asks about the value of HPSP to their membership and asks for any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. One of the roles of the Uprise Health Policy Advisory Committee (PAC) is that of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate						
Table 1: Response Rate	This Period	Year 13	Year 12	Year 11	Year 10	Year 9
# Sent	15	33	36	16	10	10
# Responses	0	0	0	3	2	2
Response Rate	0.0%	0.0%	0.0%	18.8%	20.0%	20.0%

Fifteen surveys were sent out this period to various contacts at related professional associations, however, no responses were received in year thirteen. Uprise Health staff has continued to foster relationships with representatives from these associations by holding quarterly or semi-annual conversations, and this will continue.

Report continues next page

Uprise Health Monitoring

Health Professionals' Services Program (HPSP)

Satisfaction of PROVIDERS

Purpose

The purpose of assessing GMC/PMC providers and third-party evaluators is to solicit feedback that can be used to improve the services provided through HPSP. Uprise Health strives to maintain the quality, effectiveness, and efficiency of the program, and evaluates these providers' satisfaction with HPSP twice yearly.

Feedback is obtained from these providers via a satisfaction survey that is emailed. The survey is short and can be completed in 2-3 minutes. Feedback includes information about Uprise Health's communication, responsiveness of staff, overall rating of experience, and any additional comments.

One method of determining the value of HPSP is through the Satisfaction Survey. One of the roles of the Uprise Health Policy Advisory Committee (PAC) is that of quality management. Following review of the survey results, the PAC will identify opportunities for improvement and develop interventions if necessary. The PAC will continue to monitor performance at specified intervals following the implementation of the intervention(s).

Data Results

Response Rate

Table 1: Response Rate	This Period	Year 13	Year 12	Year 11	Year 10
# Sent	18	37	48	48	51
# Responses	3	7	9	12	10
Response Rate	16.7%	18.9%	18.8%	25.0%	19.6%

Surveys were sent to six GMC/PMC providers and 12 third-party evaluators this period (one PMC retired between the first and second periods of this year), and received responses from three providers this period (16.7%) and seven providers for the year (18.9%). Response rates for the year are virtually identical to response rates last year.

Role of Respondent

The first question asks the respondents the capacity in which they provide services to HPSP licensees (evaluator or monitor). This period, two respondents indicated they are "Monitors – GMC, PMC, or Quarterly," and one respondent did not answer. For the year, two respondents indicated they were "evaluators" with the four as "monitors" (GMC/PMC), and the seventh respondent who did not answer.

There is also room for a write-in response as "Other." Two comments were provided in the "other" category: "therapist" and "treator [sic]."

Customer Service and Communication

Question 2: Survey respondents are asked to rate three different statements relating to communication between HPSP and the provider. Specifically, they were asked if questions and concerns were responded to promptly, information was communicated clearly and professionally, and if they had all the necessary information when they met with the licensee. For the period, the mode was “strongly agree” for the first two statements and split evenly with one response each of “strongly agree,” “agree,” and “disagree” for the third. For the year as a whole, responses were more positive, with the mode response for all three questions being “strongly agree.”

Data Tables 2a and b: The mode (most frequent) response is highlighted in red.

Table 2a: This Period (n=3)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	2	66.7%	1	33.3%								
Information was communicated clearly and professionally	2	66.7%	1	33.3%								
I had all the information I needed when I saw the licensee	1	33.3%	1	33.3%	1	33.3%						

Table 2b: This Year (n=7)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	4	57.1%	3	42.9%								
Information was communicated clearly and professionally	4	57.1%	3	42.9%								
I had all the information I needed when I saw the licensee	3	42.9%	2	28.6%	2	28.6%						

Table 2c: Year 12 (n=9)	Strongly Agree		Agree		Disagree		Strongly Disagree		N/A		No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
My questions and/or concerns were responded to promptly	7	77.8%	2	22.2%								
Information was communicated clearly and professionally	6	66.7%	3	33.3%								
I had all the information I needed when I saw the licensee	5	55.6%	3	33.3%	1	11.1%						

Overall Experience

Question 3: Respondents are next asked “Overall, how would you rate your experience working with Uprise Health staff of HPSP?” For the period, the mode response was “excellent,” with the remaining response as “above average.” For the year, the mode response was “excellent” with over 70% of the responses. There was one “above average” response for the year as well as one “average.” Ratings of “excellent” represented a higher percentage of responses in year 13 versus year 12.

Data Table 3: The mode (most frequent) response is highlighted in red where applicable.

Table 3: Overall Rating	This Period (n=3)		Year 13 (n=7)		Year 12 (n=9)	
	#	%	#	%	#	%
Excellent	2	66.7%	5	71.4%	5	55.6%
Above Average	1	33.3%	1	14.3%	2	22.2%
Average			1	14.3%	1	11.1%
Below Average						
Poor						
N/A or No Response					1	11.1%

Additional Comments

Actual Comments – This Period:

****Note that comments are shown as the respondent typed or wrote them. Spelling, punctuation, and grammar have not been corrected.**

1. Bit of billing confusion but we were able to clear it up. Perhaps a problem between how things go to who writes the checks?
2. Professional, courteous, easy to work with.
3. Interacting with Uprise staff is always a pleasure.

Summary Analysis

The response rate was 16.7% for the period and 18.9% for the year. These rates are similar to responses in previous years.

Overall, responses for the year were positive. Nearly all respondents “strongly agreed” or “agreed” that all aspects of Uprise Health’s communication with providers was clear, complete, and timely. Further, most respondents this year rated overall services as “excellent” or “above average,” and none rated overall services as “below average” or “poor.”

Three comments were received for this period. The PAC will review all survey data and comments.



**Health Professionals' Services Program Summary Annual Report
Highlights of Year Thirteen 7/1/2022-6/30/2023**

The purpose of this report is to provide a summary of the highlights of the thirteenth year of the Health Professionals' Services Program (HPSP) to the representatives of the participating health licensing boards. HPSP began provision of monitoring services to the Oregon Board of Dentistry, Oregon Board of Nursing, Oregon Medical Board, and the Oregon Board of Pharmacy on July 1, 2010. The Oregon Health Authority previously oversaw HPSP's provision of services to the boards.

The following data tables were developed to give an overview of the HPSP program during the period from July 1, 2022, through June 30, 2023.

Table 1: Enrollment Overview: Year 13

Enrollment Overview: Year 13 (7/1/22 - 6/30/23)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Total Enrolled End of Year 12 (6/30/22)	13	50	13	72	148
Enrolled: Board Referral*	0	1	1	13	15
Enrolled: Self-Referral*	0	0	0	3	3
Successfully Completed	4	19	4	17	44
Terminations	1	3	0	6	10
Total Enrolled End of Year 13 (6/30/23)	8	29	9	65	111
Referred but Not Enrolled/Inquiry Only	1	8	1	7	17

**Referral Type at the time of enrollment*

Table 1 provides a summary of year 13 enrollment, beginning with the number of licensees enrolled at the end of year eleven and reviewing the changes in enrollment during the year. In particular it displays: the number of licensees referred by the licensing board to the program, the number of self-referrals to the program, the number of licensees who successfully completed the program, and the number of licensees who were terminated from the program by the licensing boards. The total enrollees at the end of year 13 follows from this data. Table 1 also displays the number of licensees who did not yet enroll but were referred or self-initiated contact with the program prior to the end of the year. Table 2 provides the same information but for year 12 enrollment (see next page).

At the end of year 13, the program had 111 participants, a 25% decrease from the 148 participants at the beginning of the year. This sharp decrease is due to a decision made by the Oregon State Board of Nursing this year to stop referring licensees to the alternative-to-discipline program. Had the OSBN maintained their referral numbers from year 12, there would have been an estimated 7% decrease in enrollment this year. The Board of Dentistry did not refer any new participants to HPSP this year (compared to three referrals in year 12), and the Board of Pharmacy referred one licensee (compared to two in year 12). The Oregon Medical Board's enrollment increased from a total of 11 in year 12 to 16 in year 13.

Completions and terminations were similar this year (44 completions; 10 terminations) to last year (48 completions; 13 terminations). This continues our trend of successful completions far outweighing terminations. Participants were 3.5 times more likely to successfully complete the program versus being dismissed (termed) or closed without successful



completion. This continues to underline the overall success of the program in demonstrating that the majority of participants will complete successfully.

The number of people who inquired about HPSP as self-referrals, but did not enroll, continued to increase this year (17) over last year (11). One unique change this year, as opposed to prior years, is that more than half of inquiry calls were from licensees of the OSBN. In most cases, they were ineligible for self-referral into HPSP due to license status and/or current investigation. Potential participants who call for information and are not eligible for self-referral are given information about Uprise Health's Extended Monitoring Program as well as connected with community resources when indicated.

Table 2: Enrollment Overview: Year 12

Enrollment Overview: Year 12 (7/1/21 - 6/30/22)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Total Enrolled End of Year 11 (6/30/21)	12	62	19	87	180
Enrolled: Board Referral*	3	13	2	9	27
Enrolled: Self-Referral*	0	0	0	2	2
Successfully Completed	2	16	8	22	48
Terminations	0	9	0	4	13
Total Enrolled End of Year 12 (6/30/22)	13	50	13	72	148
Referred but Not Enrolled/Inquiry Only	0	3	0	8	11

**Referral Type at the time of enrollment*

Report continued next page



Table 3: Case Disposition (7/1/10 – 6/30/23)

Case Disposition as of 6/30/23	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Total Enrolled	52	612	68	359	1091
Number Successfully Completed	31	328	42	222	623
Number Active	8	29	9	65	111
Total Successful (Active + Completions)	39	359	51	287	734
Percentage Successful	75.0%	58.7%	75.0%	80.0%	67.3%
Number Termed	13	255	16	72	356
Percentage Unsuccessful	25.0%	41.3%	25.0%	20.0%	32.6%

Table 3 displays the cumulative data on the disposition of cases since the program's inception. To date, 1,091 licensees have enrolled, and 623 of these have completed; an additional 111 are on track to complete for a total of 67.3% (similar to year 12's 67.8%). The percentage of successful completion ranges across the Boards from 58.7% (Board of Nursing), to 75% (Board of Pharmacy and Board of Dentistry) and 80% (Medical Board).

Unfortunately, 356 licensees have been terminated from the program. These cases include situations where HPSP and the Boards acted to protect public safety. The Board of Nursing has consistently had the highest number of program terminations, which is likely because they are the only board running their own, separate, probation program. Two of the three Board of Nursing licensees whose participation was terminated were moved instead to public discipline (probation). We are glad to see a decrease in terminations this year.

Table 4: Video/In-Person Contacts

Video/In-Person Contacts: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Number of Video/In-Person Contacts (including Intakes)					0
Number of Video/In-Person Intakes					0
Total Enrolled During Year 13	0	1	1	16	18
Percent with Video/In-Person Intakes	N/A	0	0	0	0

During year 13, no licensees completed in-person or video contacts. Intake appointments are offered to participants as phone or videoconference meetings, and this year, all licensees who were offered a videoconference declined this option.

Table 5: Program Termination Reasons



Termination Reasons: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Deceased	1	0	0	2	3
Inappropriate Referral (Determined after Enrollment)	0	0	0	0	0
License Inactivated	0	0	0	0	0
License Retired	0	0	0	0	0
License Revoked	0	0	0	0	0
License Surrendered	0	1	0	4	5
License Suspended	0	0	0	0	0
Probation	0	2	0	0	2
TOTAL	1	3	0	6	10

Table 5 reviews the reasons for terminations from HPSP this year. A total of 10 licensees were terminated from the program in year 13, which is a decrease from year twelve's 13 terminations. Sadly, three (30%) of those 10 terminations were due to the licensees' deaths. Two of the remaining terminations were moved to probation (OSBN), and five were due to surrendered licenses.

Table 6: Licensees Formally Not Participating During the Program Year

Licensees Formally Not Participating (At Any Time During Year 13)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Formally Not Participating (But Not Suspended)					0
Suspended: Board Request					0
Suspended: Expired License					0
Suspended: Health - Severe Issues					0
Suspended: Incarcerated					
Suspended: Non-Compliance - Financial					0
Suspended: Per Board, Open HPSP But Not Participating					0
TOTAL	0	0	0	0	0

Table 7: Licensees Formally Not Participating at the End of the Year



Licensees Formally Not Participating (At End of Year 13)	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Formally Not Participating (But Not Suspended)					0
Suspended: Board Request					0
Suspended: Expired License					0
Suspended: Health - Severe Issues					0
Suspended: Incarcerated					
Suspended: Non-Compliance - Financial					0
Suspended: Per Board, Open HPSP But Not Participating					0
TOTAL	0	0	0	0	0

Tables 6 & 7 show licensees who have been “formally not participating” in HPSP during the course of the year, and as of the end of the year. In year 13, there were no licensees who were suspended or otherwise considered to be “formally not participating” in HPSP.

Table 8: Non-Compliance Reports by Licensee

Non-Compliance Reports by Licensee: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Total Non-Compliance Reports	2	4	1	18	25
Total Non-Compliance Reports as a Percentage of Average # of Licensees Enrolled in Year 12	18.0%	10.0%	9.1%	26.1%	19.1%
# of Licensees with NC Reports	2	3	1	13	19
# of Licensees with NC Reports as a Percentage of Average # of Licensees Enrolled in Year 12	18.0%	7.5%	9.1%	18.9%	14.5%
# of Licensees with >1 NC report	0	1	0	4	5
# of Licensees with >3 NC report	0	0	0	0	0

Table 8 gives the total number of non-compliance reports by board and then reports this number as a percentage of the average number of licensees enrolled during the year. A breakdown of these reports is then listed, showing the number of licensees who received reports, the number with more than one report throughout the year, and the number with more than three reports throughout the year. Further, the number of licensees with a non-compliance report is reflected as a percentage of the average number of licensees enrolled in the program. This figure was 14.5% for year 13, which is down significantly from 22.2% the prior year. This figure ranged from 18.9% (Medical Board) to 7.5% (OSBN).

A total of 19 licensees had one or more non-compliance reports this year, a decrease of nearly 50% from last year's 37 licensees. A total of 25 non-compliance reports were submitted this year, also a substantial decrease from the 139 last year. It is relevant to note that in the prior year, there were many non-compliance reports due to non-participation and positive toxicology for marijuana, both of which result in a large number of actual reports. The Board of Nursing licensees had four reports this year, the Medical Board had 18, the Board of Dentistry had two, and the Board of Pharmacy had one.



Five licensees had more than one non-compliance report (compared to eight last year), and there were no licensees with more than three non-compliance reports this year (compared to 10 last year).

The total number of non-compliance reports submitted as a percentage of the average number of enrolled licensees was 19.1%, a substantial decrease from last year's 83.2%.

Table 9: Self-Referrals Known to Board After Report of Non-Compliance

Self-Referrals Known to Board After Report of Non-Compliance	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Year 1 (7/1/10 - 6/30/11)	0	0	0	11	11
Year 2 (7/1/11 - 6/30/12)	0	1	0	8	9
Year 3 (7/1/12 - 6/30/13)	1	0	0	5	6
Year 4 (7/1/13 - 6/30/14)	0	0	0	4	4
Year 5 (7/1/14 - 6/30/15)	0	4	0	7	11
Year 6 (7/1/15 - 6/30/16)	0	0	0	3	3
Year 7 (7/1/16 - 6/30/17)	0	0	0	4	4
Year 8 (7/1/17 - 6/30/18)	0	0	0	3	3
Year 9 (7/1/18 - 6/30/19)	0	2	0	4	6
Year 10 (7/1/19 - 6/30/20)	0	2	0	4	6
Year 11 (7/1/20 - 6/30/21)	0	2	0	2	4
Year 12 (7/1/21 - 6/30/22)	0	0	0	3	3
Year 13 (7/1/22 - 6/30/23)	0	0	0	1	1
TOTAL	1	11	0	59	71

The self-referral option remains an effective way to encourage early intervention. Table 9 shows the cumulative number of self-referred licensees who were reported non-compliant and are thus now known to the board. This year, there was only one self-referral, licensed by the Oregon Medical Board, who became known to the board as a result of a non-compliance report.

Report continued next page



Table 10: Non-Compliance Reasons

Non-Compliance Reasons*: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Failure to Enroll	0	0	0	0	0
Failure to Participate: Missed AM Check-in	0	0	0	0	0
Failure to Participate: Missed IVR Call**	2	1	0	4	7
Failure to Participate: Missed Test (includes failure to provide specimen)	2	1	1	8	12
Failure to Participate: Non-Payment	0	0	0	0	0
Failure to Participate: Other	0	0	0	0	0
Hospitalization	0	0	0	0	0
Violated Restriction on Practice	0	0	0	0	0
Positive Non-Uprise Health Test	0	0	0	1	1
Positive Toxicology Test	0	1	0	7	8
Impaired in a Health Care Setting in the Course of Employment (including admitted substance use & diversion of medications)	0	0	0	0	0
Impaired Outside of Employment (including admitted substance use & diversion of medications)	0	1	0	1	2
Public Endangerment	0	1	0	0	1
Criminal Behavior (including DUI)	0	0	0	0	0
Unapproved Use of Prescription Medication	0	0	0	1	1
TOTAL	4	5	1	22	32
Unique Licensees with 1 or More Non-Compliance Reports	2	3	1	13	

* There may be more than 1 reason per report

** "IVR Call" refers to all forms of daily testing check-in, including the IVR, mobile app, and web portal

Table 10 shows the reasons why a non-compliance report was submitted to the appropriate board. It is not uncommon for a single non-compliance report to have multiple reasons for the non-compliance; all of these reasons are captured in the table. The most common reason for non-compliance was again the licensee failing to test as scheduled. This was the case on 12 reports, down from 64 last year. Failure to test has been the most frequent reason for a non-compliance report for the past ten years. Positive toxicology tests and missed IVR calls (resulting in missed tests) were the next most common reasons. Note that "missed IVR calls" (or any missed check-in to the testing notification system) is only reported in conjunction with another non-compliance instance, most commonly a missed test.



Table 11: Non-Negative Toxicology Tests

Non-Negative Toxicology Tests: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Invalid Tests	0	0	1	0	1
Positive Tests (non-negative results)	0	1	0	7	8
Total Non-Negative Tests (Positive + Invalid)	0	1	1	7	9
Number of Licensees with a Positive Test	0	1	0	5	6
Number of Licensees with a Positive Test as a Percentage of Average # of Licensees Enrolled in Year 12	0.0%	2.5%	0.0%	7.2%	4.6%

Table 11 shows the number of invalid and positive toxicology tests per board. These include urinalysis (UA), hair, and blood tests. There were a total of eight positive toxicology tests during year thirteen, down significantly from 61 last year. Seven of the positive tests were from Medical Board licensees and one was from a Board of Nursing licensee. The Pharmacy and Dental Boards did not have any licensees with positive toxicology this year. Table 11 also includes the number of licensees with a positive test, which is then reflected as a percentage of the average number of licensees enrolled in the program. Across the program, the percentage of licensees with a positive test is 4.6%, a decrease from last year's 10.8%. The Medical Board's percentage is 7.2%, based on five licensees with positive tests. This is followed by the Board of Nursing with 2.5% (one licensee). There was one invalid test this year, down from three last year.

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Table 12: Drugs Resulting in Positive Tests

Drugs Resulting in Positive Tests: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
amphetamines / methamphetamines	0	0	0	0	0
cocaine metabolite	0	0	0	0	0
ethyl glucuronide (ETG)	0	0	0	3	3
ethyl glucuronide (ETG) – PETH	0	1	0	4	5
marijuana metabolite (THC)	0	0	0	0	0
opioids (narcotics/opiates)	0	0	0	0	0
TOTAL	0	1	0	7	8
<i>Number of Licensees with a Positive Test</i>	<i>0</i>	<i>1</i>	<i>0</i>	<i>5</i>	<i>6</i>

Table 12 shows the various drugs that resulted in a positive test result. This table **only** includes the drugs resulting in the positive test, excluding any substances excused by the Medical Review Officer (MRO) due to a valid prescription. This year, alcohol was the only substance resulting in a positive test. Five of the eight positives were PETH (blood) tests, and the remaining three were urine tests. Last year, nearly two-thirds of positive tests were due to alcohol, with the other one-third caused by marijuana and stimulants.

Table 13: Missed Test Details – Breakdown by Reason

Missed Test Breakdown by Reason: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
No Call	2	1	0	4	7
No Show	0	0	1	4	5
Refused	0	0	0	0	0
TOTAL	2	1	1	8	12

Table 13 gives details on licensees who failed to take a scheduled toxicology test. “No Call” refers to licensees who failed to check in to the daily testing notification system (IVR/portal/app) and did not test as scheduled. “No Show” refers to situations when the licensee did not go to the collection site to give a specimen but did check to see if a test was required through the daily testing notification system (IVR/portal/app). “Refused” refers to licensees who went to the collection site but did not provide an adequate specimen. This is considered a refusal to test which is treated like a positive test unless the licensee can provide a medical explanation from a physician, verifying that the licensee has a medical condition which prevents the licensee from providing an adequate sample. There were no refusals this year.

There were a total of 12 missed tests this year compared to 94 last year. The majority (seven) of misses were due to No Call while the remaining five were due to No Show. This means that many more licensees missed a test after failing to check-in than did not test despite apparent knowledge of the requirement to do so. This has been the case for the past several years.

Table 14: Missed Test Details – By Licensees



Missed Test Details: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Total Number of Missed Tests	2	1	1	8	12
Number of Licensees with a Missed Test	2	1	1	7	11
Licensees with a Missed Test as a Percentage of Average # of Licensees Enrolled in Year 12	19.0%	5.1%	9.1%	10.2%	8.5%

Table 14 shows the total number of missed tests (also reported in Table 13) as compared to the number of unique licensees who missed a scheduled toxicology test. If these numbers were identical, it would mean that each licensee was only responsible for one missed test. The larger the difference in these numbers, the more times a single licensee is responsible for multiple missed tests. This year, only one licensee missed more than one test, making the numbers nearly 1:1.

Table 14 also shows the number of missed tests as a percentage of the average number of licensees enrolled in year eleven. Across the boards, this percentage was 8.5%. The Board of Dentistry was highest with 19%, meaning that about a fifth of licensees missed at least one test. The Medical Board had 10.2% of licensees miss a test, the Board of Pharmacy had 9.1%, and the Board of Nursing had 5.1% of licensees miss a test.

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Table 15: Workplace Safe Practice Reports

Workplace Safe Practice Reports: Year 13	Board of Dentistry	Board of Nursing	Board of Pharmacy	Medical Board	TOTAL
Number of Licensees who had Reports Submitted	13	45	10	64	132
Number of Reports Received / Reviewed	120	473	83	663	1,339
Percentage of Required Reports Received	95.2%	96.3%	87.3%	96.2 %	95.6%
Number of Reports Received with Concerns Noted	0	0	0	0	0
Percentage of Reports with Concerns Noted	0	0	0	0	0
Percentage of Reports in which Noted Concerns were Addressed	N/A	N/A	N/A	N/A	N/A
Number of Licensees with a Report with Concerns Noted	0	0	0	0	0
Number of Licensees with Concerns Reported who also had a NC report	0	0	0	0	0

Table 15 displays details on the workplace safe practice reports received from workplace monitors during the year, including the number of licensees who had reports submitted, the total number of reports received and reviewed and the percentage of the required reports that were actually received. This year, 95.6% of the required reports were received with a total of 1,339 reports received and carefully reviewed for 132 licensees. This represents an increase from last year's 92% received rate and is in fact the highest received rate to date. HPSP will continue to employ the tools that are in place to carefully track and follow-up on these reports each month.

Table 15 additionally displays information about workplace reports with noted concerns, the frequency of which reports with concerns were addressed, and the number of licensees who received workplace reports noting concerns. There were no concerns noted on any workplace reports this year, which is not surprising considering the low levels of non-compliance with the program.

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What's Next? Year Fourteen

We are pleased to demonstrate that HPSP remains a strong alternative to discipline option for Oregon health professionals. We again saw decreases in positive toxicology, non-compliance reports, missed tests, and invalid tests. We continue to experience an ongoing decrease in enrollment, due in large part this year to the Oregon State Board of Nursing's decision to cease referring licensees to the alternative to discipline option. Due to the existing funding model in which boards pay for HPSP services based on median number of actual licensees enrolled (50%) and total number of potentially eligible licensees (50%) every six months, the three remaining boards are now anticipating increases in their monthly costs. Uprise Health will be glad to partner with licensing boards to explore any possible alternatives to the funding model and/or statutory regulations. Uprise Health will also conduct targeted outreach to non-participating boards with the goal of increasing participation in HPSP.

Last year, we were hopeful that we could begin to introduce at home, DNA-verified urine testing (PROOF) as an alternative to traditional site-based testing. However, the lab that is used for testing these samples remains without one of the required lab certifications (CAP or SAMHSA), which prohibits us from pursuing PROOF urine testing at this time. We were recently made aware of the option to provide blood spot PETH testing and nail testing in the home environment, with the collection process monitored via videorecording. These samples are testing in a CAP-certified lab. Uprise Health will present this information more formally to the Advisory Committee, with the goal of implementing these testing modalities when appropriate.

Kate Manelis, LMSW, HPSP Program Manager
July 24, 2023

Uprise Health Monitoring
Health Professionals' Services Program (HPSP)
Exit Interview Report

Year 13: July 1, 2022 – June 30, 2023

Purpose

Exit Interviews are conducted when a licensee successfully completes the Health Professionals' Services Program (HPSP). The purpose of the Exit Interview is to gather information about the licensee's experience as a participant and to help Uprise Health Monitoring evaluate the importance and effectiveness of each aspect of the monitoring program.

Exit Interviews are emailed to licensees within one week of their date of completion from the program.

Requested feedback includes length of time in the program, their rating of the support systems that aided them in successful completion, their rating of their Agreement Monitor, Customer Service, and the Toxicology Program, and the value of the newsletter and website. The Exit Interview also includes a series of outcome related items focusing on the workplace, personal life, and interpersonal relationships. An overall evaluation of the impact of participation in the program is requested at the conclusion of the survey along with any comments.

Response Rate

The Exit Interview was distributed to all 44 licensees who successfully completed the program between July 1, 2022, and June 30, 2023. Note that responses are recorded based on when they are received rather than when the licensee completed.

Nineteen responses were received during the year, resulting in a 43.2% response rate. This is a significant increase from the last several years.

Table 1: Response Rate	Year 13	Year 12	Year 11	Year 10
# Sent	44	48	41	35
# Returned	19	14	13	11
Response Rate	43.2%	29.2%	31.7%	31.4%

Data Results

*Mode responses (the most frequent response in each dataset) are in **red**, excluding N/A responses. Not all items have a mode response. Note that comments are shown as the respondent typed or wrote them: Spelling, punctuation, and grammar have not been corrected.*

Characteristics of Responder Pool

The first two questions give us a picture of the characteristics of the licensees who responded to the exit interview.

Question 1 - Length of Time in Program

Licensees are first asked to indicate how long they were enrolled in the program. We continue to see variability in length of program represented in the responses. The mode for this year was approximately four years, with over 40% of responses.

Table 2: Length of Time in Program	Year 13 (n=19)		Year 12 (n=14)	
	#	%	#	%
Approximately 2 years	4	21.1%	2	14.3%
Approximately 3 years				
Approximately 4 years	8	42.1%	4	28.6%
Approximately 5 years	3	15.8%	5	35.7%
More than 5 years (but not career length)	2	10.5%	3	21.4%
Career Length	1	5.3%		

Report continues on the next page

Question 2: Board Licensing Respondent

Of the 44 successful completers this year who received surveys: 17 (38.6%) were licensed by the Board of Nursing, 19 (43.2%) by the Oregon Medical Board, and four each (4.2%) by the Boards of Dentistry and Pharmacy.

Of the 19 submitted survey responses: six of the respondents were licensed by the Board of Nursing (31.6%), 9 by the Oregon Medical Board (47.4%), and two each (10.5%) by the Boards of Pharmacy and Dentistry. This data is reflected in Table 3.

Table 3: Board Licensing Respondent	Year 13 (n=19)		Year 12 (n=14)	
	#	%	#	%
Oregon Medical Board	9	47.4%	10	71.4%
Board of Nursing	6	31.6%	3	21.4%
Board of Dentistry	2	10.5%		
Board of Pharmacy	2	10.5%	1	7.1%

From this, we can calculate a response rate for each board and compare it to the 43.2% overall response rate. Response rates for Medical Board licensees were very close to the overall response rate, with the other three boards being slightly over-represented (Dentistry and Pharmacy) or slightly under-represented (Nursing).

- Medical Board - 47.4% (9 responders out of 19 completers)
- Board of Nursing - 35.3% (6 responders out of 17 completers)
- Board of Dentistry - 50.0% (2 responders out of 4 completers)
- Board of Pharmacy - 50.0% (2 responders out of 4 completers)

Program Ratings

The remainder of the survey questions ask responders to rate various aspects of the program and their impact on their personal and work life.

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Question 3 - Support Systems

Question three asks respondents to rate the support systems that aided in their successful completion of the program. Percentages are calculated against responses that answered the questions (did not select N/A – No Response).

Table 4a: Support Systems - Year 13 (n=19); OMB only questions (n=9)	Extremely Useful		Useful		Neutral (Neither Useful Nor Unuseful)		Unuseful		Extremely Unuseful		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Individual Meeting with Monitoring Consultant (PMC) <i>(OMB licensee only)</i>	3	37.5%	4	50.0%	1	12.5%					11	57.9%
Group Monitoring Meeting (GMC) <i>(OMB licensee only)</i>	2	33.3%	1	16.7%	3	50.0%					13	68.4%
Regular contacts with Agreement Monitor	3	15.8%	8	42.1%	3	15.8%	5	26.3%				
Participating in random toxicology testing	4	22.2%	10	55.6%	3	16.7%	1	5.6%			1	5.3%
Having a monitoring agreement and addendums	1	5.3%	10	52.6%	7	36.8%	1	5.3%				
Submitting documentation for requirements	1	5.6%	6	33.3%	8	44.4%	1	5.6%	2	11.1%	1	5.3%
Attending evaluations by third party assessors			3	37.5%	3	37.5%	2	25.0%			11	57.9%

We are very pleased to report that ratings in nearly all areas improved compared to last year's results (on next page). The most notable improvements were in usefulness of PMC (87.5% compared to 55.5%) and GMC (50% compared to 16.7%) meetings and random toxicology testing (77.8% compared to 61.6%). It is also significant that ratings of "unuseful" and "extremely unuseful" declined in all areas, some quite dramatically. Whereas last year, one-third of responses were dissatisfied with PMC meetings, zero responses this year indicated dissatisfaction with the same. Additionally, random toxicology testing had a 30.8% dissatisfaction rating last year, which decreased sharply to 5.6% for this year.

	<u>Useful/Extremely Useful</u>	<u>Unuseful/Extremely Unuseful</u>
PMC	87.5%	0%
GMC	50.0%	50.0%
Agreement Monitor Contact	57.9%	26.3%
Random Testing	77.8%	5.6%
Monitoring Agreement	57.9%	5.3%
Submitting Documentation	38.9%	16.7%
3 rd Party Evaluations	37.5%	25.0%

Additional comments about the support systems that aided in your successful completion:

1. Meetings with psychologist brought the most value. Group meetings were fine, but became a bit redundant.
2. The 6 month requirement to go to the doctor to fill out my prescriptions was really stressful and didn't add to my particular recovery program. I think it would be useful to only get a new medication management form if there are changes in medications. Going to the doctor every six months and trying to get them to get the paperwork done didn't help me feel like it was useful in my recovery. Felt like unnecessary work when people already are struggling to get the other program requirements done.
3. reaching a monitor or someone to help was always extremely easy - very reassuring
4. AA

Last year's data is shown below for comparison.

Table 4b: Support Systems - Year 12 (n=14); OMB only questions (n=10)	Extremely Useful		Useful		Neutral (Neither Useful Nor Unuseful)		Unuseful		Extremely Unuseful		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
Individual Meeting with Monitoring Consultant (PMC) (OMB licensee only)	2	22.2%	3	33.3%	1	11.1%	2	22.2%	1	11.1%	5	35.7%
Group Monitoring Meeting (GMC) (OMB licensee only)			1	16.7%	1	16.7%	3	50.0%	1	16.7%	8	57.1%
Regular contacts with Agreement Monitor	3	23.1%	3	23.1%	2	15.4%	2	15.4%	3	23.1%	1	7.1%
Participating in random toxicology testing	3	23.1%	5	38.5%	1	7.7%			4	30.8%	1	7.1%
Having a monitoring agreement and addendums	1	7.1%	5	38.5%	4	28.6%	2	14.3%	2	14.3%		
Submitting documentation for requirements	1	7.7%	3	23.1%	4	30.8%	1	7.7%	4	30.8%	1	7.1%
Attending evaluations by third party assessors	1	14.3%	2	28.6%	2	28.6%	1	14.3%	1	14.3%	7	50.0%

Question 4: Agreement Monitors, Customer Service, Toxicology Program

The next question asks for a rating of agreement monitors, customer service and the toxicology program using a scale of "below average" to "excellent."

Licensee experience with agreement monitors, Uprise Health Monitoring customer service, and the toxicology program continues to be positive. 89.5% of respondents rated their agreement monitor as "excellent" or above average, with no responses of "below average." Uprise Health Monitoring customer service was rated as "excellent" or "above average" by 73.7% of respondents, also with no responses of "below average." The HPSP toxicology program was endorsed as "excellent" or "above average" by 66.6% of respondents, a sharp increase from last year's combined rating of 45.5%.

The survey instrument has been updated for year 14 to include an item in this question regarding RecoveryTrek customer service. Additionally, the item regarding the toxicology program has been removed from this question, as usefulness of the toxicology program is already queried above in question three, and

respondents are given ample opportunity to provide additional feedback about any program component, including the toxicology program, in an open-ended comment section at the end of the survey.

Table 5a: Program Components - Year 13 (n=19)	Excellent		Above Average		Average		Below Average		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
Your Agreement Monitor	12	63.2%	5	26.3%	2	10.5%				
Uprise Health MONITORING Customer Service	8	42.1%	6	31.6%	5	26.3%				
HPSP Toxicology Program	6	33.3%	6	33.3%	3	16.7%	3	16.7%	1	5.3%

Table 5b: Program Components - Year 12 (n=13)	Excellent		Above Average		Average		Below Average		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
Your Agreement Monitor	8	66.7%	4	33.3%					1	7.7%
IBH MONITORING Customer Service	5	50.0%	3	30.0%	1	10.0%	1	10.0%	3	23.1%
HPSP Toxicology Program	3	27.3%	2	18.2%	3	27.3%	3	27.3%	2	15.4%

Question 5: Value of the Newsletter and the Website

Licenses are next asked to rate the value of the newsletter and the HPSP website (“portal”).

Satisfaction with both tools increased significantly this year. The newsletter, which was modified this year to be shorter, more concise, and easier to access, was deemed “extremely valuable” or “valuable” by 61.2% of respondents, compared to 35.7% last year. The percentage of respondents who found “no value” in the newsletters decreased by nearly half, at 22.2% down from 42.9%. The HPSP website was also found to be much more valuable this year, with 75.1% finding it “valuable” or “extremely valuable” – more than twice as many who found it valuable last year (37.5%).

The survey instrument has been updated for year 14 to include items in this question that ask for perceived value in RecoveryTrek’s website and app.

Table 6a: Communication Tools - Year 13 (n=19)	Extremely Valuable		Valuable		Little Value		No Value		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
HPSP Newsletter	1	5.6%	10	55.6%	3	16.67%	4	22.2%	1	5.3%
HPSP Website (hpspmonitoring.com)	3	18.8%	9	56.3%	3	18.8%	1	6.3%	3	15.8%

Table 6b: Communication Tools - Year 12 (n=14)	Extremely Valuable		Valuable		Little Value		No Value		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%
HPSP Newsletter			5	35.7%	3	21.4%	6	42.9%		
HPSP Website (hpspmonitoring.com)	2	14.3%	3	21.4%	4	28.6%	5	35.7%		

Question 6: Program's Impact on Professional Life

This question asks licensees to reflect on the impact of the program on their professional life. Specifically, the question states: "Now that you have completed monitoring, please indicate the extent to which you agree or disagree with the following statements about your professional life." Agreement with the first two items in this question increased significantly, with 73.7% of respondents indicating agreement or strong agreement that they are more satisfied with work (compared to 58.4% last year), and 73.6% of respondents indicating agreement or strong agreement that they feel less stressed or burned out at work (compared to 50% last year). The remaining four items in the question were rated very similarly with last year. It is encouraging to note that there were no responses of "strongly disagree" to any items in this question this year.

Table 7a: Professional Life Year 13 (n=19)	Strongly Agree		Agree		Neither Agree Nor Disagree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
I am more satisfied with work.	5	26.3%	9	47.4%	5	26.3%						
I feel less stressed or burned out at work.	7	36.8%	7	36.8%	5	26.3%						
I am better able to understand or empathize with my patients.	6	31.6%	6	31.6%	6	31.6%	1	5.3%				
The medical care I provide to my patients has improved.	6	31.6%	7	36.8%	5	26.3%	1	5.3%				
My professional relationships have improved.	6	31.6%	7	36.8%	5	26.3%	1	5.3%				
My work feels more meaningful.	4	21.1%	8	42.1%	6	31.6%	1	5.3%				

Table 7b: Professional Life Year 12 (n=14)	Strongly Agree		Agree		Neither Agree Nor Disagree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
I am more satisfied with work.	5	41.7%	2	16.7%	4	33.3%			1	8.3%	2	14.3%
I feel less stressed or burned out at work.	3	25.0%	3	25.0%	4	33.3%	1	8.3%	1	8.3%	2	14.3%
I am better able to understand or empathize with my patients.	6	46.2%	3	23.1%	3	23.1%			1	7.7%	1	7.1%
The medical care I provide to my patients has improved.	5	38.5%	4	30.8%	2	15.4%			2	15.4%	1	7.1%
My professional relationships have improved.	5	38.5%	4	30.8%	2	15.4%			2	15.4%	1	7.1%
My work feels more meaningful.	4	30.8%	4	30.8%	3	23.1%			2	15.4%	1	7.1%

Question 7: Program's Impact on Personal and Interpersonal Life

This question asks licensees to reflect on the impact of the program on their personal and interpersonal life. Specifically, the item states: "Now that you have completed monitoring, please indicate the extent to which you agree or disagree with the following statements about your personal and interpersonal life." Continuing the overall trend of this year's survey responses, results were generally more favorable than last year. The mode response for eight out of the 11 items was "strongly agree," an improvement over last year's typical mode response of "agree." There were no responses of "strongly disagree" on any items in this question this year.

Table 8a: Personal and Interpersonal Life - Year 13 (n=19)	Strongly Agree		Agree		Neither Agree Nor Disagree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
I feel better able to cope with life changes.	10	52.6%	6	31.6%	3	15.8%						
I feel better equipped to manage my own health.	10	52.6%	6	31.6%	3	15.8%						
My self-esteem improved.	9	47.4%	6	31.6%	3	15.8%	1	5.3%				
My mood improved.	7	36.8%	9	47.4%	3	15.8%						
I have a better work-life balance.	8	42.1%	8	42.1%	3	15.8%						
I am more engaged in my community.	7	36.8%	5	26.3%	4	21.1%	3	15.8%				
My personal life is less stressful.	10	52.6%	6	31.6%	3	15.8%						
My spouse/partner and I communicate better.	5	31.3%	6	37.5%	4	25.0%	1	6.3%			3	15.8%
I am more satisfied with my personal relationships.	8	42.1%	6	31.6%	5	26.3%						

I am better equipped to manage problems at home.	9	47.4%	6	31.6%	4	21.1%						
I spend more meaningful time with family or friends.	9	47.4%	5	26.3%	5	26.3%						

Table 8b: Personal and Interpersonal Life - Year 12 (n=14)	Strongly Agree		Agree		Neither Agree Nor Disagree		Disagree		Strongly Disagree		N/A or No Response	
	#	%	#	%	#	%	#	%	#	%	#	%
I feel better able to cope with life changes.	7	50.0%	4	28.6%					1	7.1%	2	14.3%
I feel better equipped to manage my own health.	5	35.7%	6	42.9%					1	7.1%	2	14.3%
My self-esteem improved.	4	28.6%	5	35.7%	2	14.3%			1	7.1%	2	14.3%
My mood improved.	4	28.6%	5	35.7%	2	14.3%			1	7.1%	2	14.3%
I have a better work-life balance.	4	28.6%	5	35.7%	2	14.3%			1	7.1%	2	14.3%
I am more engaged in my community.	3	21.4%	1	7.1%	6	42.9%	2	14.3%	1	7.1%	1	7.1%
My personal life is less stressful.	2	14.3%	6	42.9%	2	14.3%	2	14.3%	1	7.1%	1	7.1%
My spouse/partner and I communicate better.	3	21.4%	5	35.7%	2	14.3%			1	7.1%	3	21.4%
I am more satisfied with my personal relationships.	3	21.4%	6	42.9%	2	14.3%			1	7.1%	2	14.3%
I am better equipped to manage problems at home.	5	35.7%	5	35.7%	2	14.3%			1	7.1%	1	7.1%
I spend more meaningful time with family or friends.	4	28.6%	5	35.7%	3	21.4%			1	7.1%	1	7.1%

Question 8: Overall Impact of HPSP

The final question asks, “All things considered, how would you describe the impact of your participation in HPSP?” Respondents are given space to expand on their response. Continuing a years’ long trend, the mode response was “I feel I am much better off than prior to my participation in HPSP,” which was an increase of 10 percentage points from last year. One participant this year did indicate that they are “slightly worse” than prior to participating in HPSP.

Table 9: Overall Impact of HPSP	Year 13 (n=19)		Year 12 (n=14)		Year 11 (n=13)	
	#	%	#	%	#	%
I feel I am much better off than prior to my participation in HPSP.	13	68.4%	8	57.1%	7	53.9%
I feel I am slightly better off than prior to my participation in HPSP.	2	10.5%	2	14.3%	4	30.8%
I feel I am neither better nor worse off after participating in HPSP.	3	15.8%	4	28.6%	1	7.7%
I feel I am slightly worse than prior to my participation in HPSP.	1	5.3%				
I feel I am much worse than prior to my participation in HPSP.					1	7.7%

Please expand on your response:

- The added stress of having to be in town or close to some approved collection center was very challenging and negatively impacted my quality of life. The financial burden was not insignificant either.*
- I think this response is more due to my sobriety than HPSP - although HPSP was part of my sobriety journey, therefore I am grateful :)*
- HPSP is not the only component of my continued sobriety and positive movement in my recovery. My continued work in AA and having a sponsor and home group has made a huge impact, Also going through outpatient therapy at the beginning.*
- My situation is unique. As I noted from the outset, I am not an addict. My time in the program was required due to very old behaviors, and police encounters, that are no longer a part of my life. That said, I can definitely see how this would be a useful program for someone who is actively suffering through an addictive process, and I did find some parts of the program helpful.*
- The last four years have changed my life. HPSP and my sobriety has been the biggest blessing to me. I'm so grateful to keep my nursing license and though HPSP is "over," my monitoring is never done. My daughter is always watching me and that is the most important person that I won't let down. I feel like generally it was on me to do with this program what I wanted, but it gave me some structure and daily reminders of where I was at in my recovery. Also, at times the program length seemed daunting and overwhelming, but I faced so many different life circumstances during that four years and I did it all sober and now I have those experiences to reflect on and they give me so much motivation and pride that I did it all sober. Seriously, thank you for giving me this option to do the four year program, I think the full four years was so necessary. I'm a better nurse and a better person for it.*
- HPSP coupled with individual counseling and participation in recovery community have greatly improved my life*

Additional Comments

At the conclusion of the survey, respondents are asked to share any additional comments. The following were shared this year:

- So very glad to be done. It felt like 4 years of one size fits all legalized extortion. The most stressful thing in my life for the last 4 years was this program.*

2. *Agreement monitors were super easy to work with, appreciate their kindness and lack of judgement. I wish there was more flexibility with testing - for example a 48 hr window rather than 24 hrs. I am on call for 24 hours (OBGYN) and getting to a testing site while on call was very stress inducing. But clearly I made it work :)*
3. NA
4. *[Agreement monitor name] was a great agreement monitor. I felt like [they] knew where I was at in my recovery and matched my energy and let me do my thing while still being very supportive. THANK YOU [name].*

Summary

The response rate for this year was 43.2%, representing 19 respondents out of 44 licensees who completed the program this year. Licensees were enrolled for anywhere from two to more than five years, although most common response was approximately four years. Licensees of all four boards were represented in survey responses this year.

Licensees are asked to rate the usefulness of a variety of support systems that they experienced while participating in HPSP. Program components were rated positively or neutrally this year. There was an overall increase in perceived usefulness of these components, as well as a sharp decrease in “unuseful” ratings.

Agreement Monitors continue to receive overwhelmingly positive ratings, with 89.5% of respondents indicating that their agreement monitor was “excellent” or “above average.” Additionally, 73.7% of respondents rated Uprise Health customer service as “excellent” or “above average.” No respondents rated those services as “below average.” The toxicology program was also rated positively, with 66.6% of respondents rating this as “excellent” or “above average.” This was a significant increase over last year’s results, where only 45.5% of respondents rated toxicology the same.

Both the newsletter and the website experienced a sharp increase in satisfaction this year. The newsletter was re-designed this past year to be shorter, more concise, and easier to access, and we are pleased to see that those changes have led to an increase in value for participants.

Respondents overall felt that the program had a positive impact on their professional, personal and interpersonal lives. Across all 17 specific items queried across two questions, the majority of respondents indicated agreement that their satisfaction in their work and personal lives had improved since participating in HPSP.

The final question asks, “All things considered, how would you describe the impact of your participation in HPSP?” Continuing the trend from the last several years, the mode response was “I feel I am **much** better off than prior to my participation in HPSP.” In total, 78.9% of licensees thought they were better off after participating in HPSP, an increase from last year’s rating of 71.4% endorsing the same.

Fourteen substantive written responses were received throughout the survey. The Uprise Health Monitoring PAC will review the survey data along with each of the comments carefully. The Uprise Health Monitoring PAC will then identify opportunities for improvement and develop interventions if necessary.

AADB 140th Annual Meeting

**Loews Hollywood Hotel
1755 North Highland Avenue
Hollywood, CA 99028**

Preliminary Program

October 19 - 21, 2023



President James A. Sparks, DDS

AADB Thanks Our Program Committee Chair:

James A. Sparks, DDS (OK)

Vice Chair:

Dale Chamberlain, DDS (MT)

Yvonne Bach (KY)

Brian Barnett (MO)

Sherry Campbell, RDH, CDHC (AL)

Bobby Carmen, DDS (OK)

Cliff Feingold, DDS (NC)

Martin Gillis, DDS (Liverpool)

Kristna Gomez, (AZ)

Arthur Chen-Shu Jee, DMD (MD)

Frank Maggio, DDS (IL)

Michael O'Hara, JD, PhD (NE)

Laura Richoux, RDH (MS)

American Association of Dental Boards

1701 Pennsylvania Ave NW, Suite 200
Washington, DC 20006

200 East Randolph Street, Suite 5100
Chicago, IL 60601



About AADB

The American Association of Dental Boards is a national organization that encourages the highest standards of dental education. The AADB promotes higher and uniform standards of qualification for dental practitioners. Membership is composed of boards of dentistry, advanced education boards, present and past members of those boards, board administrators, board attorneys, educators, and oral health stakeholders.

Our Mission

To serve as a resource by providing a national forum for exchange, development, and dissemination of information to assist dental regulatory boards with their responsibility to protect the public.

About AADB's Annual Meeting

The AADB Meeting provides an excellent forum for keeping up-to-date with state board concerns. Programs are designed to allow opportunities for interaction among all participants, including board members, dentists, dental therapists, dental hygienists, dental assistants, educators, board attorneys, public members, investigators and dental specialty associations. Panels and small discussion groups exchange ideas and information. Participants take away valuable information on current issues and all aspects of dental regulation.

Meeting Agenda

Thursday, October 19

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

4:00 p.m. - 7:00 p.m.	Registration
6:00 p.m. - 8:00 p.m.	AADB Board of Directors' Dinner <i>By invitation only</i>

Friday, October 20

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

6:45 a.m. - 6:00 p.m.	Registration
7:15 a.m. - 8:00 a.m.	AADB Board of Directors Meeting – Breakout James A. Sparks, DDS AADB President
8:00 a.m. - 10:00 a.m.	New Member Orientation and Certification Course – Breakout TBD
9:00 a.m. - 10:00 a.m.	Program Committee Meeting – Breakout James A. Sparks, DDS AADB President
10:00 a.m. - 11:15 a.m.	Investigator Caucus Meeting – Breakout W. Blake Strickland Executive Director Board of Dental Examiners of Alabama <i>This closed session is for AADB member Dental Board Investigators.</i>
10:00 a.m. - 11:15 a.m.	AADB Member Hygienist Caucus Meeting – Breakout Laura Richoux, RDH AADB Caucus Chair <i>This closed session is for AADB member hygienists.</i>
11:15 a.m. - 11:45 a.m.	Exhibits & Networking Break
11:45 a.m. - 12:00 p.m.	Sponsorship Recognition
12:00 p.m. - 12:25 p.m.	AADB President's Opening Remarks Recognition of New Members Recognition of the AADB Board of Directors James A. Sparks, DDS AADB President

12:25 p.m. - 12:30 p.m.	Interim Executive Director's Welcome & Report Kimber Cobb
12:30 p.m. - 2:30 p.m.	Compact Update Guy Shampaine
2:30 p.m. - 3:00 p.m.	Exhibits & Networking Break
3:00 p.m. - 5:00 p.m.	Business Meeting I Treasurer's Report Clifford Feingold, DDS AADB Treasurer AADB Update / Bylaws Chair / Moderator: Dr. Frank Maggio Panel: Dale Chamberlain, DDS, AADB President Elect Arthur Chen-Shu Jee, DMD, AADB Vice President Clifford Feingold, DDS, AADB Treasurer VOTE on Bylaws
5:00 p.m. - 5:30 p.m.	2023 Candidate Speeches for positions on the AADB Board of Directors
5:30 p.m. - 6:00 p.m.	Exhibits & Networking Break
6:00 p.m. - 7:30 p.m.	Presidential Reception <i>Registered attendees are invited to join President James A. Sparks, DDS, the AADB Board of Directors, AADB team, and invited speakers for light hors d'oeuvres and drinks.</i>

Saturday, October 21

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

8:00 a.m. - 11:00 a.m.	Registration
8:00 a.m. - 9:00 a.m.	Regional Caucus Meetings <i>North Caucus – Breakout</i> <i>South Caucus – Breakout</i> <i>East Caucus – Breakout</i> <i>West Caucus – Breakout</i>
9:00 a.m. - 9:15 a.m.	Exhibits & Networking Break
9:15 a.m. - 11:15 a.m.	Business Meeting II Voting for Compact and Officers Moderator: Bobby J. Carmen, DDS, MAGD, AADB Secretary Panel: Arthur Chen-Shu Jee, DMD, AADB Vice President Brian Barnett, AADB Administrator Member Laura Richoux, RDH, AADN Dental Hygiene Member Susan Rogers, AADB Board Attorney Guy Shampaine Bobby White

11:15 a.m. - 11:45 a.m.	Caucus Reports North: Frank Maggio, DDS, and Susan Rogers AADB Caucus Co Chair South: Melodie Jones, DMD, AADB Caucus Chair East: Jim Goldsmith, DMD, AADB Caucus Chair West: Ryan Edmonson, AADB Caucus Chair
11:45 a.m. - 12:15 p.m.	AADB Representative Reports CDEL: Barbara Mousel, DDS (NORTH) Donald P. Bennett, DDS (SOUTH) Catherine Watkins, DDS (SOUTH) Maurice Miles, DDS (WEST) CODA: Carolyn Brown, DMD (SOUTH) Maxine Feinberg, DDS (EAST) Burrell Tucker, DDS (WEST) Bruce Kinney, DDS (APPEALS - WEST) JCNDE: Mary A. Starsiak, RN, DDS (NORTH) Julie W. McKee, DMD (SOUTH) Jeetendra Patel, DDS (SOUTH) Mark Zajkowski, DDS, MD (EAST) DANB: Frank A. Maggio, DDS (NORTH)
12:15 p.m. - 1:00 p.m.	Members' Luncheon AADB Citizen of the Year Award Presentation Frank Maggio, DDS (2022 AADB Citizen of the Year)
1:00 p.m. - 2:30 p.m.	Attorney Round Table Lori Lindley Senior Assistant Attorney General, Oregon Board of Dentistry Susan Rogers AADB Board Attorney Executive Director and General Counsel, Oklahoma State Board of Dentistry Bobby D. White CEO/Legal Counsel, North Carolina State Board of Dental Examiners
2:30 p.m. - 4:00 p.m.	AADB State Dental Board Forum: State/Juristictions Board Issues Frank Maggio, DDS AADB Member and Moderator
4:00 p.m.	Adjournment

Biographies as received on 8/02/2023



Donald P. Bennett, DDS, AADB Representative (CDEL)

Dr. Bennett is a 1985 graduate of the Louisiana State University School of Dentistry and has been in private practice for 37 years. He is a continuous tri-partite member of the ADA, LDA, and NODA, as well as the Past President of the New Orleans Dental Association. Dr. Bennett was the 2020 recipient of the New Orleans Dental Association Honor Dentist award, Past General Chairman of the New Orleans Dental Conference, Member of the Louisiana State Board of Dentistry since 2016 and current President. He is the current examiner for CITA and CDCA and member of the CITA Board of Directors and Quality Assurance Committee and a Fellow in the ACD and ICD.



Carolyn Brown, DDS, AADB Representative (CODA)

Dr. Carolyn Brown was appointed by the American Association of Dental Boards to serve as a Commissioner on the Commission on Dental Accreditation for the term 2021-2025. Dr. Brown received her undergraduate degree from Columbia College, Columbia, SC. She is a 1994 graduate of the Medical University of SC (MUSC) James B. Edwards College of Dental Medicine and was recognized with the 2021 Distinguished Alumna Award. Following 22 years of private practice, Dr. Brown is currently a staff dentist in the Dental Service at the Columbia Veterans Affairs Health Care System, Columbia, SC. She is a fellow of the American College of Dentists. Dr. Brown is an alumnus of the ADA Institute for Diversity in Leadership (2016-2017 Class). In 2015, SC Governor Nikki Haley appointed Dr. Brown to the SC Board of Dentistry. As past president and current board member serving under Governor Henry McMaster, Dr. Brown is the recipient of the Exemplary Service Award of the SC State Board of Dentistry. She is a member of the Admissions Committee of the MUSC James B. Edwards College of Dental Medicine. Dr. Brown is a Federal Dental Services member of the American Dental Association and continues to serve in various capacities of organized dentistry.



Dale Chamberlain, DDS, President-Elect

AADB President-Elect, Dr. Dale Chamberlain, DDS, is an oral & maxillofacial surgery specialist in Helena. Dr. Chamberlain has been in private practice in Helena since 2012. He received his DDS degree from Creighton University in 1988. From 1989-2011, Chamberlain had a private practice in Lewistown. While in Lewistown he also set up the dental program and worked two days a month at NEXUS, a methamphetamine treatment center, for five years.

Dr. Chamberlain was awarded the Shampaine-Low Award by the CDCA-WREB-CITA in January.



Maxine Feinberg, DDS, AADB Representative (CODA)

Dr. Feinberg graduated from New York University College of Arts and Sciences in 1977 and NYU's College of Dentistry in 1980. She returned to NYU after her residency in anesthesiology and working as a general dentist and treating patients confined in nursing homes to complete her certificate in Periodontics in 1984.

Dr. Feinberg is a past president of the New Jersey Dental Association and the New Jersey State Board of Dentistry, where she served for 9 years. She has been a delegate in both the ADA and New Jersey Dental Associations House of Delegates. She initiated the New Jersey Give Kids A Smile campaign in 2002 and 2003. She remains active in both her component dental society

and the NJDA.



Melodie Jones, DMD, AADB Caucus Chair (South)

Dr. Melodie Anderson Jones serves as a Board Member on the Board of Dental Examiners of Alabama. She is also a Member of the State Committee on Public Health for the Alabama Department of Public Health and serves as Chair of the Council on Dental Health for the Alabama Department of Public Health.

Dr. Jones is a life member of the American Dental Association, the Alabama Dental Association, and the Second District Dental Society serving as an active member since 1992. She has served as President, President-elect, Secretary-Treasurer, and Program Chair of the Second District Dental Society. She has served as a delegate to the House of Delegates of the Alabama Dental Association and a member of the Board of Trustees of the Alabama Dental Association.

Dr. Jones has served on the Oral Health Coalition of Alabama and the Council on Dental Health of the Alabama Department of Public Health. Dr. Jones has practiced general dentistry for over 30 years providing comprehensive dental care to patients of all ages. Dr. Jones holds a Bachelor of Science Degree in Chemistry from Auburn University and a Doctor of Dental Medicine Degree from the University of Alabama School of Dentistry, class of 1992. Dr. Jones is on the Executive Alumni Council of the University of Alabama School of Dentistry Alumni Association and is currently the Secretary-Treasurer of the Alumni Association.

**Frank Maggio, DDS, AADB Member and Moderator**

The AADB Board Member Forum will be facilitated by Frank A. Maggio, DDS. This lively, interactive session will provide the General Assembly an opportunity to discuss regulatory concerns and other important topics encountered by state boards in a spontaneous, free-flowing setting. Participate in the AADB Board Member Forum by asking questions, discussing challenges, and sharing your successful practices and innovations.

**Julie McKee, DMD, AADB Representative (JCNDE)**

Dr. McKee received a degree in Biology from the University of Kentucky and received a Dental Degree from the University of Louisville in 1983. She practiced General Dentistry for 10 years in Mount Sterling, Kentucky and worked in state government, focusing on healthcare policy and regulation. Dr. McKee has managed a four-county district health department for 12 years and held the position of State Dental Director since 2007. She was awarded the Presidential Award of the Kentucky Dental Association in the fall of 2020 and the President's Award for Outstanding Merit in Public Health Dentistry, Association of State and Territorial Dental Directors, in April 2022.

**Jeetendra Patel, DDS, AADB Representative (JCNDE)**

Dr. Jeetendra Patel received his BS in 1995 from the Louisiana State University-Shreveport (LSU-S) in Biology and his DDS from the LSU School of Dentistry in 2001. He also completed a 1-year hospital-based residency (GPR) at the Veterans Affairs Hospital in Biloxi, MS. In 2019, Dr. Patel was appointed by the Governor of Louisiana, John Bel Edwards, to serve on the Louisiana State Board of Dentistry. In December 2021, Dr. Patel was appointed as a Commissioner to the Joint Commission on National Dental Examinations (JCNDE). Besides being on the State Board and JCNDE, Dr. Patel has been in private practice since 2003 and currently owns a dental practice in Monroe, Louisiana. Dr. Patel was born in Birmingham, England and lived there for 10 years before moving to the United States in 1982. He has lived in Louisiana for 39 years.

**Laura Richoux, RDH, Dental Hygiene Member**

Laura Richoux is a dental hygienist on the Mississippi Gulf Coast. After graduating from the University of Mississippi Medical Center's Dental Hygiene program, she practiced her first four years in South Louisiana and has spent the last fifteen years practicing in Mississippi. Laura served as the Dental Hygienist at Large on the Mississippi State Board of Dental Examiners for six years and is currently serving as the Dental Hygienist member of the American Association of Dental Boards.

**James A. Sparks, DDS, AADB President**

Dr. James A. Sparks is a dentist in private practice in Oklahoma City, Oklahoma. A graduate of Oklahoma University College of Dentistry, class of 1986, where he is and has been part-time faculty in Oral Diagnosis and Radiology ever since, and is currently a Clinical Associate Professor. He was elected to six terms (18 years) on the Oklahoma Board of Dentistry and served as President for 8 years. Currently, Dr. Sparks is serving as President of the American Association of Dental Boards.

**Mary A. Starsiak, RN, DDS, AADB Representative (JCNDE)**

Dr. Mary A. Starsiak is a graduate of Loyola University Dental School in 1984. Her undergraduate degree is a BSN, RN from the College of St. Teresa associated with the Mayo Clinic in Rochester Minnesota. She worked as an ICU nurse during dental school plus a few years after and maintains her RN license today. She is the daughter of a general dentist and a sister of an oral surgeon. She has her own private practice of general dentistry since 1984.

She serves on the Joint Commission on National Dental Exams as an AADB representative at this time being a member of AADB. She is a Past President of the Central Regional Testing Agency (CRDTS) and has served on the CRDTS Steering Committee and Officer track leading up to President. She has served as a member of the State of Illinois Board of Dentistry from 2009 and served as its chair from 2012-2014 and 2016-2017. She has served as a Board Examiner for the CDCA-WREB-CITA; and Central Regional Testing Agency (CRDTS)

She is the Regent of the International College of Dentistry District VIII and served as the Program Chair for the Chicago Dental Society Midwinter Meeting 2022. She has served on numerous Boards and Committees including the Illinois State Dental Society; Chicago Dental Society; was a Founding member of the Chicago Dental Society Foundation; The American Dental Association Council of Communication; Odontographic Society of Chicago and President of the Dental Arts Club of Chicago. She has also served on the Resurrection Healthcare Foundation Board along with the Saints Mary and Elizabeth Medical Center Advisory Board.

She is a fellow of the American College of Dentists, the International College of Dentists, the Academy of Dentistry International, the Pierre Fauchard Academy, the Academy of General Dentistry, and the Odontographic Society. She has been awarded the Raffaele Suriano Award in 2014 from the University of Illinois/Loyola Alumni Society for her work with geriatric patients. She was a past dentist/ consultant at Chicagoland Methodist Senior Services since 1994.



Catherine Watkins, DDS, AADB Representative (CDEL)

Dr. Watkins attended the University of North Carolina at Chapel Hill where she earned a Master's Degree in Geriatric Dentistry and a PH.D. in Oral Epidemiology.

Dr. Watkins serves as the dentist for the special management patients at dental care. From June 2003 until September 2004, she established the Special Needs Dental Program at Wake Forest University Baptist Hospital Medical Center in Winston-Salem, North Carolina. Dr. Watkins was an assistant professor in the Department of Preventive and Community Dentistry at the College of Dentistry at the University of Iowa from August 1995 to June 2003. For over 20 years her dental practice and training have focused on Geriatric Dentistry. Dr. Watkins has authored numerous research articles related to oral health among older adults. She was recently recognized as a diplomate of the American Board of Special Care Dentistry. She is committed to improving the quality of oral health care for seniors and currently works as an oral health consultant for the Sjogren's Support Group of the Triad.



Mark Zajkowski, DDS, AADB Representative (JCND)

Dr. Mark Zajkowski is an oral & maxillofacial surgeon practicing in South Portland, Maine. He is a graduate of the UCLA School of Dentistry, Harvard Medical School and the Isenberg School of Business at the University of Massachusetts, Amherst. He completed his surgical residency at the Massachusetts General Hospital in 1999.

Mark currently serves as the Chair of the Maine Board of Dental Practice and serves on the board of OMSNIC, the leading malpractice carrier for oral surgeons. He has also served as an examiner, director and President of the American Board of Oral and Maxillofacial Surgery and President of the Maine Dental Association. He has also remained active in many committees with AAOMS and the Joint Commission.

His clinical interests include dentoalveolar surgery, cleft lip and palate reconstruction, head and neck pathology, outpatient anesthesia, and patient safety.

Registration:

Because of the importance of the issues before the AADB, we wish to engage our membership to the greatest extent possible by waiving the registration fee for all active AADB members who are past or present State Dental Board members, administrators, board attorneys, and board investigators. Please follow this link to [register now](#). If you meet the above criteria and have already paid a meeting registration fee, please contact Stephanie Rojas at stephanie@aadbdentalboards.org so we can process a refund on your behalf.

The registration fee for the AADB 140th Annual Meeting is **\$995** for non-members.

Refund Policy:

Notification of cancellation must be submitted in writing to stephanie@aadbdentalboards.org. Cancellations are subject to a \$75 cancellation charge. No refunds will be given after September 15, 2023. Substitutions are allowed at any time but must be submitted in writing and must be of the same membership status.

Continuing Education:



The ACE Program is a service of the AADB to assist dental boards in identifying quality continuing education courses to help protect the public. ACE accreditation may not be accepted by particular boards of dentistry. Questions or comments can be directed to the AADB at info@aadbdentalboards.org.



The American Association of Dental Boards 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. The American Association of Dental Boards designates this activity for 8.25 continuing education credits. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

Unauthorized recording policy

The American Association of Dental Boards is committed to providing a professional environment that is open to the free expression of views and ideas and cultivating a learning community. Recording conversations, phone calls, images, or organizational meetings with any recording device (including but not limited to a cellular telephone, PDA, digital recording device, digital camera, etc.) unless all parties to the conversation give their consent in advance is hereby prohibited. A violation of this policy will result in corrective action which can include being removed from the conference.

Caucuses by State

North

Illinois
Indiana
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska
North Dakota
Ohio
Oklahoma
South Dakota
Wisconsin

South

Alabama
Arkansas
Florida
Georgia
Kentucky
Louisiana
Mississippi
North Carolina
Puerto Rico
South Carolina
Tennessee
Texas
Virginia
Virgin Island

East

Connecticut
Delaware
District of Columbia
Maine
Maryland
Massachusetts
New Hampshire
New Jersey
New York
Pennsylvania
Rhode Island
Vermont
West Virginia

West

Alaska
Arizona
California
Colorado
Hawaii
Idaho
Montana
Nevada
New Mexico
Oregon
Utah
Washington
Wyoming

AADB Board of Directors

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Laura Richoux, RDH, Dental Hygiene Member

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Susan Rogers, Attorney

200 East Randolph Street, Suite 5100
Chicago, IL 60601

Kimber Cobb, Interim Executive Director

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Please note the American Association of Dental Boards does not endorse or advocate any of the positions discussed in this meeting.

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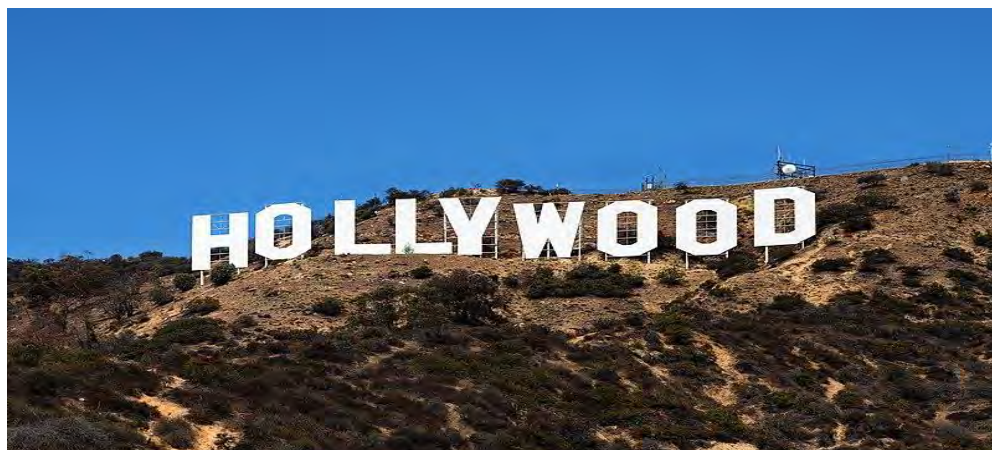
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AADA 39TH ANNUAL MEETING

Loews Hollywood Hotel
1755 North Highland Ave.
Hollywood, CA 99028
October 18-19, 2023

WEDNESDAY, OCTOBER 18

8 AM – 8:30 AM	Breakfast
8:30 AM – 9 AM	Welcome and Introductions
9 AM – 10:30 AM	Licensure Liability Questions on Application and Renewals
10:30 AM – 10:45 AM	Break
10:45 AM – 12PM	Difficult Cases in Dental Regulation
12 PM – 1 PM	Lunch
1 PM – 2:45 PM	Balancing Less Regulation with Patient Safety
2:45 PM – 3 PM	Break
3 PM – 4 PM	State Board Roundtable
4 PM – 4:30 PM	Moderated Open Forum
6 PM – 8 PM	Network Reception

THURSDAY, OCTOBER 19

8:30 AM – 9 AM	Breakfast
9 AM – 10:30 AM	AADA Committee Updates
10:30 – 10:45 AM	Break
10:45 AM – 11 AM	Business Session
	- Treasurer's Report
	- Election of Officers
11 AM – 12 PM	Discuss Future Meeting Format
1 PM – 8 PM	Networking Event

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BYLAWS OF THE AMERICAN ASSOCIATION OF DENTAL BOARDS

PREAMBLE

We, the members of the American Association of Dental Boards, in conformity with the Charter granted September 10th, 1883~~96~~, at Washington, D.C., and renewed in 1944, and in order to encourage the highest standards of dental education, and to promote a higher and more uniform standard of qualifications for dental practitioners and uniformity of methods in the conduct, operation and workings of the dental examining boards, and uniformity in the legislation in the several states, do ordain and establish these Bylaws, for the government of the American Association of Dental Boards.

Section 1 – Name

The name of this organization ~~shall be~~ the American Association of Dental Boards, ~~Henceforth, American Association of Dental boards shall be ‘tradename’ named~~ FEDERATION OF STATE DENTAL BOARDS, hereinafter referred to as "the ~~Association~~ Federation" or "this ~~Association~~ Federation."

Section 2 - ~~Central-Office~~ Incorporation and Office Location

The AADB is incorporated as a non-profit organization in Washington, D.C. The registered office of this Association shall be known as the Central Office and shall be located in such city as shall be determined by the Board of Directors. Branch offices of this Association may be established in such localities and at such times as are deemed necessary by the Board of Directors.

Section 3 - Definition of Terms

In these Bylaws, terms within the dental professional regulatory community are defined as follows:

“Agency”: a licensing jurisdiction: a state, a territory, or the District of Columbia of the United States of America which is given jurisdiction over the regulation of business activities within its borders including the authority for licensing, registering and regulating the professional conduct of dentists, dental hygienists, and other dental personnel. The term “agency” is also meant to include any entity outside of the United States of America which has similar authority for licensure and regulation and which may contract with the AADB for consultation services or for other purposes.

“Affiliate”: Association or Organization Supporting or Promoting AADB and its Mission, as an example, (and not limited to) – Testing agencies, Licensing agencies, State Dental Associations, State Hygiene associations, dental specialties recognized by NCDSCB (National Commission Recognition Dental Specialties and Certifying Boards), etc. Not eligible for ‘Affiliate’ membership are ‘sole for profit’ organizations, management organizations, and organizations not involved with licensing, regulation, nor certifications (see Individual Membership 5.5).

~~“Associate Agency”: a specialty board recognized by the American Dental Association; a regional organization comprised of two or more Member Agencies; or an agency whose purpose is to certify dental auxiliaries in dentistry.~~

“Dental Board”: any collective body of dentists and others, such as public members or other dental personnel, which serves as the licensing and regulatory authority for dental personnel within a licensing jurisdiction. These collective bodies of dentists and others are variously referred to as boards of dentistry, boards of dental hygiene,

boards of dental examiners, or by other designations by licensing jurisdictions, and the term “dental board” encompasses these various designations.

“Member-Governed Organization”: an organization in which the members have the ultimate authority over the operation of the organization. A member-governed organization is one that holds regular annual meetings of its members, has its activities governed by the membership through an elected Board of Directors, and has delegated certain powers to its Board of Directors.

“Dental Board Member”: a dentist, a dental hygienist, or public member who has been appointed or elected to serve on a licensure or regulatory body empowered to regulate the dental profession within a licensing jurisdiction.

Section 4 - Objectives

~~The objectives of this Association shall be:~~ The AADB supports America’s State Dental Boards in their duty to protect the public through licensing, disciplining, and regulating Dentists, Hygienists, and other auxiliary personnel in Dentistry. To further these goals, AADB shall:

- A. Promote and provide a forum for training, communications, and collaboration among all Dental Boards and Dental Board Members, Dental Board Administrators, Staffs, Dental Board Attorneys, and Dental Board Investigators.
- B. Promote continuing education, re-education, and remediation of dentists, hygienists, and the auxiliary groups who have as their purpose, optimum oral health and welfare of the public.
- C. ~~To Assist Dental Boards and all~~ Agencies in continually improving methods of testing and evaluating candidates for licensure, and re-licensure ensuring the quality of oral health care standards will be constantly and uniformly raised through services such as the Accredited Continuing Education (ACE) program.
- D. Encourage further study in research, dental school accreditation, specialty recognition accreditation, and discussion of the needs and problems of dental education and licensure.
- E. Provide ~~counsel and guidance~~ information on regulatory best practices, innovative ideas, and other resources to Dental Boards and Legislators in amending, revising, and enforcing the dental practice acts of each state in the interest of the public welfare.
- F. Strengthening Dental Boards by providing advocacy, education to other organizations, and governmental entities seeking information regarding key and critical issues in Dentistry.
- G. Initiate and develop programs and projects to enhance the efficiency and effectiveness of Dental Boards in organizing, monitoring, and discipline management of licensing, regulations, and certifications.

Section 5 – Membership

Section 5.1: The AADB shall be a Member-Governed organization in accordance with Section 29-401.50 of the District of Columbia Official Code.

Section 5.2: ~~The Association is composed of members and participants: Members and Life Members, Associate Members and Associate Life Members, Agencies and Associate Agencies.~~ Application for membership shall be submitted to AADB for consideration and approval by a majority vote of the Board of Directors.

Member categories are:

1. Current Dental Board Members.
2. Past Dental Board Members.
3. Life Members.
4. Current State Dental Board Executive Director or Administrator members.
5. Current State Dental Board Investigators or Supervisory Staff members.
6. Attorneys Representing State Dental Board members.
7. Affiliate - Individual members or participating agencies, associations, and organizations that support or provide service to the American Association of Dental Boards.
8. Affiliate - Life Members.
9. State Dental Board Member

Section 5.3: Any individual member (listed above 5.2) may be appointed to serve on a committee within the AADB. Current individual Dental Board Members, Past Dental Board Members, Life Members, Dental Board Administrator Members, Dental Board Attorney Members, and Dental Board Investigator Members may participate in AADB business meetings, general assembly votes, and hold office as a Board of Director.

~~Governing members are the Members and Life Members of the AADB and may vote and hold office. Agencies are "participating" organizations which have access to the programs and services of the organization.~~

Section 5.4: 1. A Member or Life Member is a person who serves or has served on or is an administrator or board attorney of an Agency and chooses to participate in and pays dues to this Association. They may vote and hold office. 2. A Member may become a Life Member of this Association if the person fulfills one of the following:

- A. The person has served as President of this Association.
- B. The person has maintained membership in this Association as a Member for at least ten consecutive years immediately before applying for Life Membership and has reached the age of 70.
- C. The person has maintained membership in this Association as a Member for at least six consecutive years and has paid a fee that the Board of Directors shall have the authority to set consistent with the fiscal health of the Association.

Section 5.5: An ~~Associate~~ Affiliate Member is a person or organization who fulfills one of the following:

- A. The person is ~~employed to an~~ examiner on behalf of dental boards such as a proctor, monitor, consultant examiner, or auxiliary, is an examiner for a specialty board recognized by the ~~National Commission on Recognition of Dental Specialties and Certifying Boards American Dental Association (ADA)~~ or other comparable organizations, or is employed as an administrator by an ~~Associate~~ Affiliate Agency and who does not qualify for membership in this Association as a Member.
- B. The person is employed as an administrator or psychometrician by an Agency, a regional organization comprised of two or more Agencies, or an allied dental organization or testing agency.
- C. The person is an educator serving as a full or part-time faculty member of a school or program accredited by the Commission on Dental Accreditation and who does not qualify for membership in this Association as a Member.
- D. The person is recognized as an honorary member of this Association by a vote of the membership for having performed meritorious service to this Association or to dentistry. The Board of Directors may nominate a person to this membership for any felicitous reason.

E. The person is recognized as a disabled/retired member of this Association and who has maintained membership in the Association as a Member for at least ten consecutive years and has retired due to physical disability.

F. Organizations/agencies involved with licensing, testing, certifying, and the mission of AADB that do not qualify as a member (See Section 3).

An ~~Associate~~ ~~Affiliate~~ Member may become an ~~Associate~~ ~~Affiliate~~ Life Member of this Association if the person fulfills one of the following:

A. The person has maintained membership in this Association in some combination of membership categories for at least ten (10) consecutive years and has reached the age of 70.

B. The person has maintained some combination of membership categories for at least six consecutive years and has paid a fee that the Board of Directors shall have the authority to set consistent with the fiscal health of the Association.

Section 5.6: Membership Applications and Membership Changes Applications for all classes of membership in this Association shall be submitted to the ~~Chief Executive Officer~~ ~~Membership Committee~~. Questions regarding membership guidelines should be submitted to ~~Membership Committee~~. Following approval by the Board of Directors and in accordance with the adopted policies of this Association, the report of Membership shall be presented to the General Assembly.

Section 5.7: Removal

A. The Board of Directors, by majority vote of the members present and voting, may remove from membership any Member, Agency, or other member delinquent in payment of dues by more than 60 days ~~after being notified at their last known address either by email, text or regular mail~~. If a Member, Agency, or other member is delinquent in the payment of dues by more than 90 days, those Members, Agency, or ~~Associate~~ ~~Affiliate~~ Members for whom the dues were not remitted will cease to be members of this Association.

B. The General Assembly, by affirmative vote of two-thirds of the Members and Life Members present and voting, after appropriate notice and hearing, may suspend or expel any member for cause, including but not limited to the following:

1. Violation of any provision of the Code of Ethics.
2. Suspension, revocation, or other termination of a license.
3. Any act or conduct which may cause disrespect for or lack of public confidence in the dental profession or dental board.
4. Any member who no longer serves on or is an administrator or board attorney of an Agency and is in a position consulting or defending clients against a board.
5. Violation of any provision of these Bylaws or any rule, regulation, or order adopted pursuant to these Bylaws.

C. Notification: An individual who has been suspended for a period or removed "for cause" as stated in Chapter V section 50, be notified that a statement setting forth the grounds for removal or suspension shall have been mailed by registered or certified mail to such member at his last recorded address at least fifteen (15) days before final action is taken thereon, and which shall be accompanied by a notice of the time and place of the meeting at which such vote shall take place. The individual shall be given an opportunity to present a defense at the time and place mentioned in such notice. Notwithstanding the provisions set forth in this Section, a member shall be terminated, after reasonable notice, for non-payment of dues.

- D. Removal of a Board of Director from Office: Violations as noted on 5.7(b) for Proposed removal of a member with cause, shall require a 2/3 vote of all present Board of Directors (See Section 10.2).

Section 5.8: Agency Participation. Agency participation will be governed by the following rules:

A. Dental Boards who participate in the AADB:

1. Are the founding Dental Boards of AADB or
2. Have made an application to the AADB and have been approved by the Board of Directors by a two-thirds vote. Members of the AADB, as defined in the Bylaws, shall be drawn from the Agencies.

B. ~~Associate~~ Any Affiliate Agency to participate in the AADB shall have made an application to the AADB and have been approved by the Board of Directors by a two-thirds vote.

C. An Agency or ~~Associate~~ Affiliate Agency to be in good standing shall remain current with their dues to this Association.

Section 6 - Membership Privileges

Section 6.1: Members and Life Members shall enjoy all rights and privileges of this Association.

Section 6.2: ~~Affiliate Associate~~ Members and ~~Affiliate Associate~~ Life Members shall enjoy all rights and privileges of this Association, including participation on committees, but excluding the ability to vote except those of voting with the general assembly, attend AADB business meetings, and holding office as a Director.

Section 7 – Governance

Section 7.1: The AADB shall be a Member Governed organization in accordance with Section 29-401.50 of the District of Columbia Official Code.

Section 7.2: General Assembly: The Legislative body of the AADB shall be the General Assembly composed of the Members and Life Members with voting privileges that are present at any Annual Meeting or other business meeting.

Section 7.3: Board of Directors: The administrative body of this Association shall be the Board of Directors, referred to as "the Board," as provided in Chapter IX of the Bylaws. The Board of Directors shall be composed of President, ~~President-Elect~~, Vice President, ~~Secretary-Treasurer~~ Secretary/Treasurer, Dental Hygienist Member, Administrator Member, Public Member, Immediate Past President, and (2) additional Directors-at-Large.

Section 8 - General Assembly

Section 8.1: Composition. The General Assembly of this association shall be composed of Members and Life Members with voting privileges present at any Annual or other business meeting of the Association for which they are properly registered.

Section 8.2: Powers. The General Assembly shall:

- A. Possess the legislative powers of this Association.

- B. Determine the policies which govern this Association.
- C. Have ~~the~~ power to enact, amend and repeal the Bylaws of this Association.
- D. Elect Honorary Members of this Association.
- E. Approve all memorials and resolutions in the name of this Association.
- F. ~~Elect the Board of Directors and AADB representatives on the various councils and commissions.~~

Section 8.4: Duties. The General Assembly shall:

- A. Elect the officers of the Association.
- B. Elect Association representatives to serve on the ADA Council on Dental Education and Licensure, the Commission on Dental Accreditation, on the Appeals Board of the ADA Commission on Dental Accreditation, and on the ADA Joint Commission on National Dental Examinations.
- C. Receive reports from the Board of Directors on the status of the association including but not limited to; membership, programs and finances, and other reports or studies requested by the General Assembly.

Section 9 - Board of Directors Section 9.1: Composition. The Board of Directors:

- A. The voting membership of the Board of Directors shall consist of ~~a Nine (9) member Board:~~ the President, ~~President-Elect~~ Vice President, ~~Secretary~~ ~~Secretary~~/Treasurer, Dental Hygienist Member, Administrator Member, ~~and~~ Public Member, ~~Immediate Past President,~~ and (2) additional Directors-at-Large.
- B. The Chief Executive Officer serves on the Board of Directors as a non-voting member with a voice and without a vote. ~~By a motion and majority vote, the Chief Executive Office may be excluded from an Executive session of the Board of Directors.~~
- C. Quorum and voting. A quorum of the Board of Directors shall consist of five of the Board members. Proxy voting is not permitted.
 - 1. Regular meetings of the Board of Directors shall be held with notice of the date, time, place, or purpose of the meeting; provided, that at the beginning of each one-year period, the Board of Directors may provide a single notice of all regularly scheduled meetings for that year, or for a lesser period, without having to give notice of each meeting individually.
 - 2. Special meetings of the Board of Directors shall be preceded by at least 2 days notice of the date, time, and place of the meeting. The notice need not describe the purpose of the special meeting.
 - 3. The President, or ~~20% of any~~ ~~three (3) voting members~~ of the Board of Directors ~~members~~ then in office, may call and give notice of a meeting of the Board of Directors.
 - 4. Oral notice of meetings of the Board of Directors is acceptable notice.
 - 5. The President will only vote at ~~the~~ Board of Directors ~~meetings~~ if there is a need to break a tie.

Section 9.2: Powers. The Board of Directors shall:

- A. Be the administrative body of the Association, vested with full power to conduct all business of the

Association, subject to the Bylaws.

- B. Have the power to establish rules and regulations consistent with these Bylaws, to govern its organization, procedures, and conduct.
- C. Have the power to establish ad interim policies when the General Assembly is not in session and when such policies are essential to the management of the Association.
- D. Have the power, through a majority vote and with notification to the President or Chief Executive Officer, to call special meetings of the Executive Council.

Section 9.3: Duties. The Board of Directors shall:

- A. Provide for the maintenance and supervision of the ~~Central~~ AADB Office and all property or offices owned or operated by the Association.
- B. Appoint qualified persons to the office of Chief Executive Officer, determine the extent of their duties, regulate the operation of their office, determine compensation, and have full control of all other matters pertaining to the office.
- C. Conduct, annually, an evaluation of the Chief Executive Officer, utilizing an acceptable procedure based upon job specifications established for the position. A committee appointed by the President and confirmed by the Board of Directors shall complete the evaluation of the central office as outlined in the AADB Operations Manual. The Board of Directors shall meet with the Chief Executive Officer to discuss the evaluation.
- D. Determine the time and place for the convening of the Annual Meeting and any other meetings of the General Assembly.
- E. Determine meeting registration fees for members and non-members of the Association. The Board of Directors may, at its discretion, waive meeting registration fees for invited guests.
- F. Approve the program for meetings of the General Assembly.
- G. Review applications for membership and approval and report actions to the General Assembly.
- H. Render reports of its actions to the Association at each Annual Meeting.
- I. Adopt a final budget and report to the General Assembly.
- J. Convene prior to the Annual Meeting of the General Assembly and, as needed, between Annual Meetings. Meetings of the Board of Directors shall be at times and places designated by the President. Such meetings shall be open to members of the Association, and, with the consent of the Board of Directors, any member may be heard on matters under consideration.
- K. Review reports of representatives and committees before such reports are presented to the General Assembly. The Board of Directors may, at its discretion, comment on any report that it reviews.
- L. Call special meetings of the Association at its discretion or upon receipt of a petition from ten or more Member Agencies. A notice containing the purpose for a special meeting, plus location and time, shall be mailed to all members at least thirty (30) days prior to said meeting.

- M. Nominate, to the General Assembly, candidates for Honorary Membership.
- N. Designate, if able, a member of the Association as the "AADB Citizen of the Year" from nominees recommended by the Award Selection Committee.
- O. Appoint a Membership Committee to retain current members and recruit new members. It shall develop written material to be sent to all prospective members as well as form letters for responding to frequently asked questions. It shall also maintain contact with each state board's and regional testing agency's appointed AADB liaison person.
- P. Have the ability to remove any representative to another dental group if they conclude with just cause, that the representative is either unwilling or unable to fulfill the duties and responsibilities expected of that position.
- Q. Set fees, consistent with the fiscal health of the Association, for life membership under Chapter V, Section 40, B, and C.
- R. Convene a reference committee, as deemed necessary, at meetings of the General Assembly.

Section 10 - Emergency Authority

Section 10.1: In the event of an Emergency (as defined below) the Board of Directors shall have the authority to:

- A. Modify lines of authority or succession to accommodate the death or incapacity of any Officer, Board member, employee, or agent.
- B. Relocate the Central Office and support facilities, or designate an alternative Central Office or support facilities, or authorize an Officer to do so.
- C. Take such other action as it deems necessary and prudent to continue the operations of the AADB and protect its assets.

Section 10.2: An "Emergency" shall include, but not be limited to, an Act of God, fire, earthquake, flood, hurricane, explosion, the action of the elements, war, act of terrorism, riot, mob violence, sabotage, inability to procure or a general shortage of labor, equipment, facilities, materials or supplies in the open market, failure of transportation, strike, lockout, action of labor unions, a taking by eminent domain, requisition, laws, orders of government, national health emergency, or any other unanticipated cause, whether similar or dissimilar to the foregoing, not within the reasonable control of the AADB and which materially interferes with the operations of the AADB. This authority shall include the power to remove any director, by a ~~majority~~ 2/3 vote of all the ~~remaining~~ directors, whom the Board deems, in its sole discretion, to be harmful to the good name, reputation, standing, or operations of the AADB.

Section 10.3: In the event that the Board of Directors exercises any powers pursuant to this Chapter, it shall give notice to the membership as soon as reasonably practicable of such exercise.

Section 11 – Elected Officers

Section 11.1: Elected Officers. The elected officers of this Association shall be ~~eight (8)~~ ~~nine (9)~~ in number; the President, ~~President-Elect~~, Vice President, ~~Secretary~~, ~~Secretary~~/Treasurer, Dental Hygienist Member, Public Member, Administrator Member, ~~Immediate Past-President~~, ~~two (2) Members-at-large~~ each of whom shall be elected as provided in these Bylaws.

Section 11.2: Eligibility. Only Members and Life Members shall be eligible to serve as elected officers.

Section 11.3: Appointed Officers. The appointed officer of this Association shall be the Chief Executive Officer who shall be appointed by the Board of Directors as provided in Chapter XII of the Bylaws.

Section 11.4: Nominations. AADB Officer positions, except Immediate Past President, President, and Vice President are 'open' to any Members in good standing. Anyone interested in being a candidate on the AADB Board of Directors shall submit a letter of intent, the position sought, and a CV to Nominating Committee six (6) weeks prior to the Annual Meeting.

Nominations for ~~President-Elect, Vice-President, Secretary, Secretary/Treasurer, Dental Hygiene Member and, Public Member, and two (2) Members-at-large~~ shall be ~~presented by~~ directed to the Nominating Committee. Nominations for the Administrator Member shall come from the American Association of Dental Administrators. The Nominating Committee will provide candidate information to General Assembly prior to Annual Meeting. Additional nominations from the floor shall be accepted for all positions except the ~~President-elect~~ Immediate Past President, President and Vice President. ~~Nominations from the floor for the elected officers will come from the appropriate caucus that should be represented by that office.~~ During the Annual Meeting, nominations from the floor are "open", that is any member, in good standing, may present for available Officer positions. He/she/other is required to have a nominee and two (2) seconds and submit a CV to the Nominating Committee prior to first AADB business meeting. In addition, a CV must be presented to General Assembly through each of the Caucus Chairs prior to the election. ~~The Nominating Committee shall present a ballot in which each Caucus is represented on the Board of Directors.~~ A nominee from the floor for the position of Administrator member, shall be required to be both a member of the American Association of Dental Administrators and the American Association of Dental Boards. Elections shall be held in adherence with the American Association of Dental Boards Operating Manual of the Nominating Committee. Contested elections will allow opposing candidates 5 3-minute speeches to the assembly and each candidate shall be available in person to caucuses.

Section 11.5: Elections. The elected officers shall be elected by the General Assembly at the Annual Meeting. If there is more than one nomination for any office, the election shall be by secret ballot. The candidate receiving the majority of the votes shall be declared the elected officer. When more than two candidates have been nominated, a candidate receiving a majority of the ballots cast shall be elected. In the event no candidate receives a majority on the first ballot, the candidate with the fewest votes shall be removed from the ballot and the remaining candidates shall be balloted upon again. This process shall be repeated until one (1) candidate receives a majority of the votes cast.

Section 11.6: Tenure of Office. The elected officers shall serve for a term of ~~two (2)~~ one (1) years or until their successors are elected and installed. ~~Elected officers may serve up to two-year terms.~~

Section 11.7: Officer Installation. All elected officers shall be installed at the close of the Annual Meeting of the General Assembly ~~whereby their term begins at the conclusion of the Annual Meeting.~~

Section 11.8: Vacancy. A. If a vacancy occurs in the unexpired term of an officer, the exception being the Administrator Member, between Annual Meetings; the President shall request the Nominating Committee to identify three candidates. The President, with the approval of the Board of Directors, shall select one of the three candidates to fill ~~the officer's position~~ vacancy on the Board of Directors. If the office of the President becomes vacant, the President-Elect will serve out the remaining term of the President and their intended term. B. If vacancy occurs in the unexpired term of the Administrator Member between Annual Meetings, the President shall appoint, after consultation with the President of the American Association of Dental Administrators and with the consent of the Board of Directors, an administrator to serve the unexpired term of the Administrator Member. ~~Therefore, if a~~

Board of Director is unable to fulfill his or her term and that position is vacated, all remaining members of the Board of Directors will elevate to the next Officer position, and the newly appointed officer will serve as Secretary/Treasurer.

Section 11.9: Distribution. The Association is divided into four Geographic Caucuses as defined below: Each of these Caucuses shall elect a chairperson to represent and preside over the Caucus. Each Caucus shall elect from its membership a representative to be a committee member on the Nominating Committee. The Caucus chair is not prohibited from being elected concurrently to serve on the Nominating Committee.

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

Section 11.10 Duties.

A. President. The President shall:

- Be the primary contact for day-to-day activities and issues of AADB and communicate to the Board of Directors.
- Be the voice of the AADB or designate a representative in all public forums.
- Preside at all meetings of the General Assembly and the Board of Directors preserving order and decorum and enforcing rules of the Association.
- Have watchful supervision over the Association.
- Serve as a non-voting member of all committees and vote during Board of Directors meeting only in case of deciding vote (tie) (See j.).
- Call special meetings of the General Assembly as provided for in these Bylaws.
- Call meetings of the Board of Directors as needed or upon the request of the majority of members.
- Appoint all committees, subject to recommendations and approval of the Board of Directors.
- Deliver an address to the General Assembly at the Annual Meeting.
- Cast the deciding vote in case of a tie in either the General Assembly or Board of Directors.

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11. Serve, or designate a qualified member to serve, as the official representative of the Association in contact with governmental, civic, business, and professional organizations with the approval of the Board of Directors.
 12. Enter into contracts in the name of the Association, upon authorization by the Board of Directors. At least one other officer must also sign any contract. Perform such other duties as custom and parliamentary procedure require. All fiscal contracts should be signed by President, Secretary/Treasurer, and Chief Executive Officer.
 13. Appoint, with the consent of the Board of Directors, a replacement representative to another group to fulfill the remainder of that term, from which a representative has been removed.
 14. Appoint a Parliamentarian.
 15. Serve as Program Chair for Annual and Mid-Year Meetings.

505 **~~President-Elect. The President-Elect shall:~~**

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- ~~1. Serve on the Board of Directors and as a non-voting member of all committees.~~
 - ~~2. Assist the President at the President's request.~~
 - ~~3. Advance to the office of President should that office become vacant between Annual Meetings.~~
 - ~~4. Be installed as President at the next Annual Meeting following his election.~~
 - ~~5. Serve as Program Vice Chair for the Mid-Year and Annual Meetings.~~

517 **B. Vice President. The Vice President shall:**

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1. Assist the President at the President's request.
 2. Assist the President-Elect with the Mid-Year and Annual Meeting Planning.
 3. Serve on the Board of Directors and as a non-voting member of all committees.
 4. Advance to the office of President should that office become vacant between Annual Meetings.
 5. Be installed as President at the next Annual Meeting.
 6. Serve as Program Vice Chair for the Mid-Year and Annual Meetings.
 7. Preside over meetings in the absence of the President.

533 ~~Secretary: The Secretary shall have charge of all such additional books and papers as the Board may direct; and shall, in general, perform all such duties as are incidental to the office of Secretary including:~~

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536 ~~Shall record or cause to be recorded the minutes of all meetings of the Association and the Board of~~

537 ~~Directors;~~

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539 ~~Shall be responsible for notification of officers of Board of Directors meetings and Members of the General~~

540 ~~Assembly meetings;~~

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542 ~~Shall preserve correspondence, reports, records, Bylaws, and the Policy and Procedure Manual of the~~

543 ~~Association in a permanent file.~~

C. **Secretary/Treasurer:** The Secretary/Treasurer shall be responsible for all the funds, property, and other assets of the Corporation and for an accounting of these and shall, in general, perform all duties that are consistent with the office of Secretary/Treasurer of a not-for-profit corporation:

1. Shall be responsible for the funds of the Association.
2. Shall keep or cause to be kept an accurate record of all Association receipts and disbursements.
3. Shall assist in the direction of all financial affairs.
4. Shall present financial reports to the Board of Directors as requested.
5. Shall present an annual written report to the General Assembly members at the annual meeting.
6. Shall serve as a non-voting member of the Finance Committees.
7. Shall ~~record or cause to be recorded~~ maintain with CEO the minutes of all meetings of the Association and the Board of Directors.
8. Shall be responsible with CEO for notification of officers of Board of Directors meetings and Members of the General Assembly meetings.
9. Shall preserve correspondence, reports, records, Bylaws, and the Policy and Procedure Manual of the Association in a permanent file.
10. Monitor tax filings in a timely manner.
11. Monitor audits of the organization incorporating best business practices.

D. **Dental Hygienist Member.** The Dental Hygienist Member shall:

1. Be a dental hygienist.
2. Serve as a member of the Program Committee.
3. Serve as a member of the Membership Committee.
4. Serve as a member of the Bylaws Committee.

E. **Administrator Member**

Number and Title. One (1) administrator shall be elected as the Administrator Member to serve as a member of the Board of Directors.

Eligibility. Only a person who is a dues-paying member of both the American Association of Dental Administrators and a dues-paying Member of the American Association of Dental Boards shall be eligible to serve as the Administrator Member.

Duties. The Administrator Member shall:

1. Serve as a member of the Program Committee.
2. Serve as a member of the Membership Committee.

3. Serve as a member of the Sponsor Committee.
4. Serve as Chair of the Administrators' Committee.

F. Public Member

Number and Title. One (1) public member of an Agency shall be elected as the Public Member to serve as a member of the Board of Directors.

Eligibility. Only a dues-paying public member of the American Association of Dental Boards shall be eligible to serve as the Public Member.

Duties. The Public Member shall:

1. Serve as a member of the Membership Committee.
2. Serve as a member of the Sponsor Committee

G. Immediate Past-President. Provide smooth transition of office, provide institutional and historical perspectives, support President's and Boards' agenda, and mentorship to new Board members.

H. Members-at-large (2). Provide energy, perspective, and support to AADB, the President, and the Board of Directors.

Section 12 - Appointed Officer

Section 12.1: Number and Title. The appointed officer of this Association shall be the Chief Executive Officer.

Section 12.2: Appointment or Removal. The Chief Executive Officer shall be appointed by the Board of Directors. The CEO may be removed with a vote of 2/3 of the Board of Directors present at the meeting.

Section 12.3: Chief Executive Officer. Chief Executive Officer shall:

- A. Serve as Chief Executive Officer of the Central Office and any branch offices and as Assistant Secretary.
- B. Attend meetings of the General Assembly and the Board of Directors.
- C. Keep and publish minutes of meetings of the General Assembly and the Board of Directors with coordination and review of the Secretary/Treasurer.
- D. Be custodian of all records, books, papers, and funds belonging to the Association.
- E. Conduct correspondence on behalf of the Association including sending notifications of meetings, notifying officers of their election, and notifying committee members of their appointments and duties.
- F. Keep a record of all members and guests present at each meeting of the General Assembly.
- G. Charge, upon the books of the Association, the dues of all categories of dues-paying members.
- H. Demand and receive all funds due the Association including bequests and donations.

- I. Act as custodian for all monies, securities, and deeds belonging to this Association and hold, invest, distribute, or convey such funds or instruments, in the name of the Association, at the direction of the Board of Directors or the General Assembly. All disbursements shall be made by check signed by the Chief Executive Officer or the President.
- J. Submit all financial records to the Board of Directors or its auditor at the request of the Board of Directors.
1. Upon request up-to-date fiscal reports at each Board of Directors meeting.
 2. Submit corporate tax filing in a timely matter and report directly to Secretary/Treasurer.
 3. Submit quarterly accounting report to the Board of Directors.
 4. Conduct a timely external audit of AADB finances incorporating best business practices.
- K. Render a written report of the Association's financial position thirty (30) days before the Annual Meeting.
- L. Maintain an up-to-date copy of the Bylaws.
- M. Provide general publicity for meetings of the General Assembly and other important activities of the Association.
- N. Coordinate and support activities of all committees of the Association.
- O. Report activities of the Central Office during meetings of the Board of Directors.
- P. Employ such persons as are necessary for the orderly operation of the Central Office subject to restrictions in the budget approved by the Board of Directors.
- Q. Draft an annual budget for review by the Finance Committee and approval by the Board of Directors that will be reported to the General Assembly.
- R. Circulate notice of any meeting of the Board of Directors called by the President or requested by ~~a 20%~~ any three (3) of members of the Board of Directors. Notice shall be circulated at least thirty (30) days in advance of a face-to-face meeting and 48 hours in advance of an electronic meeting, or as by rules stated in the Boards of Directors operational manual.
- S. Present to the Board of Directors an Annual Report of the status of the Association, outlining accomplishments and making recommendations for the advancement of objectives of the Association.
- T. Perform such other duties as prescribed by the Board of Directors.

Section 13 - Standing Committees

Section 13.1: Names. Standing Committees of this Association shall be the Program Committee, the Bylaws Committee, the Nominating Committee, Finance Committee, the Award Selection Committee, the Membership Committee, the Sponsor Committee, and the Administrators' Committee.

Section 13.2: Duties.

- A. The Program Committee shall be responsible for the program and other arrangements for the Annual Meeting and other meetings of the Association. For each meeting, the Program Committee shall appoint a Registration Committee and may appoint a Local Arrangements Committee to offer assistance. The Local Arrangements Committee shall report to the Program Committee. The Registration Committee shall help

the Program Committee by overseeing the registration of attendees at the AADB Annual and Mid-Year Meetings.

- B. The Bylaws Committee shall continually review and recommend changes to the Bylaws in order to keep them current with the Association's program. The Constitution and Bylaws Committee shall also review changes proposed by others for appropriateness of wording. **The Bylaws Committee shall seek input from membership on any changes.**
- C. The Nominating Committee shall present recommendations for the slate of nominees for Association offices at the first session of the Annual Meeting. Nominations may be added from the floor in accordance with these Bylaws.
- D. The Finance Committee shall review the accounting/financial functions and internal controls of the Association in order to protect and enhance the financial situation. The Committee will make recommendations regarding the Association's financial policies; financial statements and investment methodology to the Board of Directors. The Committee shall evaluate the budget prepared by the Chief Executive Officer and submit a recommended annual budget to the Board of Directors in advance of the Mid-Year Meeting.
- E. The Award Selection Committee shall make recommendations to the Board of Directors of the Association to be considered for the "AADB Citizen of the Year" Award to be presented at the Annual Meeting. The criteria for determining who shall be nominated to receive this award will be outlined in a Committee Manual.
- F. The Sponsor Committee shall be responsible for securing AADB corporate sponsors and promoting them to the AADB membership.
- G. The Membership Committee shall promote membership in the AADB and recommend member services to the Board of Directors.
- H. The Administrators' Committee shall make recommendations to the Program Committee for the Annual Meeting, and other meetings of the Association, and make recommendations to the Board of Directors on administrative needs.

Section 13.3. Reporting. Each standing committee shall report to the General Assembly at the Annual Meeting. The Constitution and Bylaws Committee and the Program Committee shall submit written reports to the Chief Executive Officer at least forty-five (45) days before the Annual Meeting. The Nominating Committee may report orally.

Matters that require action by the General Assembly shall be presented in reports, in resolution form.

Section 13.4. Composition and Appointments.

- A. Standing Committees, except as otherwise provided for in these Bylaws, shall be composed of not less than three, Members, Life Members or **Associate Affiliate Members or individuals of an Affiliate organization** of this Association. **Affiliate Associate** Members may serve on a Standing Committee without vote.
- B. The Nominating Committee shall be composed of six Members. Each Caucus shall elect from its caucus one member to serve on the Nominating Committee. The committee will include one member rotated from among the Dental Hygienists, Administrators and Public Members, for a one year term, appointed by the Board of Directors. The chair shall be an AADB past-president appointed by the Board of Directors.

C. Terms of Committee members of a standing committee shall end with the close of the Annual Meeting. Committee Members, however, may be reappointed up to a maximum of five years to the same standing committee.

D. Committee Members of standing committees shall be appointed by the President with the approval of the Board of Directors and subject to the following restrictions:

1. At least one member of the Bylaws Committee and the Program Committee shall be a carryover from the previous year.

2. At least one new member shall be appointed to each standing committee each year.

Section 13.5. Vacancy. In the event of a vacancy in the membership of any standing committee, the President shall appoint a qualified person to fill the vacancy for the remainder of the unexpired term.

Section 13.6. Quorum. The majority of the members of a standing committee shall constitute a quorum for the transaction of business.

Section 13.7. Expenses. A standing committee shall not incur expenses without authorization of the Board of Directors.

Section 14 - Special Committees and Ad Hoc Committees

Section 14.1. Identification and Duties. A special committee may be created at any time by the General Assembly or the Board of Directors. The body that creates a special committee shall be responsible for describing the duties of that special committee.

Section 14.2. Reporting. A special committee shall report annually to either the General Assembly or the Board of Directors. If created by the General Assembly, the special committee shall report to the General Assembly. If created by the Board of Directors, the special committee may report to either the General Assembly or the Board of Directors. If the special committee reports only to the General Assembly, the report shall be provided to the Board of Directors for comment prior to presentation to the General Assembly.

Section 14.3. Composition and Appointments.

AD HOC committees extend the duration of tasked 'charge' or when task is determined not doable; therefore, ad hoc committees are not necessarily limited by any date.

Special committees shall be composed of not fewer than three committee members.

A. A special committee, unless renewed by either the General Assembly or the Board of Directors, shall terminate its activities at the close of the Annual Meeting.

B. If a special committee is mandated by the General Assembly, the General Assembly may, at its discretion, select its membership. If the General Assembly does not select Committee members for a special committee it mandates, or if the special committee is created by the Board of Directors, the President, with the approval of the Board of Directors, shall appoint its members.

Section 14.4. Quorum. The majority of members of a special committee shall constitute a quorum for the transaction of business.

Section 14.5. Expenses. A special committee shall not incur expenses without authorization of the Board of Directors.

Section 15 - Representatives to Other Dental Groups

Section 15.1. Identification. The Association shall appoint representatives to the ADA Council on Dental Education and Licensure, Commission on Dental Accreditation, the Appeals Board of the ADA Commission on Dental Accreditation and the ADA Joint Commission on National Dental Examinations. The number of representatives to be appointed and their terms shall correspond to definitions in the ADA Bylaws.

Section 15.2. Appointment Procedures. When a vacancy is available on either the ADA Council on Dental Education and Licensure, Commission on Dental Accreditation, the Appeals Board of the ADA Commission on Dental Accreditation, or the ADA Joint Commission on National Dental Examinations, ~~the President, with approval of the Board of Directors, shall nominate an Association representative.~~ Nominations from the General Assembly shall ~~also~~ be accepted. All nominees, however, must be **current State/Territory Board Members, past State/Territory Board Members, or Life-Members** of this Association. The General Assembly shall elect the representatives of the Association.

Section 15.3. Duties and Reporting. Representatives to any other groups shall be expected to maintain good attendance and service at their designated meetings, and they shall attend a minimum of one AADB meeting each year, and attend a minimum of one Annual AADB meeting every two years. Representatives to the ADA Council on Dental Education and Licensure, Commission on Dental Accreditation and the ADA Joint Commission on National Dental Examinations shall report as a committee to the General Assembly during the Annual Meeting. The representative on the ADA Appeals Board of the Commission on Dental Accreditation may report, within prescribed limits of confidentiality, but is not required to do so. Representatives to other groups shall report orally or by written report to the Board of Directors annually, or may report to the General Assembly as requested. **Each representative to ADA Council or Commission shall report, in writing, or if requested by the Board, a yearly report in addition to the Annual report to the General Assembly.**

Section 15.4. Other Appointments. Nothing in this chapter shall be interpreted to prohibit the President, with the approval of the Board of Directors, from making appointments to appropriate organizations other than those specified, as may, from time to time, be required.

Section 16 – Dues

Section 16.1. Dues: The annual dues shall be recommended by the Board of Directors and approved by the General Assembly.

Section 16.2 Loss of Membership. Any Member, Agency, **Associate Affiliate** Member or ~~Associate-Affiliate~~ Agency whose dues remain unpaid for one year shall be dropped from membership after review by the Board and notification by the Chief Executive Officer.

Section 16.3. Reinstatement. Any Member, Agency, **Associate Affiliate** Member or ~~Associate~~ **Affiliate** Agency who has been dropped for non-payment of dues for at least two dues years shall be eligible for reinstatement to membership upon payment of current dues.

Section 16.4. Resignation. Any Member, Agency, **Associate Affiliate** Member or ~~Associate~~ **Affiliate** Agency in good standing, and who are not arrears in dues, may honorably resign from the Association. Upon application for reinstatement to membership, any Member, Agency, **Associate Affiliate** Member or ~~Associate~~ **Affiliate** Agency may be reinstated upon payment of the current year's dues.

Section 16.5. Honorary Members. Life Members, ~~Associate~~ **Affiliate** Life Members, and ~~Associate~~ **Affiliate** Members recognized as Honorary or Disabled/Retired Members of this Association shall not be subject to the payment of dues.

Section 17 - Meetings and Quorum of Assembly

Section 17.1. Meetings. The Association shall hold an Annual Meeting and such other meetings as may be designated by the Board of Directors. Special meetings may be held as provided in Section 9, Section 9.3, Sub-Section (L) of the Bylaws.

The Association shall:

- A. record all minutes and maintain all records, documents and property of the AADB, including a roster of members;
- B. shall publish for the Members the minutes of the Annual Meeting and a list of those selected to serve on the Board of Directors and all appointments;
- C. shall inspect the Membership List, Association must prepare a list of members entitled to notice of meeting including (i) address of each member and (ii) number of votes each member is entitled to cast at meeting. Available for inspection by members two days after notice of meeting given until meeting. A member must be allowed a copy upon written demand showing “proper and relevant purposes. The Association may charge for the copies.

Section 17.2. Quorum. A Quorum of five (5) percent of the membership of the Association shall constitute a quorum for the transaction of business at any meeting of the Association

Section 17.3. Meeting by Electronic Means. The Annual Meeting may also be held, in whole or part, via the Internet or other communication technology. Any meeting of the General Assembly, the Board of Directors, or any Committee, held via the Internet or other communication technology, shall, at a minimum, permit Members to hear or read the proceedings substantially concurrently with their occurrence, vote on matters submitted to Members, pose questions, and make comments.

Section 18 - Order of Business

Section 18.1. Annual Meeting. The President shall submit an agenda to the General Assembly, which may include but is not limited to reports from the president, Board of Directors, Chief Executive Officer, committees and task forces, election and installation of officers.

Section 18.2. Special Meetings. The business at a Special Meeting of this Association shall be confined to the specific objectives for which the meeting is called and of which the general membership is notified as provided in these Bylaws.

Section 18.3. Altering Order. The order of business at any meeting may be altered or suspended by a three-fourths (3/4) majority vote of voting members present.

Section 19 - Rules of Order

Section 19.1. Resolutions. Proposed policy statements or actions shall be presented to the General Assembly in the form of resolutions. A written copy of any proposed resolution shall be furnished to the Chief Executive Officer and Board of Directors for inclusion in the minutes. If possible, resolutions should be referred to the Board of Directors for comment prior to their presentation to the General Assembly for action. If a resolution is brought

up under new business, it will need a 2/3 vote of the General Assembly to be added to the agenda.

Section 19.2. Floor Privilege. No member shall speak longer than 5 minutes upon any subject until all present have had an opportunity to express themselves, and no member shall speak more than twice on the same subject except by permission of the General Assembly.

Section 19.3. Additional Rules. The rules contained in the current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedures shall govern the deliberations of this Association in all cases in which they are applicable and not in conflict with the Bylaws.

Section 20 - Fiscal Year

The fiscal year of this Association shall be from July 1 to June 30 inclusive.

Section 21 - Indemnification

The Association shall indemnify and hold harmless each officer and each member of a committee, now or hereafter serving the Association, from and against any and all claims and liabilities to which the person may be or become subject, by reason of now or hereafter, being, or having heretofore been, an officer and/or a member of a committee of the Association, and/or by reason of alleged acts or omissions as an officer and/or a member of a committee as aforesaid, and shall reimburse each officer and/or committee member of the Association for all legal and other expenses reasonably incurred in connection with defending such claims or liabilities provided, however, that no officer or committee member shall be indemnified or reimbursed for any expense arising out of the officer's or committee member's own negligence or willful misconduct. The foregoing rights of officers and members of committees shall not be exclusive of other rights to which they may be entitled lawfully.

Section 22- Seal

This Association shall have a seal for the purpose of authenticating official documents of the Association. The seal may be broken, changed, or renewed at the pleasure of the Association.

Section 23 – Amendments

Section 23.1. The Bylaws may be amended by a two-thirds vote of the voting Members present at an Annual or Mid-Year Meeting, provided copies of the proposed amendment shall have been presented in writing to the voting members of the Association at least thirty (30) days prior to the meeting.

Section 23.2. An amendment to the Bylaws affecting a change in dues shall not be enacted upon at the Annual or Mid-Year Meeting at which introduced, except by unanimous consent unless the amendment has been circulated to the membership thirty (30) days prior to the Annual or Mid-Year Meeting.

Section 24 – Dissolution

If this Association shall be dissolved at any time, no part of its funds or property shall be distributed to, or among its members, but, after payment of all indebtedness of the Association, its surplus funds and properties shall be used for dental education and dental research in such manner as the then governing body of the Association may determine.

AADB shall provide a notice to the Attorney General of the District of Columbia that it intends to dissolve prior to delivering articles of dissolution to the District. Property held in trust or otherwise dedicated to a charitable

947 purpose may not be diverted from its purpose in a sale of assets unless the corporation obtains an appropriate court
948 order to the extent required by and pursuant to the laws of the District on cy-près or otherwise dealing with the
949 non-diversion of charitable assets.

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955 Last approved by the General Assembly on October 31, 2021

UNFINISHED
BUSINESS
&
RULES



Oregon

Tina Kotek, Governor

OBD Executive Director
Stephen Prisby

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 16, 2023
TO: OBD Board Members
FROM: OBD Executive Director Stephen Prisby
SUBJECT: Public Rulemaking Hearing held now time for action

The OAR 818-001-0087 Fee rule was updated with legislatively approved fee increases and amended as a temporary rule at the June Board Meeting with an effective date of August 1, 2023.

The Board held a virtual public rulemaking hearing on this rule on October 4, 2023 and no public comment was received at the public hearing. The Board also accepted comment/feedback between August 29 - October 13, 2023, but none was received.

It is recommended the Board take action and vote to make the temporary fee rule change now permanent.

I will submit the filing to the Secretary of State and depending on timelines/workload: will make the permanent rule effective either Dec 1, 2023, or Jan 1, 2024. Either date is fine since the temporary rule is in effect until Jan 5, 2024.

I look forward to any questions on this matter.

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.

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

08/29/2023 10:17 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: The Board is making this rule permanent, approved by the Legislature in Board's Budget.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/13/2023 12:00 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@state.or.us

1500 SW 1st Ave
Suite #770
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: 10/04/2023

TIME: 12:00 PM - 12:30 PM

OFFICER: Hearings Officer

HEARING LOCATION

ADDRESS: Board via Zoom, 1500 SW 1st Ave, Portland, OR 97201

SPECIAL INSTRUCTIONS:

The Zoom connection will be made available on Board Website closer to date of meeting.

NEED FOR THE RULE(S)

The Board is increasing some fees to ensure it has adequate resources to fund its operation, and the Legislature has approved the fee increases in the Board's 2023- 2025 Budget.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Board Meeting documents and the Board's 2023- 2025 Budget.

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

The Board has no way of measuring the impact of its fees on racial equity and is working with DAS and the Governor's office for more clarification on this area in respect to rulemaking activities.

FISCAL AND ECONOMIC IMPACT:

Minimal fiscal impact with these modest fee increases.

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 has no way of quantifying or measuring its impact in this area. typically beyond feedback received on it from our licensees or the public. The overall impact should be minimal and those that pay fees to the Board are either applying for licensure or renewing their two-year license, all of whom are entering a well paying health care field.

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

The dental community is made up of numerous small businesses and independent operations. The Board has standing committees made up of membership from professional associations who represent various business interests.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

AMEND: 818-001-0087

RULE SUMMARY: The Board is making this rule permanent which accounted for fee increases approved in the Board's 2023 -2025 Legislatively Adopted Budget.

CHANGES TO RULE:

818-001-0087

Fees ¶

(1) The Board adopts the following fees:¶

(a) Biennial License Fees:¶

(A) Dental - ~~\$394~~40;¶

(B) Dental - retired - \$0;¶

(C) Dental Faculty - ~~\$33~~85;¶

(D) Volunteer Dentist - \$0;¶

(E) Dental Hygiene - ~~\$230~~55;¶

(F) Dental Hygiene - retired - \$0;¶

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

(H) Dental Therapy - ~~\$230~~55;¶

(I) Dental Therapy - retired - \$0;¶

(b) Biennial Permits, Endorsements or Certificates:¶

(A) Nitrous Oxide Permit - \$40;¶

(B) Minimal Sedation Permit - \$75;¶

(C) Moderate Sedation Permit - \$75;¶

(D) Deep Sedation Permit - \$75;¶

(E) General Anesthesia Permit - \$140;¶

(F) Radiology - \$75;¶

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

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

(I) Instructor Permits - \$40;¶

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

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

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

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

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

(c) Applications for Licensure:¶

(A) Dental - General and Specialty - ~~\$34~~45;¶

(B) Dental Faculty - ~~\$34~~05;¶

(C) Dental Hygiene - ~~\$21~~80;¶

(D) Dental Therapy - ~~\$21~~80;¶

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

(F) Licensure Without Further Examination - Dental Hygiene and Dental Therapy - ~~\$790.820¶~~

(d) Examinations:¶

(e) Jurisprudence - \$0;¶

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

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

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

Statutory/Other Authority: ORS 679, 680

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



Oregon

Tina Kotek, Governor

Board of Dentistry

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Fax: (971) 673-3202

www.oregon.gov/dentistry

DATE: Sept 29, 2023

TO: OBD Board Members

FROM: OBD Executive Director Stephen Prisby

SUBJECT: Acceptable Continuing Education (CE) timeframe for first license renewal

Board Practice has been that for Licensees in their first renewal cycle, any CE completed before they are initially licensed in Oregon doesn't count towards their first renewal.

Licensees with abbreviated renewal cycles get shortchanged as a result. For example, a dentist licensed on October 1, 2023 would renew on March 31, 2025, and would therefore have only 18 months, rather than 24 months, to complete their CE.

There have been conversations/emails among recently licensed hygienists about this as well. In their case, they are unhappy that they have LONGER than 24 months in their first renewal period, but can't start accruing CE until October 1, even though they were licensed prior to that date. For example, a dental hygienist licensed on April 1, 2023, with an expiration date of September 30, 2025, is not allowed to count CE for next license renewal until after Oct 1, 2023.

Two Proposals for discussion:

(1) The OBD start allowing the full 24 month period prior initial OBD license renewal, even for new licensees. The OBD would still draw a line between initial education, and continuing education, and not count initial education as CE. So for example, a dentist couldn't claim that the courses they completed at dental school to get their DMD/DDS as CE.

(2) The OBD start allowing CE over 24 months up to the date of initial OBD licensure. Again the OBD would still draw a line between initial education, and continuing education, and not count initial education as CE. So for example, a dental hygienist couldn't claim that the courses they completed at dental hygiene school to get their RDH as CE.

Attached are relevant CE rules

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.

OAR 818-021-0060: (1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

OAR 818-021-0070: (1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

OAR 818-021-0076:(1) Each dental therapist must complete 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental therapists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental therapists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

CORRESPONDENCE

From: Matthew Shafer <matthew.shafer@csg.org>
Sent: Thursday, August 24, 2023 10:38 AM
Cc: Daniel Logsdon <dlogsdon@csg.org>
Subject: CSG Memo RE: Dentist and Dental Hygienist Compact

You don't often get email from matthew.shafer@csg.org. [Learn why this is important](#)

Good Afternoon,

As you may know, The Council of State Governments facilitated the development of the Dentist and Dental Hygienist Compact in partnership with the American Dental Association and American Dental Hygienist Association.

The attached legal memo responds to allegations and specific points of disinformation we have received over the past months. CSG welcomes the opportunity to meet with you and your state dental board and respond to the mischaracterizations of the development process and language of the Compact.

Please reach out to matthew.shafer@csg.org for further information or to arrange a time to meet.

Matt Shafer

Deputy Policy Director | National Center for Interstate Compacts
The Council of State Governments
1776 Avenue of the States, Lexington, KY 40511
(502) 298-5263



**National Center for
Interstate Compacts**
THE COUNCIL OF STATE GOVERNMENTS

MEMORANDUM FOR CIRCULATION

To: Council of State Governments
National Center for Interstate Compacts

From: Samantha Nance

Date: August 24, 2023

Re: Response to Feedback Regarding Dentist and Dental Hygienist Compact

I. Introduction and Background

The Dentist and Dental Hygienist (“DDH”) Compact was drafted in connection with the Council of State Governments (“CSG”) and the National Center for Interstate Compacts (“NCIC”), pursuant to partnership with the Department of Defense. Following the drafting and stakeholder review process as described below, the DDH Compact was finalized and has been adopted by three states to date.

Following the finalization of the Compact language and simultaneous to its introduction in the various state legislatures, CSG received additional responses and other feedback to the Compact language. While many stakeholders and several states have recognized the value of the proposed Compact and support the general goal of interstate licensure mobility, a small portion of comments received at this belated stage are harshly critical of both CSG and the Compact and contain several misstatements about the goals and function of the Compact. The criticisms also further attack the transparency and legitimacy of the Compact development process based upon false assertions. In order to address the circulating misstatements regarding both the content of the Compact and the methodology through which such content was created, the following will serve as a summary of the Compact development process, response to the central themes of Compact criticism, and conclude with several points of clarity and education regarding the provisions of the Compact and best practices regarding compact administration in general.

This memorandum may be circulated for broader consideration and review, as it contains several points of education and clarity regarding the Compact, its origins, and its function.

II. Compact Development Process

Founded in 2004, NCIC seeks to help states work cooperatively to solve mutual issues and meet shared goals through the development of interstate compacts. NCIC serves as an information clearinghouse, a provider of training and technical assistance, and as a primary facilitator for assisting states in the review, revision and creation of new interstate compacts. Through these endeavors, NCIC has facilitated the development of the following interstate licensure compacts in addition to the Dentist and Dental Hygienist Compact:



Audiology and Speech Language Pathology Interstate Compact
Cosmetology Compact
Counseling Compact
EMS Compact
Interstate Massage Compact
Interstate Medical Licensure Compact
Interstate Teacher Mobility Compact
Nurse Licensure Compact
Occupational Therapy Licensure Compact
PA Licensure Compact
Psychology Interjurisdictional Compact
Physical Therapy Compact
Social Work Licensure Compact

The allegation at the forefront of the Compact commentary as it sets the stage for much of the “analysis” that follows is that CSG’s compact development was a closed process, including some stakeholders and shunning others. Specific assertions include “hiding” drafts of the compact, cutting off emails of people that asked too many questions and other unspecified acts. Ulterior motives of an unclear and/or nonsensical nature are further alluded in connection to this allegedly opaque development process. To effectively dispel any false assertions regarding the legitimacy of the compact development process and the transparency at every stage, the following serves as a briefly summary of the specific Compact development process in this profession, with included notations as to the opportunities for which national dental boards were given the opportunity to participate and the significance of their refusal to do so.

The process for compact development for dentists and dental hygienists broadly followed the well-developed workflow as utilized in the development of several of the above interstate licensure compacts. In 2019 CSG convened the national dental organizations to discuss the concept of a compact for dentists and dental hygienists. At this event ADA, ADSO, ADHA, ASDA, ADEA, AADB, and AADA were all in attendance.

In 2021, ADA and ADHA responded to a Request for Application published by CSG for compact development with ADEA, ASDA, JCNDE, and CMDL included in the application as “supporting organizations.” ADA/ADHA were notified of their successful application. AADB was invited to attend the Compact kickoff meeting on July 30, 2021. They not only declined to do so, but further sent written communication to CSG that they did not support a compact for the profession.

A Technical Assistance Group (“TAG”) was convened as the initial stage of Compact development. The TAG consisted of a broad, diverse group of approximately 20 stakeholders from the profession including licensees, dental board members, dental board staff, dental educators and ADA staff. Dental Boards from Alaska, Arizona, Idaho, Iowa, Louisiana, Minnesota, Ohio, Washington were all represented in this group. The TAG convened virtually over 3 months to together to make initial recommendations on the framework of compact. Simultaneously, despite AADB’s prior stated position on the lack of necessity for a compact and resulting refusal to participate in the process, CSG presented at AADB’s annual meeting on October 30, 2021 to provide information and updates regarding the Compact development.

In 2022, a smaller subset of the TAG with legal or legislative drafting expertise, known as the “Document Team,” convened in-person to create an initial draft of the compact based on recommendations from the

TAG. Dental boards from Minnesota, North Carolina, and Washington were all represented. The initial draft was circulated for review and public comment beginning August 2022. AADB and AADA were specifically provided with the initial draft of the Compact on August 3, 2022. To facilitate maximum participation in the public comment process, CSG facilitated weekly meetings, open to the public, to review draft language and explain the provisions of the draft. CSG received over 400 comments during the eight-week public comment period. No comments were submitted by AADB.

All submitted comments were reviewed with document team for consideration of potential inclusion in the final Compact draft. In January 2023, the final draft was finalized with consensus from Document Team and TAG, inclusive of changes made as a result of the public comment period. It is that final Compact with which the current criticisms are concerned.

As is apparent by this summary, the Compact development process was a transparent, thoughtful and intentional process to which stakeholders had access and opportunity to participate and provide feedback at each step.

III. Compact Misconceptions and False Statements

The following is a summary of the misstatements and misinformation that have been circulated regarding the Compact, grouped into central themes and containing a brief response to each.

- (1) The DDH Compact is unnecessary, as other laws (including the Veterans Auto and Education Improvement Act) already support military families.

As the subject of other legal analysis provided by this office, Veterans Auto and Education Improvement Act is both unconstitutional and woefully inadequate to address the myriad challenges associated with the interstate mobility of professional licenses. While other state laws have been passed in an effort to relieve the burdens on relocating military families, none are as comprehensive and effective as interstate compacts developed for this purpose. VAEIA in particular carries with it serious concerns regarding its constitutionality. Interstate compacts remain a unique and comprehensive tool to address interstate license portability.

- (2) The Compact will not require Congressional approval.

The DDH Compact does not require an act of Congress to be effective and is a valid expression of the shared sovereignty of the participating states. While the Compact Clause (Article 1, Section 10, Clause 3) of the Constitution facially appears to require that any agreement between States must have the “Consent of Congress” before it may be enforceable, the Supreme Court has not interpreted this language to require Congressional consent for every interstate compact. Specifically, the Supreme Court has routinely required Congressional approval only if a compact could lead to an “increase of political power in the [s]tates, which may encroach upon or interfere with the just supremacy of the United States.” See *Virginia v. Tennessee*, 148 U.S. 503 (1893). As of the date of this memo, no occupational licensure compact has been held to rise to this level.

To the contrary, Section 575 of the National Defense Authorization Act for Fiscal Year 2020 (2020 PL 116-92 section 575) authorizes the Department of Defense to work with CSG to develop occupational licensure compacts to alleviate the burdens encountered by military families in connection with mandatory relocation

and provides budgetary allocations for this work. This is indicative of legislative intent that Congress intended to support these occupational licensure compacts through interstate action.

- (3) The Compact will establish a “third-party non-governmental bureaucracy on licenses” which will strip the Member State’s Licensing Authorities of any authority to regulate dentistry.

The commentators here are concerned that each state agreeing to this Compact as it is currently written is surrendering its individual sovereignty to a private third-party group to tell them who can practice in their state. These statements are based on a highly selective reading of the Compact, a distinct misunderstanding of other sections, and deliberately ignores §4.D., which requires a Licensee practicing in a Remote State under a Compact Privilege to comply with and be subject to the Licensing Authority in the Remote State. §4.D. goes on to authorize a Remote State to take Adverse Action against a Licensee’s Compact Privilege to practice in that State, up to and including a full revocation of the Licensee’s Compact Privilege. In fact, the DDH Compact goes farther than most other Compacts in this area, and provides that when any 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.” Under this language, any Remote State can prevent a Licensee from practicing in all Remote States. Far from limiting the authority of state regulators, this language significantly increases their power.

Further, a fundamental goal of the Compact is to infringe on state autonomy as little as possible. To that end, where a subject is not explicitly addressed in the Compact, the law in a participating state on that subject would remain unchanged. Specifically:

- a. The DDH Compact does not address the authority or actions of state investigators. Any investigators conducting an investigation outside of their home state would be subject to the laws and requirements of the state where they are operating, including all applicable requirements for handling firearms.
- b. Costs associated with an out-of-state investigation must be fully borne by the investigating state. § 6.E.2 of the Compact instructs the courts of each participating state to enforce subpoenas issued by regulators from other participating states, but the language of this section also states explicitly that any costs associated with subpoena enforcement or compliance must be paid by the state issuing the subpoena. Joint investigations are authorized under the Compact, but each state participating in such an investigation would be responsible for paying its own costs.

The standards of a licensee’s conduct will be governed by the laws of the state where they are practicing, regardless of whether that licensee is practicing under a qualifying license or under a compact privilege. §4.C specifically requires licensees to comply with the scope of practice applicable in that state.

- (4) Member States under the Compact will be forced to accept practitioners licensed in other states (and eventually other countries) and will have no authority to regulate the actions of these practitioners.

As discussed above, Member State Licensing Authorities under the DDH Compact retain the full range of their regulatory authority concerning the conduct of practitioners in their State. Furthermore, the Compact never discusses licenses granted by other countries in any way whatsoever. This particular statement is beyond

conjecture—it is a complete fabrication grounded in an incomprehensible interpretation of seemingly random materials pulled from CSG’s website.

- (5) Member State Licensing Authorities will be irrevocably subject to the Rules of the Commission, which in turn will be established by a small subset of Commissioners.

Again, this statement is based upon a mistaken understanding of the Compact, and it confuses the Executive Board with the full Commission. While the Executive Board is in fact composed of a small subset of Commissioners, it is specifically prohibited from exercising rulemaking authority under §7.F.1.h. As before, this interpretation of the Compact here is not only mistaken, it is almost an inversion of the plain meaning of the Compact’s language. Moreover, no State can be “irrevocably” subject to the Rules of the Commission, as withdrawal from the Compact remains an option for every Member State.

- (6) The Commission, through its authority to designate licensure requirements and their equivalencies by Rule, will gut the established systems for dental education and licensure and replace it with a fee-based licensure model.

This concern seems to stem from a fundamental misunderstanding of the Commission’s authority to designate an alternative accreditation agency (other than the Commission on Dental Accreditation) for dental education programs. With no apparent factual basis, the commentators allege here that the Commission will adopt a fee-based accreditation model, which would in turn “determine “equivalencies” for foreign trained dentists for a fee and [and then] they are eligible for compact privileges and coming to your state.” (sic). This statement mistakenly asserts that an agency designated by the Commission to accredit dental education programs would somehow be entitled to exercise the Commission’s power to determine equivalencies for other Compact Privilege requirements. As discussed above, the concern about “foreign trained dentists” has no discernable basis either in the Compact or in any attendant discussion. Practically, this appears to be a simple attempt at anti-immigrant fear mongering in an effort to inflame opposition to the Compact.

- (7) CSG, as evidenced by elements of its website that advocate for immigrants, is using the Compact as a tool to strip state regulators of their authority in favor of the forced recognition of practitioners licensed in other countries.

As discussed above, this section of the comments is factually untethered and verges into an almost deliberate defamation of CSG. In support of this allegation, the commentators point to a PDF on CSG’s website entitled “Licensing Policy for Immigrants and Refugees”. This article outlines the ways in which numerous state governments have adopted programs to facilitate access to professional licensure by first and second generation immigrants. There is no mention of the recognition of licenses granted by other countries, or of the elimination of any requirements for licensure; in most cases, the laws described in this article simply allow applicants to apply for a professional license without a Social Security Number. Most significantly, the article makes no mention of CSG’s policies or actions; it is simply a description of actions taken by various state governments in an attempt to serve a portion of their population. Many of the comments that stem from this particular allegation engage in abject speculation which have no factual or rational basis in any discussion about the DDH Compact.

IV. Points of Clarity and Education

The comments above are fundamentally mistaken about the function and purpose of the DDH Compact. Among other factual errors, these comments have fundamentally misunderstood key facts about the DDH Compact, including the following:

- 1) A Compact Commission does not operate independently of the Member States, but as a cooperative expression of their shared sovereign power. While the Member States are subject to the Rules of the Commission in certain circumstances, every Member State is entitled to a vote on all Commission Rules, and only those Rules approved by a majority of the Commissioners will be adopted; in no case is the Executive Board entitled to impose Rules upon the Member States. Member States who disagree with the Rules adopted by the Commission may bring legal challenges, encourage other Commissioners to vote to repeal a given Rule, or even withdraw from the Compact entirely. Interstate compacts, and the Commissions they establish, operate on the basis of consensual cooperation between the Member States; when a Member State no longer consents to be bound by a given Compact, it is inherently entitled to exit the Compact.
- 2) The DDH Compact does not reduce the authority of state regulators. Despite numerous assertions by these commentators that the Compact would strip state regulators of their authority, the DDH Compact in fact explicitly preserves the ability of each Member State Licensing Authority to police the conduct of all practitioners active in their State. Existing state regulators would surrender none of their oversight authority and would remain fully empowered to sanction any licensee in their State—whether that person practices under a Compact Privilege or not.
- 3) Commission Rules may only be adopted through a transparent democratic process. Though it is oft-repeated in the comments, Commission Rules are not, in fact, adopted by “a group of about 6 people”; rather, the Rules are adopted only once they have been approved by a majority of the Commissioners. As stated previously, the DDH Compact prohibits the Executive Board from exercising any rulemaking authority.
- 4) The Commission does not have the right to remove a Commissioner, only to recommend that they be removed by their appointing State. While the comments claim that the Commission can silence any representative who objects to the whims of “the Board”, the plain terms of §7.B.4 only authorize the Commission to “recommend” the “removal or suspension of an individual as the State’s Commissioner.” The commentators have fundamentally misconstrued the meaning of the word “recommend” here, and seem to believe that the Commission is empowered to remove a Commissioner *sua sponte*. This is simply not the case.
- 5) The Compact does, in fact, allow for the discipline of dentists. A number of the concerns voiced in the opposition to the DDH Compact arise from the fear that holding a Compact Privilege would allow a dentist to malpractice with impunity in the Member States. This is simply not true. As stated above, the Compact explicitly authorizes a Remote State to take Adverse Action against a Licensee’s Compact Privilege, and the Licensee’s Home State retains the full breadth of its jurisdiction over the Licensee’s license in that State.
- 6) A Member State may decide to discipline a dentist for conduct that occurred in a non-Member State. Again, the Member States will retain the ability to discipline dentists for misconduct. Each Member

State would retain the authority to determine for itself, with no oversight from the Commission, what facts or circumstances would be sufficient to merit disciplinary action.

- 7) An interstate compact is an agreement between equal state governments to abide by a common set of rules to address issues across state lines. Each state participating in a compact must first consent to the compact by enacting a state statute outlining the terms of the agreement and indicating that the legislature intends to comply with those terms in the future. It is important that each participating state complies with the compact's terms so that every participating state can enjoy the full benefit of their cooperation.
- 8) A compact commission is a democratic body with equal representation from each participating state. No compact commission can operate independently from its participating states, and every commission is governed by the majority vote of its members. Similarly, any rule enacted by a commission must first be approved by a majority of commission's full membership before that rule can be enforced against any of the participating states. Every participating state is entitled and obligated to participate equally in the business of the commission through their own independently appointed representative.
- 9) States participating in a licensure compact retain the full scope of their disciplinary authority over professionals practicing in their state. While an individual licensee who holds a qualifying license in one state may be entitled to practice under a compact privilege in another state, that professional would remain subject to the oversight of the licensing authority in the state where they are practicing. Under the DDH Compact every participating state retains the full power and discretion to encumber or revoke any licensee's compact privilege to practice in that state, regardless of that licensee's qualifications elsewhere. Participating states are also empowered to take adverse action against a licensee for conduct that occurred in another state.
- 10) Membership in a compact is serious, but it is not permanent. Every compact allows for a participating state to withdraw from the compact. Just as an act of the state legislature is necessary to join a compact, the same is required for a state to withdraw. In this way, the states who participate in a compact can be confident in the specific terms of their agreement, and in the enforceability of those terms.
- 11) The DDH Compact includes minimum professional qualifications that must be adopted by every participating state before they join. By providing universal required qualifications, the compact can ensure that any professional who receives a license in a participating state is qualified in a way that is acceptable to all the member states. Because the compact is the law in each participating state, every state can ensure that unqualified professionals are not being improperly allowed to practice.


V. Conclusion

It would be an understatement to say that these comments are mistaken about the purpose, function, and practical application of the DDH Compact. Particular concerns regarding state sovereignty, public protection, and compact governance are addressed herein, as well as a thorough explanation of the transparency of the compact development process. Stakeholders are encouraged to critically review the circulated commentary against the explanations herein and the text of the Compact itself for clarity on the need, utility and benefit of the Compact as drafted.

CRDTS SPECIAL NEWS BULLETIN re: Dental Compacts

Richael Cobler <richael@crdts.org>

Fri 10/6/2023 10:51 AM

 3 attachments (2 MB)

20231005 Compact_News.pdf; Spr23_Dentist_Dental-Hygienist-Compact-Draft_Final.pdf; AADB Compact official draft Aug 31 final version - Clean.pdf;

Hello from CRDTS. Please distribute the following email and Special Bulletin with attachments to your dental board/commission members.

With the recent discussion among dental boards/commissions and with new legislation being introduced and already passed in a few cases, we believe it is important for not only CRDTS Members, but all state dental boards/commissions to be informed of the language in each proposed compact and the potential impact on state dental boards/commissions, the safety and welfare of the public, and the overall health of the dental professions. CRDTS has no financial interest in either compact, thus our goal is to help educate and inform the state dental board members we serve.

CRDTS has more than 50 years of experience in dental testing and serving and assisting licensing boards/commissions in their mission to protect the public by ensuring measurable, valid and reliable criteria for evaluating clinical competency, continues to be our mission. We believe in the value of state dental boards and in the value of competition to maintain reasonable costs, quality in licensure examinations, and that the best authority to regulate these matters lies with the dental boards/commissions.

We hope this information is helpful in gathering and assessing the language in each of the dental and dental hygiene compacts being proposed and introduced into legislation. For ease of reference we have attached a copy of each of the compacts. The links to the websites where they can be found are as follows:

CSG Compact website: <https://ddhcompact.org/>

AADB Compact website: <https://aadbcompact.org/wp-content/uploads/2023/09/AADB-Compact-official-draft-Aug-31-final-version-Clean.pdf>

CRDTS is here to serve the dental and dental hygiene licensing boards/commissions and we welcome feedback and further discussion.

Respectfully,

Richael “Sheli” Cobler

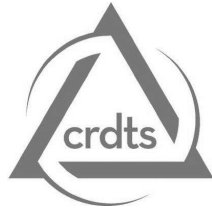
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SPECIAL NEWS BULLETIN

FALL 2023

DENTAL AND DENTAL HYGIENE COMPACTS

In response to Member questions and comments, CRDTS has assembled information regarding two dental and dental hygiene licensure compacts that are being circulated to help CRDTS Members and non-member dental boards better understand what information is currently publicly available. In addition, CRDTS has identified key questions regarding the compacts that may assist CRDTS Members and non-member dental boards in monitoring the status of the compacts in their states from a patient-centered perspective.

Background

What are the compacts and who is promoting them?

- There are two Dental and Dental Hygiene Compacts being introduced in states around the country:
 - **The Council on State Governments (CSG Compact) in conjunction with the ADA and ADHA.** The CSG has posted information about the CSG Compact on its website: <https://ddhcompact.org/>
 - **The American Association of Dental Boards (AADB Compact) in conjunction with CDCA/WREB/CITA(ADEX).** The AADB has posted information about the AADB Compact on its website: <https://aadbcompact.org/wp-content/uploads/2023/09/AADB-Compact-official-draft-Aug-31-final-version-Clean.pdf>

A review of the Compact information makes clear that each state's laws and/or regulations must permit such Compacts prior to their being used for licensure of dentists and dental hygienists in a particular state. The status of such legislation and regulations varies from state to state.

What are some of the key features of each Compact?

- **The CSG Compact**
 - Requires seven (7) states to enact the legislation; three (3) states have enacted the Compact legislation. Legislation is pending in four (4) more states.
- **The AADB Compact**
 - Requires five (5) states joining the Compact to become active.
 - A commission will be formed from those five (or more) states **and the commission "shall have the authority to enact bylaws and rules on behalf of the Compact that shall have the force of law in each participating state to carry out the provisions of the Compact."** (AADB *Dental and Dental Hygiene Licensure Compact, Section 3.c.*)
 - The AADB Compact contains the following definitions which appear to restrict the examinations that are permitted for licensure, i.e., only the ADEX examination will be

allowed as a pathway to licensure if a state joins the AADB compact except for those candidates who passed a competitor's examination prior to January 1, 2024:

“(q) Dental hygienist – means any person **who . . . 2. [h]as successfully passed the American Board of Dental Examiners, (ADEX) licensure exam**; or have been in practice 5 years or more **and has successfully passed a regional or equivalent state administered psychomotor licensure examination prior to January 1, 2024.**” (AADB Dental and Dental Hygiene Licensure Compact, Section 2.(q)(2))

“(s) “Dentist” – means any person **who as successfully passed the American Board of Dental Examiners, (ADEX) licensure exam**; or have been in practice 5 years or more **and has successfully passed a regional or equivalent state administered psychomotor licensure examination prior to January 1, 2024.**” (AADB Dental and Dental Hygiene Licensure Compact, Section 2.(s)(2)).

Questions Dental Boards Should Consider Asking

1. **Have State Dental and Dental Hygiene Licensing Boards had adequate time to review and digest the Compacts' Proposed Legislation and its impact on the safety and welfare of the public, Dentists, and Dental Hygienists in their States? If Legislation is passed, will State Dental and Dental Hygiene Licensing Boards have sufficient local control to protect the interests of such state's patients? Has consideration been given to whether a state can easily withdraw from a Compact in the event the Compact's standards are no longer consistent with the State's standards designed to protect the public? Would a withdrawal require new legislation repealing authorization to join a Compact?**
 - Has the Dental and Dental Hygiene Licensing Board received a copy of the proposed legislation and/or regulations?
 - Does the proposed legislation maintain local (state) control regarding licensure, i.e., if a state disagrees with an aspect of a Compact's licensure rules, does the Board have the power to modify how such rule operates in its home state and can such “exception” to a Compact rule be implemented in an efficient, expedient manner in the best interests of the patient? Would legislation be required for any state exceptions or carve outs to Compact licensure rules?
 - Will each state and its Dental and Dental Hygiene Board be able to review and comment on the AADB Compact Commission's licensure rules that will have the “effect of law” prior to the potential passage of legislation related to the AADB Compact Commission?
 - Do the CSG and AADB Compacts' proposed legislation permit boards to ensure qualified, competent, and ethical professionals are practicing in their state and grant the boards sufficient oversight of such licensees? Are there opportunities for, and has sufficient time been given to, the boards and representatives of the state dentists and dental hygienists to evaluate the Compacts and provide their insight prior to passage of any Compact in their respective states?

It is not clear whether each state's dental and dental hygienist board is aware that legislation regarding the Compacts is being circulated and/or introduced.

2. Do the Compacts Duplicate Current Laws Related to Licensure Portability?

Both Compacts claim to be supporting the mobility of licensed dental and dental hygiene professionals – both claim portability is the driving force. It is important for Boards to consider whether the Compacts duplicate existing portability laws and regulations.

- Most states have licensure through credentialing so is there a need for a Compact?
- In order for a Compact to aid portability, all states will have to be a part of a Compact. A Compact will only aid portability in those states that participate in the Compact. With

competing Compacts, will the Compacts truly aid portability or complicate the matter further?

- Portability issues can be more easily resolved by each state accepting all clinical licensure exams that meet state requirements.

3. Patient Safety: Are Hand-Skills and Psychomotor Examination Components adequately preserved?

One stipulation under the CSG Compact for obtaining Compact Privilege is the Licensee shall . . . “have successfully completed a Clinical Assessment for licensure.” The CSG Compact further states that “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.”

- Is there a concern that the CSG Compact will allow professionals to practice without mandated hand-skills and psychomotor testing?

For example, if State A currently requires a hand-skills or psychomotor component as part of the licensure examination requirements but is part of the CSG Compact with State B and State B does not require a hands skills or psychomotor component, it appears State A must still grant a licensee Compact Privilege even though such licensee has not passed a hands-skills or psychomotor component. For instance, if a candidate was licensed by passing the DLOSCE, or has been licensed in a state such as Wisconsin that has deemed graduates of Marquette University eligible for licensure based on their diploma alone, then it appears all Compact states must accept the licensee as qualified to practice in their state despite not having passed a hand-skills or psychomotor component.

- Does the Dental and Dental Hygiene Board have any concern about this possibility if the state joins a Compact?

4. Are potential conflict of interest issues accurately and transparently shared with the State Dental Boards and has there been sufficient time to evaluate the impact of any potential conflicts of interest?

The current Acting Executive Director of the AADB is also the current National Director of Licensure Acceptance and Portability with CDCA/WREB/CITA who exclusively administers the ADEX Examination. The AADB Compact prohibits the use of any examination except the ADEX Examination other than for licensees who took an alternative examination prior to January 1, 2024.

- Is the Compact an attempt by private interests to squeeze out the competition, i.e., other credible and reliable testing examination agencies, by limiting the pathway to licensure to one specific examination despite the existence of other nationally-accepted examinations that are portable, credible, and reliable?
- If there is a financially driven interest to squeeze out the competition through a particular Compact, how will that impact the Dental Boards’ ability to protect the public and regulate quality of licensure examinations?
- Are patients’ and dental and dental hygienist professionals’ interests best protected by the state through a process that reduces the pathways to licensure?
- Would such limitations decrease the availability of qualified dentists and dental hygienists?

For your convenience and education, CRDTS is attaching copies of the latest draft of each Compact that is publicly available. If you are aware of a more recent draft, please let us know so we can update the information.

CRDTS continues its mission of providing a pathway to licensure for dentists and dental hygienists through CRDTS’ nationally-accepted examination that is portable, credible, and reliable.

DDH Dentist and Dental Hygienist Compact

Dentist and Dental Hygienist Compact

This project is funded by the Department of Defense.

The following language must be enacted into law by a state to officially join the Dentist and Dental Hygienist Compact.

No substantive changes should be made to the model language. Any substantive changes may jeopardize the enacting state's participation in the Compact.

The Council of State Governments National Center for Interstate Compacts reviews state compact legislation to ensure consistency with the model language. Please direct inquiries to Jessica Thomas at JThomas@csg.org.

DENTIST AND DENTAL HYGIENIST COMPACT

SECTION 1. TITLE AND PURPOSE

This statute 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 a 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:

- A. 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;
- B. Promotes mobility and addresses workforce shortages through each Participating State's acceptance of a Compact Privilege to practice in that State;
- C. Increases public access to qualified, licensed Dentists and Dental Hygienists by creating a responsible, streamlined pathway for Licensees to practice in Participating States.
- D. Enhances the ability of Participating States to protect the public's health and safety;
- E. Does not interfere with licensure requirements established by a Participating State;
- F. Facilitates the sharing of licensure and disciplinary information among Participating States;
- G. 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;
- H. 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;
- I. Promotes the cooperation of Participating State in regulating the practice of dentistry and dental hygiene within those States;
- J. Facilitates the relocation of military members and their spouses who are licensed to practice dentistry or dental hygiene;

SECTION 2. DEFINITIONS

As used in this Compact, unless the context requires otherwise, the following definitions shall apply:

- A. **“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.
- B. **“Adverse Action”** means disciplinary action or encumbrance imposed on a License or Compact Privilege by a State Licensing Authority.
- C. **“Alternative Program”** means a non-disciplinary 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.
- D. **“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.
- E. **“Commissioner”** means the individual appointed by a Participating State to serve as the member of the Commission for that Participating State.
- F. **“Compact”** means this Dentist and Dental Hygienist Compact.
- G. **“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.
- H. **“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.
- I. **“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).
- J. **“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.
- K. **“Dental Hygienist”** means an individual who is licensed by a State Licensing Authority to practice dental hygiene.

- 91 L. **“Dentist”** means an individual who is licensed by a State Licensing Authority to practice
92 dentistry.
93
- 94 M. **“Dentist and Dental Hygienist Compact Commission” or “Commission”** means a
95 joint government agency established by this Compact comprised of each State that has
96 enacted the Compact and a national administrative body comprised of a Commissioner
97 from each State that has enacted the Compact.
98
- 99 N. **“Encumbered License”** means a License that a State Licensing Authority has limited in
100 any way other than through an Alternative Program.
101
- 102 O. **“Executive Board”** means the Chair, Vice Chair, Secretary and Treasurer and any other
103 Commissioners as may be determined by Commission Rule or bylaw.
104
- 105 P. **“Jurisprudence Requirement”** means the assessment of an individual’s knowledge of
106 the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in
107 a State.
108
- 109 Q. **“License”** means current authorization by a State, other than authorization pursuant to a
110 Compact Privilege, or other privilege, for an individual to practice as a Dentist or Dental
111 Hygienist in that State.
112
- 113 R. **“Licensee”** means an individual who holds an unrestricted License from a Participating
114 State to practice as a Dentist or Dental Hygienist in that State.
115
- 116 S. **“Model Compact”** the model for the Dentist and Dental Hygienist Compact on file with
117 the Council of State Governments or other entity as designated by the Commission.
118
- 119 T. **“Participating State”** means a State that has enacted the Compact and been admitted to
120 the Commission in accordance with the provisions herein and Commission Rules.
121
- 122 U. **“Qualifying License”** means a License that is not an Encumbered License issued by a
123 Participating State to practice dentistry or dental hygiene.
124
- 125 V. **“Remote State”** means a Participating State where a Licensee who is not licensed as a
126 Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.
127
- 128 W. **“Rule”** means a regulation promulgated by an entity that has the force of law.
129
- 130 X. **“Scope of Practice”** means the procedures, actions, and processes a Dentist or Dental
131 Hygienist licensed in a State is permitted to undertake in that State and the circumstances
132 under which the Licensee is permitted to undertake those procedures, actions and
133 processes. Such procedures, actions and processes and the circumstances under which
134 they may be undertaken may be established through means, including, but not limited to,
135 statute, regulations, case law, and other processes available to the State Licensing
136 Authority or other government agency.

Y. **“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.

Z. **“State”** means any state, commonwealth, district, or territory of the United States of America that regulates the practices of dentistry and dental hygiene.

AA. **“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.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

A. In order to join the 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 the 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 that applicants for a Dentist License graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;
9. Accept for licensure that applicants for a Dental Hygienist License graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation or

another accrediting agency recognized by the United States 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 the Compact.

C. When conducting a Criminal Background Check the State Licensing Authority shall:

1. Consider that 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 the 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.

SECTION 4. COMPACT PRIVILEGE

A. To obtain and exercise the Compact Privilege under the terms and provisions of the 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 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 United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to 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 United States 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 non-Participating State when applying for a Compact Privilege and, otherwise, within thirty (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.

SECTION 5. ACTIVE MILITARY MEMBER OR THEIR SPOUSES

An Active Military Member and their spouse shall not be required to pay to the Commission for a Compact Privilege the fee otherwise charged by the Commission. 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 an Active Military Member and their spouse for a Compact Privilege.

SECTION 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 non-public 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 Section 4.D against a Licensee's Compact Privilege in the State;
2. In furtherance of its rights and responsibilities under the 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 the 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 Section 8.B.6 as if it was Significant Investigative Information.

SECTION 7. ESTABLISHMENT AND OPERATION OF THE 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 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 Section 11A.

B. Participation, Voting, and Meetings

1. Each Participating State shall have and be limited to one (1) 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 sixty (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;

- 363 7. Maintain and certify records and information provided to a Participating State as the
364 authenticated business records of the Commission, and designate a person to do so on the
365 Commission's behalf;
366
- 367 8. Purchase and maintain insurance and bonds;
368
- 369 9. Borrow, accept, or contract for services of personnel, including, but not limited to,
370 employees of a Participating State;
371
- 372 10. Conduct an annual financial review;
373
- 374 11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such
375 individuals appropriate authority to carry out the purposes of the Compact, and establish
376 the Commission's personnel policies and programs relating to conflicts of interest,
377 qualifications of personnel, and other related personnel matters;
378
- 379 12. As set forth in the Commission Rules, charge a fee to a Licensee for the grant of a
380 Compact Privilege in a Remote State and thereafter, as may be established by
381 Commission Rule, charge the Licensee a Compact Privilege renewal fee for each renewal
382 period in which that Licensee exercises or intends to exercise the Compact Privilege in
383 that Remote State. Nothing herein shall be construed to prevent a Remote State from
384 charging a Licensee a fee for a Compact Privilege or renewals of a Compact Privilege, or
385 a fee for the Jurisprudence Requirement if the Remote State imposes such a requirement
386 for the grant of a Compact Privilege;
387
- 388 13. Accept any and all appropriate gifts, donations, grants of money, other sources of
389 revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of
390 the same; provided that at all times the Commission shall avoid any appearance of
391 impropriety and/or conflict of interest;
392
- 393 14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed,
394 or any undivided interest therein;
395
- 396 15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
397 property real, personal, or mixed;
398
- 399 16. Establish a budget and make expenditures;
400
- 401 17. Borrow money;
402
- 403 18. Appoint committees, including standing committees, which may be composed of
404 members, State regulators, State legislators or their representatives, and consumer
405 representatives, and such other interested persons as may be designated in this Compact
406 and the bylaws;
407
- 408 19. Provide and receive information from, and cooperate with, law enforcement agencies;

- 409
- 410 20. Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers of the
- 411 Commission as provided in the Commission's bylaws;
- 412
- 413 21. Establish and elect an Executive Board;
- 414
- 415 22. Adopt and provide to the Participating States an annual report;
- 416
- 417 23. Determine whether a State's enacted compact is materially different from the Model
- 418 Compact language such that the State would not qualify for participation in the Compact;
- 419 and
- 420
- 421 24. Perform such other functions as may be necessary or appropriate to achieve the purposes
- 422 of this Compact.
- 423

424 D. Meetings of the Commission

425

- 426 1. All meetings of the Commission that are not closed pursuant to this subsection shall be
- 427 open to the public. Notice of public meetings shall be posted on the Commission's
- 428 website at least thirty (30) days prior to the public meeting.
- 429
- 430 2. Notwithstanding subsection D.1 of this section, the Commission may convene an
- 431 emergency public meeting by providing at least twenty-four (24) hours prior notice on
- 432 the Commission's website, and any other means as provided in the Commission's Rules,
- 433 for any of the reasons it may dispense with notice of proposed rulemaking under Section
- 434 9.L. The Commission's legal counsel shall certify that one of the reasons justifying an
- 435 emergency public meeting has been met.
- 436
- 437 3. Notice of all Commission meetings shall provide the time, date, and location of the
- 438 meeting, and if the meeting is to be held or accessible via telecommunication, video
- 439 conference, or other electronic means, the notice shall include the mechanism for access
- 440 to the meeting through such means.
- 441
- 442 4. The Commission may convene in a closed, non-public meeting for the Commission to
- 443 receive legal advice or to discuss:
- 444
- 445 a. Non-compliance of a Participating State with its obligations under the Compact;
- 446
- 447 b. The employment, compensation, discipline or other matters, practices or procedures
- 448 related to specific employees or other matters related to the Commission's internal
- 449 personnel practices and procedures;
- 450
- 451 c. Current or threatened discipline of a Licensee or Compact Privilege holder by the
- 452 Commission or by a Participating State's Licensing Authority;
- 453
- 454 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 the 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 therefore, 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 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 bylaws, and exercising any other powers and duties expressly reserved to the Commission by Rule or bylaw; and

- 547
- 548 i. Other duties as provided in the Rules or bylaws of the Commission.
- 549
- 550 2. The Executive Board shall be composed of up to seven (7) members:
- 551
- 552 a. The Chair, Vice Chair, Secretary and Treasurer of the Commission and any other
- 553 members of the Commission who serve on the Executive Board shall be voting
- 554 members of the Executive Board; and
- 555
- 556 b. Other than the Chair, Vice Chair, Secretary, and Treasurer, the Commission may elect
- 557 up to three (3) voting members from the current membership of the Commission.
- 558
- 559 3. The Commission may remove any member of the Executive Board as provided in the
- 560 Commission's bylaws.
- 561
- 562 4. The Executive Board shall meet at least annually.
- 563
- 564 a. An Executive Board meeting at which it takes or intends to take formal action on a
- 565 matter shall be open to the public, except that the Executive Board may meet in a
- 566 closed, non-public session of a public meeting when dealing with any of the matters
- 567 covered under subsection D.4.
- 568
- 569 b. The Executive Board shall give five (5) business days' notice of its public meetings,
- 570 posted on its website and as it may otherwise determine to provide notice to persons
- 571 with an interest in the public matters the Executive Board intends to address at those
- 572 meetings.
- 573
- 574 5. The Executive Board may hold an emergency meeting when acting for the Commission
- 575 to:
- 576
- 577 a. Meet an imminent threat to public health, safety, or welfare;
- 578
- 579 b. Prevent a loss of Commission or Participating State funds; or
- 580
- 581 c. Protect public health and safety.
- 582

583 G. Qualified Immunity, Defense, and Indemnification

584

- 585 1. The members, officers, executive director, employees and representatives of the
- 586 Commission shall be immune from suit and liability, both personally and in their official
- 587 capacity, for any claim for damage to or loss of property or personal injury or other civil
- 588 liability caused by or arising out of any actual or alleged act, error, or omission that
- 589 occurred, or that the person against whom the claim is made had a reasonable basis for
- 590 believing occurred within the scope of Commission employment, duties or
- 591 responsibilities; provided that nothing in this paragraph shall be construed to protect any
- 592 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 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.
3. Notwithstanding subsection G.1 of this section, 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.

SECTION 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. Non-confidential 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.

SECTION 9. RULEMAKING

A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the 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 the 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 the Compact, within four (4) 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 the 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 thirty (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, the effective date of the Rule shall be no sooner than thirty (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 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; 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 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.

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

SECTION 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 the Compact or 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 the

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 the 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 one hundred eighty (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 the 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's fees.
- I. Dispute Resolution
 - 1. Upon request by a Participating State, the Commission shall attempt to resolve disputes related to the Compact that arise among Participating States and between Participating States and non-Participating 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 the 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's 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 the 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's fees.
4. No individual or entity other than a Participating State may enforce this Compact against the Commission.

SECTION 11. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

- A. The 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 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).
2. Participating States enacting the Compact subsequent to the Charter Participating States shall be subject to the process set forth in Section 7.C.23 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 one hundred eighty (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 one hundred eighty (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 non-Participating 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.

SECTION 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,

958 person or circumstance shall not be affected thereby.

- 959
- 960 C. Notwithstanding subsection B of this section, the Commission may deny a State's
- 961 participation in the Compact or, in accordance with the requirements of Section 10.B,
- 962 terminate a Participating State's participation in the Compact, if it determines that a
- 963 constitutional requirement of a Participating State is a material departure from the
- 964 Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any
- 965 Participating State, the Compact shall remain in full force and effect as to the remaining
- 966 Participating States and in full force and effect as to the Participating State affected as to all
- 967 severable matters.

968

969 **SECTION 13. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS**

- 970 A. Nothing herein shall prevent or inhibit the enforcement of any other law of a Participating
- 971 State that is not inconsistent with the Compact.
- 972
- 973 B. Any laws, statutes, regulations, or other legal requirements in a Participating State in conflict
- 974 with the Compact are superseded to the extent of the conflict.
- 975
- 976 C. All permissible agreements between the Commission and the Participating States are binding
- 977 in accordance with their terms.



AADB DENTAL & DENTAL HYGIENE LICENSURE COMPACT

1 AADB DENTAL AND DENTAL HYGIENE LICENSURE COMPACT

2
3
4 Section 1 NEW LAW The American Association of Dental Boards Compact is hereby enacted into law and the
5 Governor shall enter into a compact on behalf of the State of _____ with any jurisdiction legally joined
6 therein, in the form substantially as set forth in this Act.

7
8 Section 1. PURPOSE.

9 Section 2 NEW LAW

10 AADB DENTAL AND DENTAL HYGIENE COMPACT

11 This compact shall be known as the AMERICAN ASSOCIATION OF DENTAL BOARDS (AADB) Compact
12 and the purpose of the compact is to expedite licensure and increase access to dental health care through
13 licensure boards acting in cooperation. The compact adopts the existing structures most utilized by Dental
14 Boards across the United States, while ensuring the safety of the public through the sharing of documents and
15 information. This compact ensures that each state retains the right to impose an adverse action on a licensee as a
16 home state or as a practicing state. Each state has an opportunity to share investigations and information with
17 the home state of licensure. The Dental Board compact is operated by state dental board members,
18 administrators and other staff, thus allowing for each state to maintain its sovereignty.

19 The AADB Compact:

- 20 (a) Allows for expedited licensure portability and ease of movement between states;
21 (b) Allows each state to continue to regulate the practice of dentistry and dental hygiene within their
22 borders and maintain its sovereignty by allowing actions against a compact license privilege or a
23 licensee and maintaining its existing licensure structure while allowing for compact licensure
24 privileges;
25 (c) Creates a common goal of protecting the public by ensuring a uniform licensure standard and
26 sharing of information in the compact;
27 (d) Allows for licensure in every participating state by passing a uniform licensure examination, that
28 tests psychomotor and cognitive dental skills exam that is currently accepted in fifty-state (50)
29 licensing jurisdictions and United States territories;
30 (e) Gives licensees one (1) location to maintain professional documentation to expedite compact
31 license privileges in states, hospitals or institutional credentialing;
32 (f) Facilitates a faster licensure process for relocation or separation of military members and their
33 dependent spouses; there are no compact fees for military members or their spouses;
34 (g) Alleviates a duplicative process for licensure among multiple states;
35 (h) Saves applicants money by not having to obtain duplicate documents from a source that charges
36 for the documents; and
37 (i) Utilizes existing infrastructure of the AADB that has been in existence for over 100 years,
38 representing dental licensing boards.

Section 2. DEFINITIONS

- (a) “AADB” means the American Association of Dental Boards (AADB) or its named successor, formerly known as the American Association of Dental Examiners (AADE), originally chartered on September 10th, 1896 and renewed in 1944, comprised of State Dental Boards in the United States and its territories;
- (b) “AADB Attorneys’ Committee” means attorneys that currently represent a state dental board. The attorneys’ committee participates in the commission as a non-voting member. An attorney that has previously served as an attorney for a State Dental Board may be invited on a year-to-year basis to serve on the committee if they have not engaged in an official case against a Board within the compact or have any other conflict of interest. The attorney’s committee may assist the investigators in working through joint investigation issues between states. The attorney’s committee shall prepare a summary of legal issues directly dealing with the compacts at the annual meeting as well as a legal update for issues affecting Member State Dental Boards;
- (c) “AADB Compact Commission” means the American Association of Dental Boards dental and dental hygiene AADB Compact compact commission. Each state shall have two (2) members as required by Section 3 of this act, meeting as a whole to form the commission;
- (d) “AADB composite” means an annual publication listing information regarding each state board, contacts, links to statutes and rules and additional data. Each state shall submit an annual update regarding all dental practice related licenses and permits available by state and the procedures allowed to be conducted by licensees and permit holders;
- (e) “Active-duty military person or spouse” means an individual in full-time active-duty status in the active uniformed service of the United States including members of the National Guard and Reserve. The legal spouse of the military member must be recognized by the military unit as a dependent while the service member is on active duty. Spouses shall receive the same privileges as military members for the purpose of this compact;
- (f) “Active investigation” means an active investigation resulting in formal allegations or charges precipitating a judicial process by a Dental Board, oversight agency, or other law enforcement entity;
- (g) “Adverse action” means an Order issued by a State Dental Board or reported to the AADB clearinghouse pursuant to the compact bylaws and rules. This shall also include a Temporary Emergency Order that may be later withdrawn by a Board;
- (h) “ADEX examination” means American Board of Dental Examiners examination;
- (i) “Bylaws” means the bylaws passed by the AADB or its named successor Compact Commission;
- (j) “Clearinghouse” means the AADB Clearinghouse and databank that houses prior adverse actions, orders and denials of licensure or permits from State Dental Boards in the fifty-states (50) and territories;

- 86
- 87 (k) “CODA” means the Commission on Dental Accreditation or its successor as approved by the United
- 88 States Department of Education;
- 89
- 90 (l) “Commissioners” means the two members chosen by each Member State Dental Board to serve as the
- 91 voting members of the compact;
- 92
- 93 (m) “Compact” means the American Association of Dental Boards (AADB), dental and dental hygiene
- 94 compact;
- 95
- 96 (n) “Compact license privilege” means the expedited dental or dental hygiene license to practice in a
- 97 Member State that differs from the licensee’s home state;
- 98
- 99 (o) “Conviction” means an adjudication and/or formal judgment by a court that an individual is guilty
- 100 through a plea of guilty or no contest, or a finding of guilt by the court. Evidence of a conviction of a
- 101 criminal offense by the court shall be considered final for the purposes of disciplinary action by a board
- 102 member;
- 103
- 104 (p) “Criminal background check” means a dentist or dental hygienist seeking compact license privileges
- 105 shall complete and provide a criminal background check, including the use of the results of fingerprint
- 106 or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation,
- 107 with the exception of federal employees who have suitability determination in accordance with U.S.
- 108 C.F.R. Section 731.202;
- 109
- 110 (q) Dental hygienist – means any person who:
- 111 1. Has successfully graduated from a CODA approved dental hygiene school;
- 112 2. Has successfully passed the American Board of Dental Examiners, (ADEX) licensure exam; or have
- 113 been in practice 5 years or more and has successfully passed a regional or equivalent state
- 114 administered psychomotor licensure examination prior to January 1, 2024.
- 115 3. Has successfully passed the written national dental hygiene board examination administered by the
- 116 Joint Commission on National Dental Examinations;
- 117 4. Possesses a full and unrestricted dental hygiene license issued by a Member State of the compact;
- 118 5. Has never been convicted, received adjudication, deferred adjudication, community supervision or
- 119 deferred disposition for any offense by a court of appropriate jurisdiction;
- 120 6. Has never been a subject of discipline by a board through any adverse action, order or other
- 121 restriction of the licensee by the board with the exception of failure to pay fees or failure to complete
- 122 continuing education; and
- 123 7. Is not currently under active investigation by a licensing agency or law enforcement authority in any
- 124 state, federal or foreign jurisdiction;
- 125 8. Meet any jurisprudence requirement established by a Member State Dental Board in which a
- 126 licensee is seeking an compact privilege expedited license.
- 127
- 128 (r) “Dental Practice Act” means the laws and regulations governing the practice of dentistry within a
- 129 Member State;
- 130
- 131 (s) “Dentist” means any person who:

1. Has successfully graduated from a CODA approved dental school;
2. Has successfully passed the American Board of Dental Examiners, (ADEX) licensure exam; or have been in practice 5 years or more and has successfully passed a regional or equivalent state administered psychomotor licensure examination prior to January 1, 2024.
3. Has successfully passed the written National Dental Board Exam administered by the Joint Commission on National Dental Examinations;
4. Possesses a full and unrestricted dental license issued by a Member State Dental Board of the compact;
5. Has never been convicted, received adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;
6. Has never been a subject of discipline by a board as determined by the AADB Compact bylaws and rules, through any adverse action, order or other restriction of the licensee by the board with the exception of failure to pay fees or failure to complete continuing education;
7. Has never had a state or federal drug registration, permit or license, restricted, suspended or revoked by the United States Drug Enforcement Administration or any State Board that oversees scheduled drug registrations; and
8. Is not currently under active investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction;
9. Meet any jurisprudence requirement established by a Member State Dental Board in which a licensee is seeking an compact privilege expedited license.

(t) “Home state” means the state of primary licensure. It is the location of the practicing dentist or dental hygienist license where compact privileges originate and the licensee practices at least 25% of the time within a calendar year; The home state can take an action on a licensee regardless of where an action against a licensee occurred;

(u) “License” means authorization for a dentist or dental hygienist to engage in the unrestricted practice of dentistry or dental hygiene, which would be unlawful without;

(v) “Member state dental board” means a state agency in a Member State that acts in the sovereign interests of the state by protecting the public through licensure, regulation and the education of dentist and dental hygienists as directed by the state law. All actions taken by a member board shall be under the authority of their state jurisdiction and any other rights conferred under this compact;

(w) “Member state” means a state or United States territory that has enacted the compact;

(x) “Regional board examination” means the Western Regional Dental Board Examination (WREB), the North East Regional Board of Dental Examiners (NERB), the Commission on Dental Competency (CDCA), Council of AADB Compact Testing Agencies (CITA), Southern Regional Testing Agency (SRTA), Central Regional Dental Testing Services (CRDTS);

(y) “Repository” means the AADB repository of original documents of a licensee that may include, original transcripts, certification documents, test scores, military training records, previous or current licensing documents and other sources of materials needed for applications and verification. The AADB repository shall receive documents from primary or originating sources and/or verify their authenticity;

(z) “Scope of practice” means the dental related procedures that require a license, permit or training, to undertake the treatment and procedure to be completed on a patient within the practice state’s requirements;

(aa) “State” means a state within the United States or a United States Territory; and

(bb) “State jurisprudence” means the knowledge of the state laws and rules of dentistry and dental hygiene in which a compact license privilege is extended.

Section 3. STATE DENTAL BOARD AADB COMPACT COMMISSION MEMBERSHIP

- a) The Member States hereby create the AADB Dental and Dental Hygiene Compact. Each state must enact the AADB model compact that is not materially different as determined by the AADB Compact Commission.
- b) Each state Member State Dental Board shall have two (2) voting commission members that shall serve as commissioners and have one (1) vote each, cumulatively making the AADB Compact Commission. Member States with separate Dental and Dental Hygiene State Dental Boards shall appoint one (1) commissioner from each Board. One shall be a current State Dental Board member. Commissioners may not delegate votes or proxies, however, if a commissioner is unable to attend, the Member State may substitute a delegate that meets the same requirements.
- c) Upon five (5) states joining the compact, the AADB dental and dental hygiene compact will become active. The Compact Commission shall have the authority to enact bylaws and rules on behalf of the compact that shall have the force of law in each participating state to carry out the provisions of the compact.
- d) The AADB Compact Commission shall be a separate body within the American Association of Dental Boards and shall have all the responsibilities, powers and duties set forth in the compact and such additional powers as may be conferred by a concurrent action of the respective legislatures of the Member States in accordance with the terms of the compact.
- e) The Compact Commission shall meet at least once per calendar year and additional times as necessary pursuant to the bylaws and rules. During the annual meeting, the commission members and the attorneys’ committee shall prepare information regarding issues and resolutions between states to further the cooperation of the state boards. The attorneys’ committee shall also prepare a legal update for current events related to dental boards.
- f) The Compact Commission shall elect officers from the membership that shall serve as an Executive Committee. Elections shall occur during the annual meeting. The quorum of Commissioners shall select an Executive Committee consisting of a Chair, Vice Chair, Secretary, Treasurer and a Representative from the North, South, East and West districts as divided pursuant to the AADB Compact Rules.

- 223 g) Quorum for purposes of conducting business shall be a majority of commission members attending in
224 person or virtually.
- 225
- 226 h) The Commission shall provide notice of all meetings on its website and in other communications to
227 members.
- 228
- 229 i) A vote of two-thirds (2/3) of the membership shall be required for an executive session to discuss:
230 Items specifically related to participation in a lawsuit or in anticipation of a legal proceeding;
231 Matters specifically exempted from disclosure by federal statute;
232 Discussions of investigative records of an active compact member investigation or investigative records
233 for law enforcement or discussions involving specifically accusing a person of a crime or a public
234 censure;
235 Discussions that would include information of a personal nature that would constitute an unwarranted
236 invasion of personal privacy;
237 Anything considered internal practices and procedures or a trade secret;
238 Other items in the Commission bylaws allowing for executive sessions to be called; or
239 Advice of Legal Counsel.
- 240
- 241 j) The commission shall keep minutes and make them available to all Member States.
- 242
- 243 k) The Commission may establish other committees as needed.
- 244
- 245 l) The Commission shall prepare an annual report that shall be made available to the legislatures and
246 governors of the Member States concerning the activities of the AADB Compact Commission during the
247 preceding calendar year. Such reports shall also include reports of financial audits and any
248 recommendations that may have been adopted by the Compact Commission.

249 250 4. DUTIES OF COMPACT MEMBER STATES

- 251
- 252 a) Member States agree to submit Member State Dental Board actions and other documents and data as
253 determined by the AADB Compact Commission through bylaws and rules;
- 254
- 255 b) Member States shall notify the AADB Compact Commission pursuant to the rules regarding any
256 Adverse Action taken by the Board, any active investigation by the State Dental Board, any active
257 investigation involving pending criminal charges or other circumstance as determined by the Compact
258 Commission Rules and bylaws;
- 259
- 260 c) Any adverse action, order, restriction or denial of a license or permit on a licensee or permit holder shall
261 be reported to the AADB Clearinghouse by the Member State Dental Board;
- 262
- 263 d) Member State Dental Boards may submit nonpublic complaints, disciplinary or investigatory
264 information not required by subsection (C) to the AADB Clearinghouse. All investigatory material shall
265 be considered confidential and not part of a public record unless otherwise specifically required by state
266 statute;
- 267

- e) Accept continuing education credits as required by each state, including but not limited to classes authorized by AADB Accredited Continuing Education (ACE) program;
- f) Documents in the AADB Repository shall be treated by a Member State as the equivalent of a primary or original source document for licensure;
- g) Member States agree to accept a standardized application for compact license privileges. The standardized application shall be established by the rules enacted by the commission;
- h) Member States may agree to share information regarding ongoing investigations and actions, including joint investigations between states. All investigatory material shall be considered confidential and not part of a public record unless otherwise specifically required by state statute; and
- i) As part of the compact enforcement, participating Member States issuing subpoenas and seeking testimony of witnesses shall be enforced in other participating Member States in the compact and shall be enforced by a court of competent jurisdiction where the witnesses or evidence is located.

Section 5. POWERS AND DUTIES OF THE AADB COMPACT COMMISSION

- a) The AADB Compact Commission shall have the duty and power to:
 - 1) Oversee and maintain the administration of the Compact, including organizational needs, the financial activities, the hiring of personnel and ongoing activities or needs of the AADB Compact Commission;
 - 2) Promulgate bylaws and rules to operate the Compact;
 - 3) Establish a budget and make expenditures;
 - 4) Issue, upon the request of a Member State Dental Board, advisory opinions concerning the meaning or interpretation of the Compact and its bylaws, rules and actions;
 - 5) Enforce compliance with Compact provisions, the rules promulgated by the AADB Compact Commission and the bylaws using all necessary and proper means, including but not limited to the use of judicial process;
 - 6) Hold an annual meeting for the AADB Compact Commission where the elections of an executive board and other issues may be discussed and voted on;
 - 7) Establish personnel policies and programs relating to conflicts of interest, rates of compensation and qualifications of personnel;
 - 8) Accept donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of them in a manner consistent with the conflict-of-interest policies established by the AADB Commission;
 - 9) Report annually to the legislatures and governors of the Member State Dental Boards concerning the activities of the AADB Compact Commission during the preceding calendar year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the AADB Compact Commission; and
 - 10) Coordinate education, training and public awareness regarding the Compact, its implementation and its operation.
- b) The executive committee shall have the power to act on behalf of the AADB Compact Commission with the exception of rulemaking during periods when the Compact Commission is not in session. When

314 acting on behalf of the Compact Commission, the executive committee shall oversee the administration
315 of the compact including enforcement and compliance of the compact.

- 316 c) The officers and employees of the AADB Compact Commission shall be immune from suit and liability,
317 either personally or in their official capacity, for a claim for damage to or loss of property or personal
318 injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error or
319 omission that occurred, or that such person had a reasonable basis for believing occurred, within the
320 scope of AADB Compact Commission employment, duties or responsibilities; provided, that such
321 person shall not be protected from suit or liability for damage, loss, injury or liability caused by the
322 intentional or willful and wanton misconduct of such person.
- 323 d) The liability of the executive director and employees of the AADB Compact Commission or
324 representatives of the AADB Compact Commission, acting within the scope of such person's
325 employment or duties for acts, errors or omissions occurring within such person's state may not exceed
326 the limits of liability set forth under the constitution and laws of that state for state officials, employees
327 and agents. The AADB Compact Commission is considered to be an instrumentality of the states for the
328 purposes of any such action. Nothing in this subsection shall be construed to protect such person from
329 suit or liability for damage, loss, injury or liability caused by the intentional or willful and wanton
330 misconduct of such person.
- 331 e) The AADB Compact Commission shall defend the executive director, its employees, and, subject to the
332 approval of the attorney general or other appropriate legal counsel of the member state represented by an
333 AADB Compact Commission representative, shall defend such AADB Compact Commission
334 representative in any civil action seeking to impose liability arising out of an actual or alleged act, error
335 or omission that occurred within the scope of AADB Compact Commission employment, duties or
336 responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of
337 AADB Compact Commission employment, duties or responsibilities, provided that the actual or alleged
338 act, error or omission did not result from intentional or willful and wanton misconduct on the part of
339 such person.
- 340 f) To the extent not covered by the state involved, member state or the AADB Compact Commission, the
341 representatives or employees of the AADB Compact Commission shall be held harmless in the amount
342 of a settlement or judgment, including attorney fees and costs, obtained against such persons arising out
343 of an actual or alleged act, error or omission that occurred within the scope of AADB Compact
344 Commission employment, duties or responsibilities, or that such persons had a reasonable basis for
345 believing occurred within the scope of AADB Compact Commission employment, duties or
346 responsibilities, provided that the actual or alleged act, error or omission did not result from intentional
347 or willful and wanton misconduct on the part of such persons.

348
349 Section 6. APPLICATION, ELIGIBILITY AND ISSUANCE OF
350 AADB COMPACT LICENSE PRIVILEGE TO A PRACTICE STATE.
351

- 352 a) A dentist or dental hygienist applying for compact license privileges shall meet the requirements of a
353 dentist as listed in Section (2)(S) of this compact or dental hygienist as listed in Section (2)(Q) of this
354 compact and hold a current valid license in a Member State under this compact.
355
- 356 b) Each dentist or dental hygienist shall designate a home state of licensure. The home state shall be
357 determined by:
358

- 359 1) The state of primary residence for the dentist or dental hygienist where 25% of their practice
360 within one-year occurs. An active-duty military member or their spouse may choose a home
361 state as designated with the military but are not required to meet the 25% practice within the
362 home state requirement; or
363
364 2) If no state qualifies under section 1, then the state where the dentist or dental hygienist filed the
365 previous year federal tax return.
366

- 367 c) A dentist or dental hygienist may redesignate a home state one time in a calendar year, if the
368 qualifications of a home state are met.
369
370 d) A dentist or dental hygienist seeking a compact license privilege shall apply to their home state for a
371 letter stating that they are eligible for compact license privileges.
372
373 e) The home state determines the eligibility and issues a letter of approval or denial for the compact
374 license privilege.
375
376 f) The letter is submitted to the proposed compact license state along with the AADB compact application
377 packet and authorization to seek access to the licensee's repository documents and any additional
378 information as may be required by the proposed compact license state along with the required fees.
379 Upon approval from the Home State, the compact license state shall issue a state compact license
380 privilege from the proposed application state to the applicant.
381
382 g) Appeals on determination of eligibility shall be made to the Member State where the applicant was
383 seeking privileges under a state compact license privilege and shall be subject to the law of that state.
384
385 h) A person holding a compact license privilege shall notify the Compact Commission within 10 business
386 days of any adverse action taken against a license held in a non-compact state.
387
388 i) A compact license privilege may be revoked, suspended or limited by the issuing State Dental Board if
389 at any time the licensee's home state license is revoked, suspended or limited.
390
391 j) The AADB Compact Commission is authorized to develop rules regarding the application and renewal
392 process including payment of any application fees, and the issuance of a compact license privilege.
393
394 k) Eligibility or ineligibility to receive a state compact license privilege shall not impact or prohibit an
395 individual from the ability to seek a state license through the regular process outside of the compact.
396
397

398 7. JURISDICTION OF COMPACT LICENSE PRIVILEGE HOLDERS 399

- 400 a) Each dentist or dental hygienist holding a compact license privilege is required to reference the
401 composite and Member State Dental Boards' statutes and rules to be aware of laws that apply to a
402 specific state in which they are practicing under a compact license privilege. Compact license scope
403 and practice requirements shall conform to the state jurisdiction in which the compact license
404 privilege holder is practicing.

- 405
- 406 b) Each dentist or dental hygienist holding a compact license privilege shall list a current address with
- 407 the AADB Compact Commission that shall serve as their official address of service.
- 408
- 409 c) A dentist or dental hygienist holding a compact license privilege may have an adverse action taken
- 410 against them by any;
- 411
- 412 1) Member State Dental Board_in which they are practicing with a compact license
- 413 privilege;
- 414 2) the compact licensee's home state; or
- 415 3) any state that is a compact member where the compact licensee has requested or received
- 416 a compact license privilege to practice.
- 417
- 418 d) Any state in which the compact licensee holds a compact license privilege may investigate an
- 419 allegation of a violation of the statutes and rules of dentistry or dental hygiene in any other state
- 420 where the compact licensee holds a compact license privilege.
- 421

422 Section 8. FEES AND MILITARY WAIVER

- 423 a) The AADB Compact Commission is authorized to develop rules regarding fees for compact
- 424 licensees' use of the repository and other provisions as determined by the AADB Compact
- 425 Commission.
- 426
- 427 b) A Member State Dental Board issuing a compact license privilege authorizing practice in their state
- 428 may impose a fee for a compact license privilege to be issued or renewed.
- 429
- 430 c) No compact fee shall be required of each active-duty military member and/or their spouse up to one
- 431 (1) year after separation. Each participating state issuing a compact license privilege may waive fees
- 432 for active-duty military and/or their spouse as required by each individual state statute.
- 433
- 434 d) Active-duty military may transfer military training records to the repository without a fee.
- 435

436 Section 9. JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

- 437 a) Each state shall name a point of contact for joint investigations between compact Member State
- 438 Dental Boards.
- 439
- 440 b) In addition to the authority granted to a Member State Dental Board by the state law of their
- 441 jurisdiction, Member State Dental Boards may participate with other Member State Dental Boards in
- 442 joint investigations of licensees that fall subject to this compact.
- 443
- 444 c) Member State Dental Boards may share investigative, litigation or other materials in furtherance of
- 445 any joint or individual investigation arising with a licensee who holds a compact license privilege
- 446 within their jurisdiction.
- 447

- d) A subpoena issued by a Member State or Member State Dental Board shall be enforceable in other Member States as allowed by law.
- e) If a licensee has a disciplinary action taken by any Member State Dental Board against a licensee under the compact, they shall automatically be subject to discipline by other Member State Dental Boards.
- f) If a licensee has an action taken against their home state license including being revoked, surrendered or relinquished in lieu of discipline or suspended, then automatically all other compact license privileges shall be placed in the same status. The home state shall notify the commission and the commission shall issue a notice to all Member State Dental Boards that the licensee holding a compact license privilege shall suspend the compact license privilege.
- g) If discipline is taken against a licensee in a AADB Compact Member State, the Member State Board shall notify the commission and the home state of the licensee. The home state may deem the action conclusive as a matter of law and fact decided and
- 1) Impose the same or lesser sanction consistent with the home state practice act; or
 - 2) Pursue separate actions against the licensee under its practice act regardless of the sanctions pursued by the compact Member State Dental Board.

Section 10. NON-MEMBER STATES, ENTITIES OR OTHER INSTITUTIONS' REQUEST FOR INFORMATION FROM THE REPOSITORY AND/OR ACCESS TO THE AADB CLEARINGHOUSE

- a) Insurance companies and entities verifying documents for the purpose of licenses extended to a provider may seek information from the AADB CLEARINGHOUSE for public record documents;
- b) A dentist or dental hygienist, as defined by the bylaws and rules, may submit a request to the AADB Compact Commission to allow any hiring employer, entity or insurance company to access documents from the repository for the purposes of credentialing, licensing or other privileges;
- c) The Commission shall set a fee schedule for these services in the bylaws and rules.

Section 11. RULEMAKING FUNCTIONS OF THE AADB COMPACT COMMISSION

- a) The AADB Compact Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event the Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the AADB Compact Commission may be determined to be invalid and have no force or effect.
- b) Rules deemed appropriate for the operations of the AADB Compact Commission shall be made pursuant to a rulemaking process that substantially conforms to the Model State Administrative Procedure Act of 2010, and subsequent amendments thereto.

Section 12. OVERSIGHT OF AADB DENTAL AND DENTAL HYGIENE COMPACT

- a) The executive, legislative and judicial branches of state government in each Member State Dental Board shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent to allow for expedited licensure for the purpose of mobility. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of dentistry and dental hygiene.
- b) All courts may take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Member State pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the AADB Compact Commission.
- c) The AADB Compact Commission shall be entitled to receive all service of process in any such proceeding and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the AADB Compact Commission shall render a judgment or order void as to the AADB Compact Commission, the Compact or promulgated rules.

Section 13. ENFORCEMENT AND DEFAULT PROCEDURES

- a) The AADB Compact Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.
- b) The grounds for default include, but are not limited to, failure of a Member State to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the AADB Compact Commission promulgated under the Compact.
- c) If the AADB Compact Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the AADB Compact Commission shall:
 - a) provide written notice to the defaulting state and other Member States of the nature of the default, the means of curing the default and any action taken by the AADB Compact Commission. The AADB Compact Commission shall specify the conditions by which the defaulting state must cure its default; and
 - b) provide remedial training and specific technical assistance regarding the default.
- d) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges and benefits conferred by the Compact shall terminate 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 the default.
- e) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the AADB Compact Commission to the Governor, the majority and minority leaders of the defaulting state's legislature and each of the Member States.

- 530 f) The AADB Compact Commission shall establish rules and procedures to address licenses and compact
531 license privilege holders that are materially impacted by the termination of a Member State or the
532 withdrawal of a Member State.
- 533 g) The AADB Compact Commission shall not bear any costs relating to any state that has been found to
534 be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon
535 in writing between the AADB Compact Commission and the defaulting state.
- 536 h) The defaulting state may appeal the action of the AADB Compact Commission by petitioning the
537 federal district where the AADB Compact Commission has its principal offices. The prevailing party
538 shall be awarded all costs of such litigation, including reasonable attorney fees.
- 539 i) The AADB Compact Commission shall not bear any costs relating to any state that has been found to
540 be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon
541 in writing between the AADB Compact Commission and the defaulting state.
- 542 j) The remedies herein shall not be the exclusive remedies of the AADB Compact Commission. The
543 AADB Compact Commission may avail itself of any other remedies available under state law or the
544 regulation of a profession.

545

546 Section 14. DISPUTE RESOLUTION

- 547 a) The AADB Compact Commission shall attempt, upon the request of a Member State Dental Board, to
548 resolve disputes which are subject to the Compact and which may arise among Member State Dental
549 Boards.
- 550 b) The AADB Compact Commission shall promulgate rules providing for both mediation and binding
551 dispute resolution, as appropriate.

552

553 Section 15. MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

- 554 a) Any state is eligible to become a Member State of the Compact.
- 555 b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by
556 no less than five (5) states. Thereafter, it shall become effective and binding on a state upon enactment
557 of the Compact into law by that state.
- 558 c) The governors of non-member states, or their designees, shall be invited to participate in the activities of
559 the AADB Compact Commission on a nonvoting basis prior to adoption of the Compact by all states.
- 560 d) The AADB Compact Commission may propose amendments to the Compact for enactment by the
561 Member States. No amendment shall become effective and binding upon the AADB Compact
562 Commission and the Member States unless and until it is enacted into law by unanimous consent of the
563 Member States.

564

565 Section 16. WITHDRAWAL

- 566 a) Once effective, the Compact shall continue in force and remain binding upon each and every Member
567 State; provided, that a Member State may withdraw from the Compact after giving appropriate notice
568 by specifically repealing the statute which enacted the Compact into law.

- b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same. The individual's compact license privilege shall remain in effect for six (6) months from the date of the Member State Dental Board withdrawal.
- c) The withdrawing state shall immediately notify the chairperson of the AADB Compact Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.
- d) The AADB Compact Commission shall notify the other Member States of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c) of this section.
- e) Reinstatement following withdrawal of a Member State shall occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the AADB Compact Commission.
- f) The AADB Compact Commission is authorized to develop rules to address the impact of the withdrawal of a Member State on licenses granted in other Member States to dentists and dental hygienists who designated the withdrawing Member State as the state of principal license.

Section 17. DISSOLUTION

- a) The Compact shall dissolve effective upon the date of the withdrawal or default of the Member State which reduces the membership in the Compact to one (1) Member State.
- b) Upon the 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 AADB Compact Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

Section 18. SEVERABILITY AND CONSTRUCTION

- a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.
- b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

Section 19. BINDING EFFECT OF COMPACT AND OTHER LAWS

- a) Nothing herein prevents the enforcement of any other law of a Member State that is not inconsistent with the Compact.
- b) All lawful actions of the AADB Compact Commission, including all rules and bylaws promulgated by the Commission, are binding upon the Member States.
- c) All agreements between the AADB Compact Commission and the Member States are binding in accordance with their terms.
- d) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any Member State, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that Member State.

Section 20. RULES OF ORDER

607 The most current edition of the *American Institute of Parliamentarians Standard Code of Parliamentary*
608 *Procedure* governs all meetings of the AADB Compact Commission, including it committees, in those
609 situations not otherwise covered in the Bylaws.

Rules Oversight Committee - proposed amendment

Stephen Bush <Stephen.C.Bush@kp.org>

Mon 9/25/2023 6:59 AM

To: PRISBY Stephen * OBD <Stephen.PRISBY@obd.oregon.gov>; SMORRA Angela * OBD <Angela.SMORRA@obd.oregon.gov>; CARTER Bernie * OBD <Bernie.Carter@obd.oregon.gov>

Dear Mr. Prisby, Dr. Smorra and Dr. Carter,

For a future Rules Oversight Committee meeting, Permanente Dental Associates, PC ("PDA") proposes the following addition to OAR 818-012-0002 Definitions:

(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.

We believe adding this definition of study model – or something comparable -- to the rules will provide greater clarity for licensees. The Dental Practice Act contains 5 references to "study model," including at OAR 818-012-0032 Diagnostic Records, but the term "study model" is not defined. I know that I regularly receive questions internally at PDA as to what constitutes a "study model" vs. a "working model" that would subject it to the rules.

I worked with several of our dentists to develop this proposed definition, and we respectfully offer it for consideration by the Rules Oversight Committee.

Thank you,

Steve Bush, JD ("he/him")

Vice-President, Legal Services & Government Relations
Compliance, Privacy & Security Official

Permanente Dentistry

Permanente Dental Associates

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Office Hours: M-F 9-3
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PDA-Dental.com
[Instagram](#) | [LinkedIn](#)

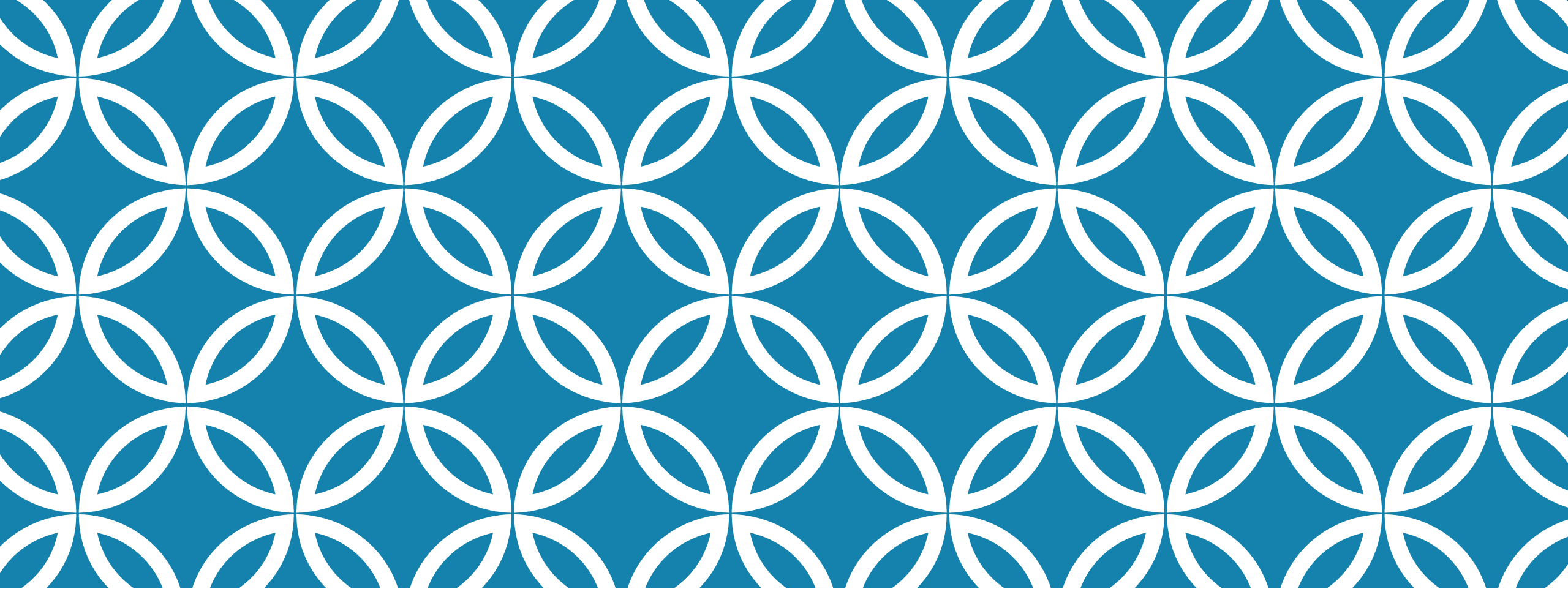
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OTHER ISSUES



OREGON WELLNESS PROGRAM (OWP)

Presented to the
Oregon Board of Dentistry
August 25, 2023

OWP MISSION AND CLIENTS

Our Mission

Promoting wellness for healthcare professions in Oregon through coordinated counseling services, education, and research

Over 35,000 licensees covered

Physicians
Physician Assistants
Podiatrists
Acupuncturists
Nurse Practitioners
Dentists
Dental Hygienists
Dental Therapists

PROGRAM OVERVIEW

- A project of The Foundation for Medical Excellence (TFME) which acts as the administrative hub
- Guided by an Executive Committee (Don Girard, MD – Chair) committed to program success, meeting monthly
- A statewide effort providing self-referred, highly confidential urgent mental health services to active clinical providers.
 - Not an emergency service
 - Does not handle substance abuse disorders
 - Does not handle clinical competence concerns (these are the purview of the professional licensing boards)

OWP HISTORY

- **Established in April 2018.** Historically, the OWP partnered with local communities through county medical societies. As they became less relevant, the OWP began working with a variety of community organizations (CCOs, hospital systems, and professional associations like the OMA, ODA, OHA and ONA).
- Since inception, **over 6,000 counseling sessions** have been delivered by the OWP Mental Health Providers (MHP) team.
 - The OWP pays MHPs \$200 per one hour session
- All licensees covered under the Program are eligible for **up to 8 sessions per client, per year.**
 - Self-referred and no insurance is billed
 - Services are confidential and the OWP does not know the identity of clients; demographic information is provided by MHPs
 - There have been zero complaints concerning confidentiality

OWP MENTAL HEALTH PROVIDERS (MHP)

- The OWP is serviced by 34 MHPs
 - Mental health professionals - PhD, PsyD, Psychiatrist, PMHNP, LPC, or LCSW
 - Licensed in Oregon and offer telehealth care to extend geographic availability
 - Experienced providing care to healthcare colleagues
 - Approved by the OWP Executive Committee
- Consent and confidentiality is ensured through a standardized process
 - Cascade Health in Eugene, OR provides OWP's state-wide call service

OWP PARTNERSHIPS

Participating Health Systems

- Asante
- Legacy
- OHSU
- Providence (Oregon)
- St. Charles
- Virginia Garcia

General Support for Licensees from both affiliated and unaffiliated Health Systems

- Oregon Medical Board
- Oregon Board of Dentistry
- Oregon State Board of Nursing
 - OSBN financial support ran out July 17, 2023 and nurses no longer have access to the program. Renewed funding is being considered at their September 2023 meeting.

OWP Program and Client Expansion Grants

- CareOregon
- Eastern Oregon Coordinated Care Organization (EOCCO)
- PacificSource Foundation
- Permanente Dental Associates (PDA)
- Portland IPA

LOOKING FORWARD

- Continued client service growth and sustainable funding model
 - Engagement with Oregon Legislature to develop a funding model combining licensing fees, gifts, grants, and general fund support
 - Renewal of OSBN funding to support nurse access to OWP
 - Volunteer-driven statewide geographic expansion
 - Completion of research efforts highlighting OWP effectiveness
 - Identifying marketing opportunities beyond “word of mouth”

OWP VISION

By and For Healthcare Professionals

Confidential & Voluntary

Complimentary

Timely and Flexible

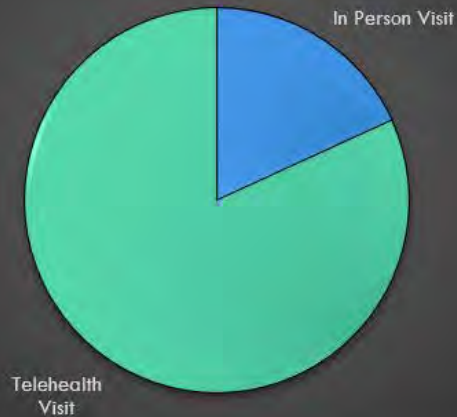
Helps Address Burnout “Epidemic”

Funding Follows Client

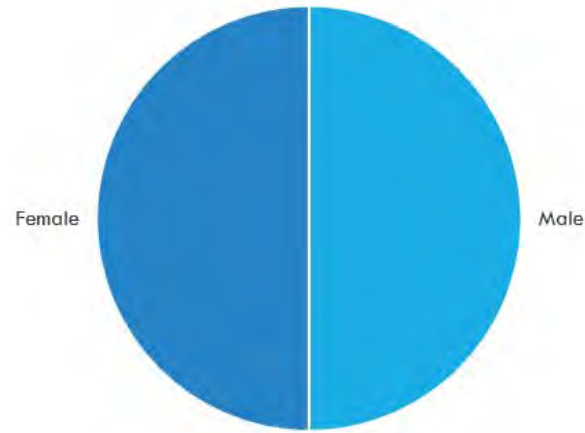
Reducing Barriers Statewide

DENTAL LICENSEES CLIENT SNAPSHOT - 2023

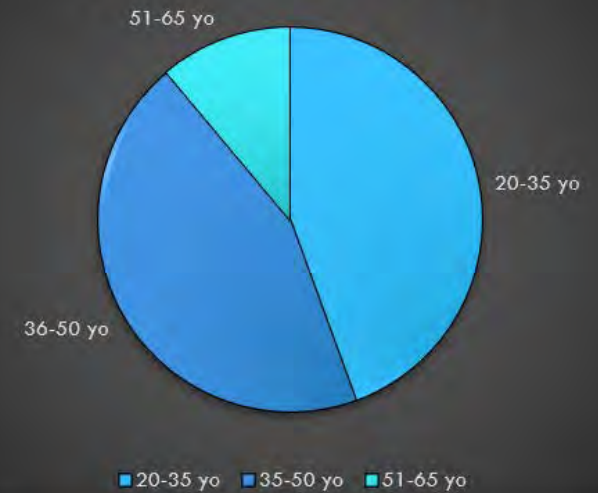
Dentist Clients by Visit Type



Dentist Clients by Gender



Dentist Clients by Age



DENTAL LICENSEES USAGE 2021-2023 (TO DATE)

2021 – 4 clients and 16 sessions

2022 – 7 clients and 41 sessions

2023 – 14 clients and 46 sessions

PROPOSED PARTNERSHIP — OBD AND TFME

- The Goal: Provide leadership, core services, and funding to continue to develop OBD licensees and enhance the Oregon Wellness Program that delivers support services for OBD licensees (dentists, dental therapists, and dental hygienists, i.e., the “Program”). The services should be accessible statewide, confidential, and help OBD licensees in dealing with the stresses of their profession.
 - Dental therapists and dental hygienists will have access to the program beginning **August 18, 2023**.
- OBD and TFME will co-promote OWP services available to OBD licensees.
- The OBD will provide funding to the Foundation in an amount not to exceed \$40,000 per fiscal year: July 1, 2023 - June 30, 2024 & July 1, 2024 – June 30, 2025.
- This MOA shall take effect upon signing by both Parties and shall remain in effect until June 30, 2025 unless earlier terminated.
- The Foundation will provide annual reports to the OBD by February 1 of each year.

NEWSLETTERS
&
ARTICLES OF
INTEREST

State takes step to retain Wisconsin dentists as dental hygienist shortage persists

- Arman Rahman

Aug 8, 2023

MADISON, Wis. -- The state just took a step to make it easier for dentists to get started in their field as soon as they graduate, but experts say the industry is experiencing a different shortage that needs filling.

To be a licensed dentist in Wisconsin, all applicants have to pass a written national exam during their schooling then a practical exam administered by a third party (which costs thousands of dollars) after they graduate.

Wisconsin's Dentistry Examining Board, under the Department of Safety and Professional Services voted to make Wisconsin's only dental school -- Marquette University's School of Dentistry -- a testing organization.

This eliminates the need for graduates to take the practical exam because the board found Marquette's curriculum already assessed the same skills.

"It allows us to incentivize dentists who are trained here to stay and chose to live and work here," DSPS Secretary Dan Hereth said.

According to Hereth, Wisconsin only keeps half of the state's graduating dentist class every year.

"That number that we are able to license annually doesn't get us to a point where we're meeting that demand that's out there," he said.

Dr. Patrick Tepe, a Verona dentist and chair of the Legislative Advocacy Committee of the Wisconsin Dental Association, believes that demand is strongest in the state's small, rural communities.

"We have dentists that are practicing in outlying areas or smaller communities," he said, "and we need to draw newer dentists to be able to take those practices over to buy those practices and keep serving those communities."

The board's vote is promising for Krystle Frey, a HR Generalist at Madison Family Dental Association, which is recruiting for an associate dentist.

"We have those candidates who are ready to go, they have their contract with us, they're ready to start work, but then there's this almost tends to be about a two-month period where they can't practice legally because they haven't obtained their license yet," she said.

"So I think if they eliminate that final examination as part of the process where they get their license, it will only speed things up and then we can get these fresh graduates in here sooner and get them onboarded," Frey said.

But according to Dr. Tepe, the vote only takes care of one aspect of the industry's pain because new dentists will struggle with the lack of dental hygienists and assistants to operate offices.

Tepe said he's been searching for another hygienist for two years and has been seeing an extremely small number of applicants.

"It's frustrating for me because I, we preach the prevention every day," he said.

"Folks are regularly waiting 8, 9, 10 months, even a year to get in, and that just allows problems to get worse or has problems that can be diagnosed sooner," he said.

Currently there's a five-year waiting list for the dental hygienist program at Madison College.

At MFDA, Frey has been forced to get creative, having front desk staff train as dental assistants to fill gaps.

"So we've had to think outside of the box and we've definitely had to do the groundwork to be able to keep our numbers where they're at," she said.

"We'll have to call and reschedule patients sometimes because of shortage of staff, and we know that that can reflect poorly on our office and that's never our goal," she said.

Dr. Tepe says the industry has to increase the pipeline for dental careers, and he added that WDA is attempting that through outreach to high school seniors and more.

In the 2023-2025 state budget, Governor Tony Evers invested \$20 million for oral health workforce programs at the state's technical colleges. Now, Tepe said, it's on them to expand those programs with equipment and faculty.

"There really is not any way to make to make a quick change to this," Dr. Tepe said.



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Public notice

Notice of intent – OHA will amend the Medicaid State Plan to increase fee-for-service rates for dental services.

Date: September 14, 2023

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, October 13, 2023

The Oregon Health Authority (OHA) will submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services to increase the fee-for-service rates for dental services.

- Rates for individual Current Dental Terminology codes will increase in aggregate of approximately 90 percent. This is not an overall increase of 90 percent. Each individual code will see an increase, but the percentage of each increase will vary from code to code.
- The rate for general anesthesia services (Current Procedural Terminology code 00170) provided in the dental clinic will increase from \$103.90 plus time to a flat fee of \$800 with no additional amount for time. The dental clinic setting does not have an associated facility fee like a hospital or ambulatory surgery center does, so this increase will account for the overhead associated with the clinic anesthesia service.

OHA estimates the Total Fund portion for this SPA for a year is \$400,000.

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, October 13, 2023, to jesse.anderson@oha.oregon.gov.

DANB RHS exam translated to Spanish

September 12, 2023



The Dental Assisting National Board (DANB) will offer its Radiation Health and Safety (RHS) exam in Spanish in January 2024, a move aimed at breaking down language barriers and promoting inclusivity in the dental community. The RHS exam is DANB's most popular exam, with more than 12,000 exams administered each year, and it will be the first credentialing exam in oral healthcare to be offered in Spanish.

Current data shows 22% of RHS exam applicants are fluent in Spanish. The introduction of the Spanish translation of the RHS exam marks a pivotal moment for DANB's ongoing efforts to ensure that dental professionals from diverse backgrounds have equal access to certification opportunities. The impact is especially notable, as 38 states and D.C. recognize or require DANB exams or certifications for dental assistants.

"We are committed to fostering the growth of a well-prepared and diverse dental assistant workforce," said DANB CEO Laura Skarnulis. "Offering the RHS exam in Spanish will empower Spanish-speaking dental assistants to pursue career growth and to deliver quality care to patients who might otherwise not seek treatment due to a language barrier."

DANB worked closely with exam translation consultants and subject matter experts, including leaders from the Hispanic Dental Association (HDA), to ensure the accuracy of translation into Modern Spanish, while protecting exam integrity.

"As the leading voice for Hispanic oral health, we support DANB in offering the RHS exam in Spanish," said HDA CEO Dr. Manuel Cordero. "DANB's work in this area aligns with our mission and objectives to open new pathways for Hispanics into oral health careers and to promote the overall health of the Hispanic/Latinx and underrepresented communities."

See the FAQs below for more information.

Why is DANB offering the RHS exam in Spanish?

Spanish is the second-most-common language spoken in the U.S. and the second-most-common language spoken by dental assistants taking DANB's RHS exam. A well-prepared and diverse dental workforce contributes to the overall excellence of the industry. By offering the RHS exam in Spanish, DANB is facilitating the development of highly skilled dental professionals who can deliver quality care to patients across linguistic and cultural backgrounds.

Which dialect of Spanish will the RHS exam be translated to?

The RHS exam will be translated to Modern Spanish.

Is the RHS exam translated in Spanish the same as the English exam?

Yes, the exams are equivalent. The RHS exam in English and Spanish both follow the same exam outline, use the same question bank, have the same pass point, and have been constructed based on the same psychometrically valid principles. Candidates who opt to take the RHS exam in Spanish will be able to see the questions in English or Spanish.

How can dental assistants apply for the RHS exam in Spanish?

The application will be available on DANB's website starting in January 2024. The process will be the same as applying for the RHS exam in English. More details will be available in the coming months.

Will DANB offer other exams in Spanish?

DANB will begin translation of other exams in the upcoming months, with a Spanish translated ICE exam to be launched later in 2024.

Please contact us at communications@danb.org with questions or comments.

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

H8687	KHAKBAZ, JEVONAH GRACE	2023-08-11	RDH
H8688	ROBINS, LEANNA JEAN	2023-08-11	RDH
H8689	AISPURO, JUANA	2023-08-14	RDH
H8690	AROUNPRADITH, ASHLEY	2023-08-14	RDH
H8691	MINNIS, JENNIFER ANN	2023-08-15	RDH
H8692	TOMAS, CHARLEEN YUKARI	2023-08-15	RDH
H8693	MARTINEZ, YULIANA PEREZ	2023-08-15	RDH
H8694	SOTELO LOPEZ, VANESSA	2023-08-15	RDH
H8695	HUNT, SHANDI RENEE	2023-08-15	RDH
H8696	SRIMUANG, WARISARA	2023-08-16	RDH
H8697	FORNEY, KATIE ASHLEY	2023-08-16	RDH
H8698	VILLEGAS-MENDOZA, JESSICA	2023-08-16	RDH
H8699	MOORE, NIKKI MARIE	2023-08-18	RDH
H8700	ANSARIZADEH, SAHELEH	2023-08-18	RDH
H8701	ALKHATIB, TALA	2023-08-21	RDH
H8702	MORALES-ACOSTA, IBETH	2023-08-22	RDH
H8703	HUBBARD, BRITLYNN	2023-08-22	RDH
H8704	JAUREGUI, DENISE	2023-08-22	RDH
H8705	MORGAN, ASHLEY NICOLE	2023-08-22	RDH
H8706	BEZMAN, EMILI	2023-08-22	RDH
H8707	SHEERAN, ANNA LOUISE	2023-08-22	RDH
H8708	ALMONTE LEON, MARIA GUADALUPE	2023-08-23	RDH
H8709	MCCLARNAN, CHRISTINE	2023-08-29	RDH
H8710	PARKER, HANNAH GRACE	2023-08-29	RDH
H8711	READ, SHAE TELFORD	2023-08-29	RDH
H8712	FRASCO, BROOKE KUUKAMALANI EMIKO	2023-08-29	RDH
H8713	NORMAN, LIDDIE	2023-08-29	RDH
H8714	YAKUNIN, EFROSIA ROSIE	2023-08-30	RDH
H8715	HOANG, LYNDA	2023-09-06	RDH
H8716	MENDOZA NICOLAS, MICHELLE MONSERRAT	2023-09-06	RDH
H8717	HERRON, MCKENNA	2023-09-07	RDH
H8718	CAMPBELL, CATRINA JOLYNN	2023-09-07	RDH
H8719	KRAMER, MADISON BROOKE	2023-09-08	RDH
H8720	HASAN, EMILY RAHMA	2023-09-11	RDH

H8721	PERRY, SANDRA LING	2023-09-18	RDH
H8722	GARCIA, DIANA WAKE	2023-09-18	RDH
H8723	TROMBLEE, MELINDA	2023-09-18	RDH
H8724	SHTOGRINA, ALVINA Y	2023-09-20	RDH
H8725	ROOS, STEPHANIE	2023-09-20	RDH
H8726	WESSAN, COLLEEN KATHERINE	2023-09-21	RDH
H8727	NGUYEN, NGOC-TU-UYEN	2023-09-21	RDH
H8728	RODRIGUEZ, ARIELLE	2023-09-21	RDH
H8729	BOSCOLE, MILENA	2023-09-25	RDH
H8730	JOHNSON, KORTNIE RENAE	2023-09-26	RDH
H8731	BUCH, JALSHREE	2023-09-27	RDH
H8732	MALOY, PETRA	2023-09-27	RDH
H8733	TRAN, ANH MY	2023-10-03	RDH

DENTISTS

D11876	HERNON, MARION	2023-08-08	DMD
D11877	GARRETT, PATRICK JOHN	2023-08-10	DDS
D11878	DYAL, KIRANJOT KAUR	2023-08-10	DMD
D11879	SORENSEN, SHANNON WILLIAMS	2023-08-11	DDS
D11880	LEE, EUNSANG	2023-08-11	DDS
D11881	DEWOLF, GARRETT W	2023-08-15	DMD
D11882	CARDENAS, ANGEL ADRIAN	2023-08-21	DMD
D11883	FRENCH, GEORGE JOSEPH	2023-08-22	DDS
D11884	MARTINEZ, ELIZABETH	2023-08-23	DMD
D11885	BRIGHTMAN, ALEXA	2023-08-24	DMD
D11886	ALLEN, KAYLA DIMOND	2023-08-29	DMD
D11887	CARUSO, EMILY NICOLE	2023-09-06	DMD
D11888	WEIGAND, DEREK	2023-09-07	DMD
D11889	ALVA, AURORA ROCIO	2023-09-12	DMD
D11890	DEVENS, KARLEY RAISA KIMI	2023-09-20	DMD
D11891	CHARUGUNDLA, PRASHANT	2023-09-25	DDS
D11892	DONG, SHUTIAN	2023-09-25	DDS
D11893	HO, ANITA P	2023-09-27	DDS
D11894	CURTIS, TYSON O'DWYER	2023-10-03	DDS
D11876	HERNON, MARION	2023-08-08	DMD
D11877	GARRETT, PATRICK JOHN	2023-08-10	DDS
D11878	DYAL, KIRANJOT KAUR	2023-08-10	DMD
D11879	SORENSEN, SHANNON WILLIAMS	2023-08-11	DDS
D11880	LEE, EUNSANG	2023-08-11	DDS
D11881	DEWOLF, GARRETT W	2023-08-15	DMD

D11882	CARDENAS, ANGEL ADRIAN	2023-08-21	DMD
D11883	FRENCH, GEORGE JOSEPH	2023-08-22	DDS
D11884	MARTINEZ, ELIZABETH	2023-08-23	DMD
D11885	BRIGHTMAN, ALEXA	2023-08-24	DMD
D11886	ALLEN, KAYLA DIMOND	2023-08-29	DMD
D11887	CARUSO, EMILY NICOLE	2023-09-06	DMD
D11888	WEIGAND, DEREK	2023-09-07	DMD
D11889	ALVA, AURORA ROCIO	2023-09-12	DMD
D11890	DEVENS, KARLEY RAISA KIMI	2023-09-20	DMD
D11891	CHARUGUNDLA, PRASHANT	2023-09-25	DDS
D11892	DONG, SHUTIAN	2023-09-25	DDS
D11893	HO, ANITA P	2023-09-27	DDS
D11894	CURTIS, TYSON O'DWYER	2023-10-03	DDS

DENTAL THERAPISTS

DT0017	NGUYEN, LIZETTE N	2023-06-12	DT, RDH
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LICENSE, PERMIT & CERTIFICATION

Nothing to report under this tab